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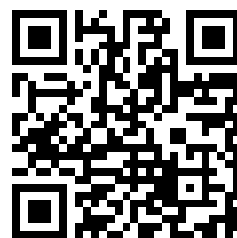
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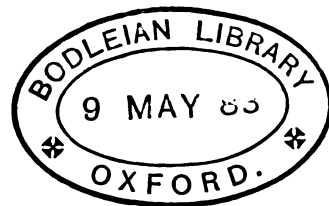
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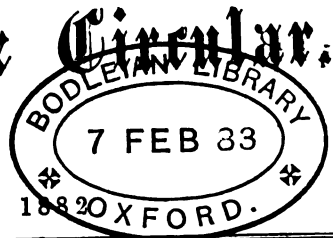
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Original Communications.

MENSTRUATION AND ITS DERANGEMENTS.

By ALFRED MEADOWS, M.D., F.R.C.P. &c.,
Physician to, and Lecturer on Midwifery and Diseases of Women
and Children at, St. Mary's Hospital.

Abstract Report of Harveian Lectures for 1881.

(Continued from page 532, last vol.)

LECTURE III.

Dysmenorrhœa.—Pain, which is normally absent during ordinary menstruation, is a prominent symptom of dysmenorrhœa; [it is in certain cases so acute as to be comparable with the pangs of labour, and in some degree is invariably attendant on the derangement. The amount and regularity of accompanying discharges are both subject to considerable variations, and are of less diagnostic value than the pain that goes with them. This, moreover, is subject to changes of situation easily understood when it is remembered how intimately associated it must be with the distribution of nerve supply to the affected organs. Its origin is not in any distinct lesion of a particular part, but may be ascribed to different causes in different instances. Thus, it may arise in the ovaries; may be a consequence of uterine congestion; may be due to efforts made at expulsion of intra-uterine accumulations; or it may be connected with the act of ovulation itself. The causes are capable of arrangement under four heads, as follows:—

1. Constitutional (neuralgic).
2. Congestion of uterus, or ovaries, or both.
3. Membranous dysmenorrhœa.
4. Obstructive; (due to formation of uterine passages.)

This arrangement is a better one than that which makes only two divisions of the subject; but whatever arrangement of it may be made, it must always be kept well in mind that *pain* is the distinguishing symptom of dysmenorrhœa.

Neuralgic Dysmenorrhœa is that form of the disease to

which the term *constitutional* has been applied on account of the absence of any abnormality in the organs to explain the pain felt in them, pain being the only symptom experienced, post-mortem examination even revealing nothing to show the reasons for its existence. There is, however, some light thrown on the condition by the knowledge that the tuberculous and strumous diatheses predispose to it, as also does anæmia. Careful observation of the subjects of tubercle and struma has convinced Dr. Meadows of the necessity for recognising the two states as distinct from each other, certain well-marked differences serving to separate them. Thus, in the one case (tubercle) a nervous temperament predominates; whereas, in strumous persons the reverse is true, they being lymphatic in nature; and hence it is that the actual form assumed by the neuralgic pain is not the same in the two states. It never affects the uterus in strumous people; in tuberculous patients the uterus is always the seat of pain. In the former *cellular* inflammations are common; in the latter *serous* inflammations occur. And of eruptions, those that take place in strumous individuals are pustular, while in tuberculous women they are papular in character. All these points of difference together sufficiently separate the two classes of cases.

Ovarian pain is a feature of neuralgic dysmenorrhœa, and may occur in one or in both ovaries, though it is more common in the left than in the right, and is evidenced by tenderness on pressure, whether this be applied externally over the seat of the organ, or internally per vaginam. It also induces a feeling of nausea. In those instances where the uterus is affected as well, special pains referable to the cervix are felt; and the condition thus established has long been known under the name of the "irritable uterus." Pain of this description is severe, and persists throughout the whole of the menstrual period. It is not dependent on any obstruction, or on inflammation, but is truly neuralgic in all its characters. *Treatment* must, therefore, be devoted to subduing the general symptoms, while as a specific remedy one drug can be relied on to produce beneficial effects, viz., bromide of potassium, which, through the influence it exerts on the

vaso-motor nerves, is usually productive of ease. Conium also is of valuable assistance for the control of severe pain; it may be employed as a suppository in the way previously mentioned, or, when circumstances permit, introduced per vaginam. In unusually acute attacks, morphia injected subcutaneously may be called for, or hot baths containing laudanum. A general tonic treatment, with iron, &c., and hygienic surroundings, are also necessary.

Congestive or Inflammatory Dysmenorrhœa is characterised by the presence of pain in uterus, or ovary, or in both organs; it is persistent, and not as in the neuralgic form, confined to the period of menstrual discharge, although at these times it is much exaggerated in degree. The symptoms present indicate an inflammatory condition in the uterus or ovaries; the chief of them is a heavy, aching pain, attended with menorrhagia or with leucorrhœa, which last are wanting in neuralgic dysmenorrhœa. Newly married women, when of a neurotic temperament, are especially apt to contract this form of disease, and it is preceded and accompanied by acute vaginitis. Examined through the vagina, the ovary is found to be enlarged, tender, and swollen; the cervix is seen to be injected and deeply coloured, and to exude aropy tenacious mucus, sometimes tinged with blood. All these signs are wanting in the form first considered, so that diagnosis from it is rendered certain if they exist. The treatment consists in remedying the cause of the condition, and for this purpose depletion affords the readiest means, and leeches by far the most reliable agent for securing the necessary abstraction of blood. Rest, the vaginal douche, and a spare diet will help to bring about a speedy restoration. Iodides and bichloride of mercury have yielded good results in many of Dr. Meadows' own cases. For the reduction of pain the same plan may be adopted as already suggested, but inflammation must be first of all allayed in all these cases. Uterine displacements not unfrequently accompany this form of dysmenorrhœa, thus producing obstructions; whenever such flexions exist with inflammation, pessaries will be of service by affording relief by support; in no other way is benefit produced, and certainly the introduction of a pessary does nothing in itself to bring about cures in these cases.

Membranous Dysmenorrhœa is the most hopeless of any of the forms assumed by the disease; consequently it is one of the most interesting. It is now a generally received opinion that the whole mucous membrane of the uterus is shed at each menstrual period, but that under normal circumstances it comes away without any visible signs of such a complete exfoliation. Sometimes, however, a perfect membranous cast of the uterus is expelled, the utricular glands even being modelled on the extruded mass; and it is perhaps in the differences marking these two methods of shedding the intra-uterine membrane that the explanation of membranous dysmenorrhœa is to be sought. Various accounts of the process have been given in this connection, but none can be said to be a perfect answer to the question of its causation. The membrane has been very improperly regarded as an inflammatory product, or as following to excessive hyperæmia of the walls, &c., but Dr. Meadows concludes that it is present always in neurotic individuals, and in those of sedentary habits and loose structure, in whom activity of the ovaries is followed by extreme consequences by reason of the non-resistance offered by surrounding structures. The ovarian element indeed is a prominent factor in the production of membranous dysmenorrhœa, concerning which, however, we can hope to learn but little until such time as it may be possible to examine the uterus carefully, immediately after the casting of a membrane. Patients always complain of pain over the situation of the uterus, and this for days prior to the membrane being cast, while at the moment of actual expulsion agonising suffering is endured. Treatment of these cases rarely ends in anything but disappointment, and no instance of cure being effected is on record. As a means of relief, however, all causes of obstruction to

the flow of discharge should be forthwith removed, and the pain due to ovarian excitement met as before recommended. The general treatment should include attention to the liver, this organ always having an important relation in cases of the kind under discussion. Such remedies as bromide and iodide of potash, chloride of mercury, cod-liver oil, and wines may be resorted to with advantage; but counter-irritation, pure and simple, is productive only of injurious consequences in the subjects of membranous dysmenorrhœa.

Obstructive or Mechanical Dysmenorrhœa may be due to obstruction caused by—

1. Strictured cervix, the external or internal os, or both, being affected.
2. Flexion of the uterus.
3. Polypus or other tumour occluding the os uteri.

In all these four pain is produced; it always is present—one among other ills—in obstructive dysmenorrhœa. Various opinions are entertained regarding the consequences that arise from such obstruction, and in connection with them many points arise for consideration and discussion.

This form of difficult menstruation admits of easy and accurate diagnosis. Digital examination, aided by the sound, at once reveals the presence of a flexion when it exists; and there will be complaint of pain, of a bearing-down or forcing kind, which is experienced also during the inter-menstrual periods. Moreover, accordingly as the uterus is ante- or retro-flexed, so will the bladder or the rectum undergo concurrent disturbance. In every case of this kind the ovaries are matter for secondary consideration. The uterus is that organ which prominently claims the attention, and that it is flexion solely that is to be dealt with is revealed by the examination conducted with a view to finally determining the cause of disease. Polypus is excluded by the absence of menorrhagia; but in spite of the probabilities pointed at by the signs observed, it is only by employing the uterine sound, together with the fingers, that an absolutely unmistakable diagnosis can be obtained, the instrument alone proving the real nature of the evil by causing the swelling to disappear on its introduction into the uterus, and thereby precluding the possibility of a fibroid tumour.

(To be continued.)

CLINICAL LECTURES ON SYMPTOMS.

Delivered in the Wards of the Hospital.

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LECTURE II.—ON GENERAL SYMPTOMS AND CONDITIONS.

I PROPOSE to-day to discuss general symptoms and conditions, so far as to point out the phenomena belonging to this group for which you have to be prepared, and with most of which you ought to be quite familiar. The symptoms may be either subjective or objective; and they are often observed in various combinations. Some of them are very important, and will demand our special consideration on future occasions. General symptoms and conditions are frequently evident to the most superficial observation, and may attract immediate attention; of this fact you have several striking examples in these wards at the present time. In other cases we have to inquire about them, or to study them by objective or even physical examination. Without entering into details, it may be well to state that in your superficial examination of a patient, for the purpose of determining the presence of these phenomena, you should pay chief attention to the following particulars:—1. The attitude, posture, or gait of the patient; as well as his manner and actions. 2. The general physique and condition of the body, and its state of nutrition. 3. The face, as regards colour, vascularity, expression, any unusual state of the features, puffiness, &c. 4. The skin and subcutaneous

tissue generally, as to colour, temperature to the hand, state of dryness or moisture, softness or harshness, evident eruptions, dropey, &c. 5. The colour of the conjunctivæ, and of the mucous covering of the lips and mouth. 6. The hands and nails. 7. The hair. 8. The presence of prominent nervous symptoms, such as unconscionness of convulsions.

In order to enable you to comprehend the nature of the general symptoms and conditions which have to be recognised, and to remember them the more easily, I propose to group them under certain classes, but you must bear in mind that those belonging to different groups are often associated together in the same patient. They may be conveniently arranged as follows :—

- I. Mere SUBJECTIVE SENSATIONS.
- II. Symptoms connected with the GENERAL CONDITION of the patient.
- III. Symptoms due to certain evident ABNORMAL BLOOD-STATES.
- IV. Symptoms associated with PARTICULAR ORGANS.
- V. SPECIAL SYMPTOMS.

These divisions will include all phenomena which may be regarded as simple or elementary general symptoms, but I wish to call your attention to the fact that, taking a patient as a whole, we have various combinations of signs by which we recognise certain general conditions, or it may be even particular complaints. This constitutes a considerable and important part of what has been termed the "physiognomy of disease." I therefore propose to consider this subject under the following additional headings :—

- VI. Signs of certain PATHOLOGICAL CONDITIONS.
- VII. TEMPERAMENTS.
- VIII. DIATHESSES and CACHEXIE.
- IX. SPECIAL DISEASES.

Let us now briefly consider the several divisions which I have enumerated, but you will understand that at present I merely intend to give you a summary of what is included under each, without entering into details. These will have to be discussed on future occasions.

I. SUBJECTIVE SENSATIONS.—Patients often complain of certain more or less general subjective sensations, and their existence may be evident to the observer, while it is frequently his duty to investigate them. Of course you must be prepared for considerable variety in these sensations, but those of most consequence and frequency may be gathered under the following sub-divisions.

1. *Debility and Allied States.*—These conditions imply on the part of the patient a feeling of various degrees of deficiency and impairment of bodily vigour, and of physical or nervous power. They may be associated with, and in proportion to some obvious general objective state, which readily accounts for them; but this is by no means always the case. Now it is of much consequence that you should have a tolerably clear conception of what you mean when you use certain terms indicative of symptoms belonging to this group, for there is really much confusion in their employment, which leads not uncommonly to serious mistakes. In this matter you must be particularly cautious in accepting what patients tell you about themselves. You must, at the outset, bear in mind that when they complain to you that they are suffering from "general debility," it may be nothing more than malingering, laziness, or selfishness, the individuals being indisposed for any effort; wishing other people to do everything for them, and attend to their every want; and having a desire for all the good things of this world, in order to "keep up the system." On the other hand, be careful not to mistake between supposed debility and actual paralysis from nervous disease. The real symptoms belonging to this class present gradations, which may approximately, for convenience sake, be arranged thus :—

- (a) Simple general debility or weakness, characterised by a feeling of languor or lassitude, want of energy and vigour, indisposition for effort, and a sense of general tiredness or fatigue easily produced by any exertion, often with aching in the legs and back. These phenomena exhibit variations in degree in different cases.
- (b) A state of physical depression and exhaustion, more or less marked, but sufficient to attract attention, and to be evident to the observer. This may be associated with corresponding mental depression.
- (c) Actual bodily prostration, or a condition of so-called *adynamia* or *asthenia*, the patient being, in extreme cases, absolutely helpless and powerless, so that he cannot stand,

or it may be even move in his bed, or raise his head from the pillow.

These divisions will perhaps enable you to understand the degrees of debility which you may meet with in practice, and will guard you against calling conditions by wrong names. For instance, patients are not uncommonly said to be in a state of exhaustion or prostration, when these terms do not in the least apply to the case.

2. *General Pains.*—Apart from the sensations alluded to in the preceding remarks, general pains constitute a symptom not uncommonly requiring attention. They are usually experienced mainly in the legs and back, but may affect the whole body. They are either fugitive or persistent. Of course these sensations may, like those of weakness, mean nothing, but they are often important, as indicating the onset of some acute febrile disease; the effects of a general "cold;" or undue exertion, and consequent muscular waste and fatigue, or muscular rheumatism. It must also be remembered that so-called "general pains," felt in various parts of the body, may be premonitory of serious diseases of the nerve centres.

3. *Peculiar Sensations.*—Under this head may be mentioned sensations of cold or "chills," often attended with shivering, and culminating in more or less marked and evident rigors. With this may be associated a feeling as if cold water were trickling down the back. Some persons feel habitually cold and wanting in vitality, especially when suffering from certain diseases. As temporary phenomena, the sensations mentioned are often premonitory of fevers or febrile paroxysms, or of acute inflammatory diseases, as is well exemplified in ague, in the night pyrexia of many cases of phthisis, and in acute pneumonia. Other sensations belonging to this category are "heats and flushings," of which women frequently complain, coming on at intervals, and the flushing may be objectively visible in the face and neck. Sometimes patients have sensations which they cannot explain. They feel "out of sorts," but cannot definitely say in what way, and even such sensations may be of importance to note.

4. *Nervous Sensations.*—As I have already indicated, you must be prepared for all sorts of queer and inexplicable sensations, referred by hysterical and other morbidly-minded individuals to the whole body, or to various parts and regions. It is impossible to attempt any description of these, for they are as diverse as they are incomprehensible. You will seldom have much difficulty in recognising their nature if you exercise ordinary care.

II. SYMPTOMS CONNECTED WITH THE GENERAL CONDITION.—I include under this head certain objective phenomena, affecting more or less the system as a whole, and which you may either notice at once, or ascertain by investigation. It is always well to take a comprehensive survey of any patient who comes before you, so as to determine the general build and conformation, and the degree of apparent robustness and vigour. The conditions, however, to which your attention needs to be particularly directed are chiefly these :—

- 1. Various grades of general wasting, culminating in the most extreme emaciation.
- 2. Want of tone in the muscles, with flabbiness of the tissues generally, which may or may not be associated with perceptible wasting.
- 3. Obesity, or excessive accumulation of fat throughout the system. This is often combined with flabbiness of the tissues, and defective tone.
- 4. Objective coldness and want of vitality, often evident in the appearance of the individual, or perceptible to the touch.
- 5. Certain conditions of the skin generally, namely, dryness and harshness; marked scurfiness; want of elasticity; more or less profuse sweating; and peculiar discolourations.
- 6. Signs of agedness or senility, or of premature decay and degeneration; or, on the other hand, of imperfect and delayed development. It is frequently important to compare a patient's real with his apparent age.
- 7. An appearance of "looking ill." It sometimes happens that a patient's general aspect at once convinces you that there is some serious illness, acute or chronic, and yet you may not be able to define exactly what you observe, or to put it into words. I would recommend you to be alive to such impressions, and not to ignore them when they come upon you. I may also mention that patients sometimes wear a care-worn aspect, and present an expression of mental depression or worry and anxiety, which may be a

sign of some existing or threatened illness of importance, or may draw attention to the cause of an ailment. Such appearances are worthy of note in any case in which they are present, and you should be on the watch for them.

(To be continued.)

LIGATURE OF RIGHT COMMON CAROTID FOR ANEURISM BY ANASTOMOSIS IN RIGHT PARIETAL AND TEMPORAL REGIONS.

By M. O'MALLEY KNOTT,
Surgeon to the Mayo Co. Infirmary

BRIDGET CONNOLLY, *æt.* 18, a native of the neighbourhood of Ballyhannis, about thirty miles from Castlebar, was admitted to the Mayo co. Infirmary on September the 10th, 1881, suffering from the effects of severe hæmorrhage, which proceeded from a tumour extending from the external corner of right eye to the parietal protuberance of right side of head. She was blanched, nervous, and desponding; pulse hæmorrhagic; visible throbbing of both carotids, and great excitement of the circulation generally. The temporal portion of the tumour was red in colour, soft, elastic, and pulsating; the parietal portion was concealed by matted hair and clotted blood, and also pulsating.

The history of her case is as follows:—

At birth she had a small tumour in the parietal region, which gradually increased in size, until at last it caused her some uneasiness, and two years ago was advised to go to Dublin for treatment, and was admitted into hospital there, where she remained for a considerable period, and no doubt would have undergone the treatment her case required, had not the surgeon whose care she was under got ill; and the hospital was undergoing repairs. Under those circumstances she was discharged, with directions to return again after a time, which she did not do. From that period until she came under my care the tumour was increasing in size and extending towards the temple, and was nearly as large as a small hen egg. A short time before I saw her some slight irritation took place on the most prominent part of the parietal portion, which she scratched, and a small scab resulting, came off in the act of combing her hair. This caused most profuse hæmorrhage, from which she fainted. This first loss of blood took place five days before, and on the night previous to my seeing her, it burst again, and bled profusely, but was ultimately controlled by her mother using pressure, and her own hair helping to form a clot, which stopped it for the time. When she arrived at the infirmary it was evening, and I put off making any minute examination until the following morning. It burst again in the night, but was quickly controlled by perchloride of iron and pressure applied by the resident apothecary. Next morning I carefully removed the clotted hair, and exposed the tumour to view; it was slightly ulcerated at the point of bleeding, extending between the points already mentioned about three inches wide, at its parietal portion decreasing to a neck about an inch, before dilating again to form the temporal tumour; the surface was inflamed and angry-looking; oval in shape, with ill-defined margin, and seemed rapidly spreading over the scalp. The more I looked at it the less I liked its appearance; it did not look at all inviting to attack with either needle or ligature, also its flat shape and ill-defined margin had rather a discouraging appearance for operative interference at that time, so to try and prevent the fierce hæmorrhage which might take place at any moment, and as the girl was in too exhausted a condition to bear any further loss of blood, I made up my mind to tie the right common carotid, which I did next morning, on September 12th, being kindly and ably assisted by Doctors Jordan, Dwyer, and Lyden. The girl was put under ether with Ormsby's inhaler, which acted expeditiously and satisfactorily in every respect. The various steps of the operation were easily accomplished, no trouble from the vein which was seen rather posterior to the artery, and the loss of blood during the

time was almost *nil*. The ligature used was thin whipcord. After the effects of the ether passed off, to have every three hours *Tr. aconite gr. v.*, *Tr. digitalis gr. x.*, which she got during the night. On the 13th her pulse was much quieter, and skin cooler than on the previous evening, to continue mixture *ter in die*; as the bowels were confined to have *haust. sulph. mag. c. acid sulph. dil.*

14th.—Bowels opened; pulse quiet; no fever. Omit *mist. aconite et digitalis*. No further treatment but dressing the wound with diluted *lotio detergens carb.* The ligature not interfered with, and came away of its own accord on October 1st. In the meantime, the tumour got smaller, and lost much of its congested appearance, and I was hoping it would require no further interference; but a few days ago, after the ligature came away, it increased in size again, and had all the appearance it presented at first, and on the night of the 8th it again burst in the old spot. I found that by applying pressure to the neck of the temporal portion it could be almost emptied, so I introduced a strong, straight needle at that point, and bound it tightly with a figure-of-eight ligature; and although it almost obliterated the temporal part, the parietal portion became much increased in size, and looked like bursting at any moment, it also became more defined in form and easier to ligature, which was done after a brief consultation with Drs. Dwyer and Lyden. The method of doing so was according to that recommended by Erichsen, in his surgery, vol. 1., page 717, and figure 257, of the edition, 1872. The plan acted admirably, no blood was lost during the operation, and, after an anodyne was given, the girl suffered much less pain than I expected—in fact, had none after the night.

On the 15th I again introduced a needle through the base of the tumour, armed with a strong, double ligature of whipcord. After drawing out the loop I cut it, and tied both ends tightly, so as to make sure of strangulating the mass.

On the 16th she was attacked with erysipelas of the right side of the head and face; ordered a diaphoretic, with small doses of digitalis every three hours; diet nourishing, and non-stimulating.

At this period of the case I was obliged to leave home for a fortnight, and left her in the care of Dr. Lyden. He told me the erysipelas rapidly disappeared; and when I returned on November 1st I found her general health very good, a large granulating surface, but with a portion of the tumour, still remaining, though much smaller and shrunken in appearance than when I left home. It had a tendency to sprout again. I then re-applied the double ligature, as on October 15th; and on the 2nd of November it also came away, leaving a clear, granulating surface, which has healed now to about the size of a shilling, and is rapidly getting less. All enlargement of right temple is completely gone, the skin has resumed its natural colour, and the girl is to be discharged to-morrow.

My reason for giving aconite and digitalis after ligaturing the carotid is, that in the year 1863 I assisted my father in tying the carotid of a policeman for a wound in the neck. I was then struck with the great disturbance of the circulation and fever which supervened. I do not remember what treatment, if any, was adopted. The man died on the 43rd day after the operation. About twelve years ago I tied the carotid of a child, seven years of age, for a wound of the right tonsil, caused by the sharp point of a slate pencil. In this case, also, the circulatory disturbance and fever were very great, and the child died on the 16th day. To obviate this excitement, I prescribed the above, and whether caused by the medicine or not, the result was gratifying to all parties.

THERE were 50 deaths from diphtheria in New York in the week ending the 26th ult., being equal to the death-rate from the same cause throughout the United Kingdom. The disease is also epidemic in Berlin.

Translations.

THE TREATMENT OF SIMPLE CHRONIC CORYZA.

By Dr. LOWENBERG.

Translated from the *Union Medicale*,

By ARCHIBALD HAMILTON JACOB, M.D. Dub., F.R.C.S.I.

SIMPLE chronic coryza is a common disease, but it very often refuses to submit to any form of treatment. It is very troublesome to invalids of all ages, being prevalent among infants, as has been shown by the researches of Rayer and Billard.

Simple chronic coryza is accompanied by tumefaction of the pituitary membrane, alteration in the quantity and quality of the nasal secretions, and other troubles.

The sense of smell becomes weaker, sometimes being almost entirely destroyed, and the taste loses its acuteness. The obstruction of the nasal fossa prevents the pronunciation of certain letters, and produces a nasal tone, in fact, from the time that the hypertrophy of the pituitary membrane attains a certain point, the inspiration can no longer be effected through the nose, and the patient must resort to buccal respiration, which causes the rather nasal sound arising from the half-open position of the mouth, and produces an injurious action on the pharynx by the air which strikes it directly.

I will not now enlarge on these phenomena, having explained them in detail in a former work. The principal object of this paper is to increase the *therapeutic* treatment of simple chronic coryza. But before touching this subject I think it desirable to speak of a complication which frequently comes under our notice. It is a *special malformation of the septum*, which I have often observed and which helps to contract the nasal fosse, and is very much exaggerated among those suffering from coryza. The disease shows itself in the form of conical projections situated on the septum, and spreading towards the exterior wall of the nose. These spur-like formations are generally to be found in the vicinity of the Eustachian, and often affect both sides of the septum at one time. As it is especially on the mucous membrane of the lower ear, that hypertrophy in chronic coryza appears, the end of these formations often touches the lining membrane of the interior ear, and obstructs the entrance of *nasa fossa*. This makes an important difference, according to my observations, in the treatment of the malady with which I have to do at present and also in catheterism of the Eustachian, but this last peculiarity will be treated on another occasion.

Therapeutic Treatment.—As the development of this malady is slow, and especially at the beginning there are momentary means of relief, some of those suffering from it accustom themselves to it, others less resigned fight against it and use many different remedies; mineral waters are often employed—in baths, by drinking, and by local applications. I do not deny that by these means a certain number of maladies may be relieved. A general treatment conducted with discretion, can certainly act on diathetic dispositions which are, in this instance, most plentiful. Local applications influence favourably the anomalies of secretion, but only when they are used with prudence. Experience has taught me that though the nasal fossa can support in a most surprising way certain trying treatments applied with a perfect knowledge of their use, yet they are extremely sensible to some which are to all appearance very innocent, and quite common in their use. Thus, that most powerful agent, the galvanic-cautery handled by an operator accustomed to use it, exercises a most beneficial influence on the Schneiderian membrane, causing only a slight reaction, while, the nasopharyngeal douche of Veber formerly an excellent remedy, can provoke extraordinary kinds of irritation when it is badly employed, for example when instead of using saline solutions capable of moderating the osmotic changes they substitute liquids which favour them, such as pure water. I ought to say after a long experience, that the usual therapeutic treatment, no matter how prudently and judiciously employed, is powerless alone to destroy the origin of the chronic coryza, the hypertrophy of the pituitary membrane, and the principal symptoms of this disease, all of which arise from modification of the mucus. The swelling resists the most skilful treatment, and even

grows under the influence of certain applications, it only submits to the use of the galvanic cautery, and the object of the present work is to make known the advantages of this instrument. The galvanic cautery recommended for affections of the nasal fossa by Messrs. Vitolini, Michel, Zauffel, Redinger, &c., causes the swelling to decrease rapidly, re-establishes the nasal respiration, and often restores the sense of smell. Its action produces definite results, that is, the enlargement of the mucous membrane disappearing, never returns; and this no other method of cauterism would be able to do as safely and easily as the present one. The galvanic cautery determines in the pituitary membrane hypertrophy. The portions removed remain open as if they had been made by a gouge, and the spaces thus obtained re-establish the normal size of the nasal cavities. The application of this agent, which is such a powerful one, causes very little pain, and the reaction is very slight. The incandescent plate can be made to penetrate into the mucous membrane which covers the internal ears without any complaints from the patient, and without any violent inflammation following this operation which appears so hazardous. This agrees with what we know about the slight reaction following galvano-caustic operations in general, and the rapid change they bring on. I have succeeded in causing the definitive disappearance of the nasal obstructions in the three or four sittings lasting each some seconds, by confining myself to limiting the engorgement of the internal and middle ear. I have had lately the care of a little girl, aged 4 years, who suffered for some time from coryza. The internal ears were so swollen that all trace of the nasal fossa had disappeared; six applications sufficed to disengage the interior and middle and re-establish respiration through the nose. Although troublesome, these cauterizations caused so little pain that I was able to continue them without using any coercive means or rendering the little patient insensible. With very young children the coryza produces grave phenomena, for while sucking they cannot respire at all. I never hesitate in a case of this nature to employ the galvanic cautery, especially of that model which I will describe further on, to diminish instantly the swelling of the mucus and re-establish the nasal respiration, which is the only one which infants know how to make use of.

(To be continued.)

Special.

FRANCE.

[FROM OUR SPECIAL CORRESPONDENT.]

NEW TROCAR FOR OVARIOTOMY.—At the Société de Chirurgie, M. Dupony exhibited a new trocar for ovariotomy, and which fixed the walls of the cyst during the puncture. M. Lucas, although giving every credit to his colleague for his ingenious instrument, did not consider the fixation of the walls of the cyst as absolutely necessary, and that, instead of multiplying ovariotomy instruments, their simplification should be sought. English surgeons reproach French ovariotomyists with having a too complicated apparatus, and, with antiseptic precautions, it mattered little whether a teaspoonful or two of the liquid found its way into the peritoneum.

IOODOFORM DRESSING.—M. Sée employed for some time back iodoform in dressing every kind of wounds. To-day the same treatment was generally adopted in Germany, and with the best results. M. Sée uses it in every kind of ulcer, surgical wounds that will not heal by first intention, and jagged wounds in which pus stagnates easily. I fill in these cases, said M. Sée, the cavity with powdered iodoform, and immediately the pus ceases to be secreted. It is a very simple and easy dressing, and has none of the complication of the Lister dressing, and succeeds just as well. It has two inconveniences, however, it is dear and smells strongly. M. Després has twice employed iodoform in the dressing of wounds, and each time the patient refused the treatment on account of the bad smell it produced. He would like to know from M. Sée how long his wounds took to heal. As for him (M. Després) he would guarantee to cure any simple ulcer by rest and cataplasms. M. Terrillon said that in a journey he made to Vienna he had seen in the service of Billroth iodoform dressing employed on a large scale, and yet he did not perceive any odour in the wards. The following is how it is employed by that celebrated surgeon:—A piece of ordinary gauze is taken and freed from stiffness by steeping it in warm water, when dry it is triturated in powdered iodoform and

then it is ready for application. To disinfect this agent a drop or two of essence of bergamot or peppermint. In total ablation of the uterus through the vagina, M. Billroth said that he had obtained excellent results from plugging the vagina with this iodofomed gauze, and renewing it every eight days. M. Verneuil considered iodoform to be an excellent topic for ulcers of a bad nature, but he did not employ it in surgical wounds. As for soft chancres, no dressing can be compared to it for efficacy and rapidity of action. These chancres are healed in three or four days. In scrofulous ulcerations the action of iodoform is also marvellous. Its bad odour can be corrected by mixing it with an equal part of powdered camphor. In a word it is a very precious agent. M. Trelat also believed that iodoform renders great services in local applications. M. Després, on the contrary, insisted that any other kind of dressing was equal to iodoform, which he considered a vulgar counterfeit of iodine. His method of treatment, although belonging to the old school, succeeded just as well, and cost less. M. Sée terminated the discussion by thanking the members for their valuable information, and added that the iodoform succeeded just as well in deep-seated lesions, as in those on the surface; for he had seen white fungous swelling of the knee-joint cured by injections of this agent dissolved in ether.

HERNIA OF THE OVARY IN THE INGUINAL REGION.—A little girl, *æt.* 6 months, was brought to the service of Prof. Boeckel, of Strasbourg, presenting in the left inguinal region a tumour of the size of a pigeon's egg. The skin which covered it was red and inflamed; the tumour itself was hard, very painful, and irreducible. It was situated at the external orifice of the inguinal canal. It was perceived for the first time three months ago, and was then about the size of a nut, and being reduced by a medical man, it did not make its reappearance until a fortnight before admission into the hospital. The child cried night and day, vomited frequently, and got thin. The bowels continued to act tolerably well. On examination hernia of the ovary was diagnosed, and chloroform being administered, reduction having become impossible, an incision was made over the tumour dividing the skin, and subcutaneous cellular tissue, when the ovary was brought to view, enveloped in its sac. Incision of this sac gave exit to a few drops of colourless liquid. A silk ligature was thrown around the pedicle, which was formed of the Fallopian tube. The wound was dressed antiseptically, and at the end of nine days the ligature fell, and the cure was complete at the end of thirty days. The section of that ovary included half an inch of the Fallopian tube.

The mortality last week in the large towns from diseases of the zymotic class per 1,000 of the population were:—From scarlet fever, 10·4 in Hull, and 3·1 in Nottingham; from measles, 3·5 in Plymouth, and 3·4 in Leeds; from whooping-cough, 2·1 in Wolverhampton, and 1·9 in Brighton; and from "fever" (principally enteric), 2·3 in Oldham, and 0·8 in Leeds. In Hull 31 more fatal cases of scarlet fever were recorded, raising the number registered within this borough since the beginning of July to 618. The 53 deaths from diphtheria included 19 in London, 16 in Portsmouth, 7 in Glasgow, 3 in Birmingham, and 2 in Sheffield; the 16 in Portsmouth considerably exceeded any previous weekly number since the commencement of the present epidemic more than twelve months since, and were equal to an annual rate of 6·5 per 1,000. Small-pox caused 28 more deaths in London and its suburban districts, one in Nottingham, one in Liverpool, one in Oldham, and one in Newcastle-upon-Tyne; no fatal case was returned in any of the other large towns.

The rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of their population were—Newcastle-on-Tyne 17, Sunderland 18, Norwich 19, Brighton 20, Portsmouth 21, Sheffield 21, Wolverhampton 21, London 22, Bristol 22, Nottingham 23, Edinburgh 23, Birmingham 23, Bradford 24, Glasgow 25, Oldham 25, Manchester 28, Plymouth 28, Salford 28, Leicester 29, Liverpool 30, Hull 30, Leeds 30.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 4, 1882.

THE COLLEGE OF PHYSICIANS ON CONSUL- TATIONS WITH HOMŒOPATHS.

ON Tuesday, December 27th last, an extraordinary meeting of the Royal College of Physicians of London was held, at which the following resolution was proposed by Dr. Wilks, and carried without a dissentient voice.

"That, while the College thinks it desirable not to fetter the action of the fellows, members, and licentiates, with reference to any opinions they may adopt, it nevertheless expresses its opinion, that the assumption or acceptance, by members of the profession, of designations implying the adoption of special modes of treatment, is opposed to those principles of the freedom and dignity of the profession which should govern the relations of its members to each other and to the public; the College, therefore, expects that all its fellows, members, and licentiates will uphold these principles by discountenancing those who trade upon such designations."

The discussion which preceded the passing of this resolution was interesting in many respects, but perhaps Sir William Gull's brilliant suggestion to debate the matter with closed doors was the most remarkable incident that marked the day's proceedings. What possible benefit the profession of medicine would derive from a secret resolution, the terms of which could necessarily be known to but a few of those most nearly concerned with it, requires more penetration to discover than we are able to lay claim to. Sir Wm. Gull's motives cannot, of course, be misconstrued; nevertheless, it is

a curious fact that he should deem it advisable to relieve "the most respected Fellows" of the difficulties they encounter by disagreeing with the outspoken protest against consulting with unscientific practitioners by means of an official declaration which can, at pleasure, be invoked to approve or condemn, as the case may be. We may well express unfeigned satisfaction with the reception accorded to the proposition of Sir Wm. Gull, which, if accepted by the College, would have gone far to alienate from it the sympathy and respect of the great body of medical men, not only in this country, but abroad also. Dr. Andrew Clark, though he refrained from placing any proposal before the meeting, succeeded in proving the unalterable consequences that must follow any *bonâ fide* consultation between legitimate practitioners and the professors of a school of medicine by describing such consultation as false and immoral; and although it was hardly to be expected that the College of Physicians would actually endorse assertions of such a sweeping description, still it has practically admitted the justice of their application to the matter in hand. Dr. Wilks, indeed, has shown himself conscious of all this, while, at the same time, he has carefully avoided the appearance of extreme measures, which, very possibly, a majority of the profession would unhesitatingly accept, if sanctioned, by a recognised authority. At the present time, it must be allowed, the course that has been pursued is the one best calculated to serve a good purpose; the resolution is temperate without temporising; it is decisive without destroying; and it is *definite* so far as it extends. It makes no attempt to dictate either the lines or the limits of scientific medicine; it duly recognises the sanctity of individual opinions; it seeks only to impose legitimate and proper restrictions of an ethical kind, such as it is the function of the College to decide; and it is possible to hope for good to follow from its actions.

DR. BATTY TUKE ON BRAIN HEALTH.

It is a healthy sign of the times that health lectures are attractive to the masses, and that the words of the late Lord Beaconsfield *sanitas sanitatum omnia sanitas* are no longer regarded as an epigram or hyperbole, but as the statement of a simple truth. There is an ever-growing appreciation of the fact that health underlies individual happiness and social prosperity, and that some knowledge of the human economy, and its laws of action, is a useful acquisition. There is an increasingly zealous pursuit of this knowledge wherever it may be obtained, as was well shown in Edinburgh on the 10th ult., when the Free Assembly Hall, one of the largest buildings in that city, was densely crowded by a highly cultivated audience, anxious to hear Dr. Batty Tuke lecture on the "Brain and its Functions." So eager were the good people of Edinburgh for authoritative information on this subject, that the hall would not contain all those who sought admission to it, even although its passages were closely packed with gentlemen who had to stand during the delivery of the lecture. And Dr. Batty Tuke's lecture was well worth even the inconvenience of having to stand an hour in order to hear it, for it set forth with much freshness of style, and with singular lucidity, the results of the most recent

researches into the structure and functions of the complex organ of the mind. Beginning by stating that nervous matter pervades all the bodily structures, with the exception of bones and gristle, he explained how all nerves gradually converge through the spinal cord to the brain, how fibrils, fibres and nerves are formed, and how the insulation of nerve fibres is provided for. In the brain and spinal cord he pointed out the external envelope of the fibres is not present, the cells and fibres being there imbedded in a connective tissue peculiar to themselves, called neuroglia or nerve-glue, which was, Dr. Tuke thought, a bad name, inasmuch as it suggested the idea of an adhesive substance, whereas the structure was a delicate reticulated net-work of fibres pervading the whole organ. Speaking of the brain proper, the lecturer observed that it did not attain its maximum weight till the twentieth year, while as regards the allegation that its average weight has diminished in this country during the present century, he could only express his entire disbelief in it. In dealing with the minute structure of the cerebrum, he was able to demonstrate, by means of the oxy-hydrogen light, and two beautiful sections of the brain, which Dr. Hamilton, Pathologist to the Royal Infirmary, had succeeded in mounting on slides, the relations and constitution of the grey and white matter.

Dr. Tuke did not, of course, seek to introduce into a lecture, delivered to a popular audience, any new views, or discoveries, or controversial matter, his object being to convey in language, free from technicality, a clear and just conception of the supreme crown of the nervous system, as it has been made known to us by modern scientific methods. It is unnecessary, therefore, to reproduce what he said in a medical journal, although much of his prelection might even merit a reproduction of that kind on account of the clear, forcible, and happy style in which it is put, a style which occasionally even imparts something of novelty to an old familiar fact. But besides a succinct and graphic description of the anatomy and physiology of the brain Dr. Tuke's lecture contained many incidental observations that are worthy of professional, as well as general, attention. Thus when explaining localisation of function in the brain, and bestowing praise on Ferrier's researches, he indicated the direction which further inquiries in this department should take, and deplored the restrictions which are now placed on physiologists by legal enactments, which must inevitably retard the progress of the healing art. In connection with nervous exhaustion, one of the prevalent maladies of the day, he showed by what kinds and conditions of mental work it is induced or warded off, and in connection with the power of attention he offered some useful hints as to how to secure efficient and safe service from railway officials, on whose power of sustained attention the lives of all us so frequently depend. The lecture was altogether a most instructive and practical one, and we are not surprised that it was imbedded in a neuroglia of applause.

THE DISHONESTY OF IRISH UNION MEDICINE SUPPLIES.

A LITTLE over three months ago we announced that the Local Government Board of Ireland had issued a new form for the supply of medical requisites to dispensaries. We

shall now give some experience of the method by which the annual supplies of medicine have been tendered for. We have before us two tenders, one by a local druggist, whose prices we have good reason to believe are based on those of a London firm: the other by a wholesale firm which supplies many unions in Ireland. These tenders we shall designate R. and W. respectively. They certainly present a curious study alike to the financier and the moralist. There are 299 articles tendered for at prices varying from *one-fifth* of the list price of a good article to *double* that price. The two tenders also differ in an extraordinary way. R.'s price being sometimes twice as much as W.'s, and again W.'s price being sometimes five times above R.'s, with every variation between these extremes. And yet, strange to say, differences so compensate each other, that on the whole 297 articles there is only a difference of four per cent. between the two tenders. Amid this apparent confusion it is possible to discover the operation of certain laws of a very peculiar kind. Thus, there are 13 kinds of official pills to be tendered for, and a price is to be quoted for each under two forms, as "mass," or divided into pills, and "coated." Of course, every medical officer will choose to have his pills ready made. R. quotes the pill masses $63\frac{1}{2}$ per cent. *below*, and coated pills 23 per cent. *above* list price. W. quotes pill masses $42\frac{1}{4}$ per cent. *below* and coated 6 per cent. *above* list price. Again, the quotations for tinctures present a curious study. There are 45 official tinctures in the list. R. quotes 30 of these at the all round price of 2s. 6d. a pint, wholly irrespective of the ingredients, and of several of them being required to be made with rectified spirit. W. has more variety in his prices, but the result on the whole is that W. is 43 per cent. and R. 30 per cent. *below* the list prices. We have already noted that the coated pills are quoted above list prices. It is singular that those articles which are tendered for by the ounce or drachm are much above the average price of those tendered for by the pound or pint. They are frequently up to or even above the list price. However much the two tenders differ, the operation of these laws we have indicated is uniform in both of them.

As examples of individual prices we may instance the following:—Co. colocynth pill mass, which is 20s. per lb. if made with virgin scammony, and 10s. if made with resin of scammony, is quoted at 2s. per lb. by both R. and W. Tinct. hyoscyam, the list price of which is 5s. per pint, is quoted as 1s. 4d. by W. and at 2s. by R. Tinct. rhei co., of which list price is 3s. 6d., is quoted at 1s. 4d. by W. and 2s. 6d. by R. On the other hand, Ext. filicis liquid, the list price of which is 12s. per lb., is quoted at 1s. 6d. an ounce by W. and 1s. 4d. by R., that is, 24s. and 21s. 4d. per lb. Chart epispastici, the list price of which is 4s. 6d. per dozen, is quoted by W. at 5s. and by R. at 1s. per dozen.

We need not proceed further in our analyses of these tenders or in our comparison of the fair trade prices of drugs with those charged by Irish union drug contractors. Whatever conclusion the pharmacist may come to as to the honesty of the prices charged for individual items of the supply tendered for, there cannot remain on the mind of anyone a doubt that one or other of these druggists is guilty of an audacious swindle, and probably of

the additional crime of selling fraudulent drugs, and cheating the ratepayers by supplying to the poor medicines other than those contracted for. By no conceivable means could all the prices which we have quoted be even approximately honest, but so callous to the disgrace of commercial fraud are some traders, and so free are Irish drug contractors in general of any apprehension that their lucrative trickery will be interfered with, that they do not hesitate to avow their dishonesty on the face of their signed tenders.

That the Irish Local Government Board—whose special function it is to check the expenditure of the poor-rates, and to see that the sick poor receive proper medical treatment—should patronise a system which they know to be corrupt and nefarious, is a public dishonour to them. The Irish Poor-law Commissioners have known for years past that the sick poor are commonly physicked with rotten, adulterated, and therapeutically useless medicines. They have known also that for the rubbish supplied for this purpose monstrously extortionate prices are obtained by the contractors. They have known also that fair trade competition in quality and price of union medicines has become impossible, because, under the patronage of the Local Government Board, a system of tendering is permitted to which no respectable drug merchant would condescend. They know that these abuses have arisen from leaving the selection of medicines to bucolic Poor-law guardians, who have neither care nor education for the task.

The Irish Local Government Board of the past, we say, must have known all this, for most dispensary doctors, and every drug trader in Ireland know it, and any one could prove the truth of our assertion by an examination of the drug tenders which we have before us.

What excuse, then, can there be for the official toleration of this system by the Board, and for their omission to do their duty towards the public and the sick poor? None, we think; but nevertheless we have no hope that that duty will be discharged until the matter is brought, as it soon must be, under the notice of Parliament. In five minutes an Irish member who understood the subject could, in moving the omission of the vote for the salaries of the Local Government Commissioners, do irretrievable damage to the reputation of the Board, and if the remedy for these abuses cannot be obtained in any other way, no doubt some independent Member of Parliament will be found to take the subject in hand.

Notes on Current Topics.

Contemporary Biography!

OUR attention has been directed to a recent number of a new publication devoted to contemporary biography, and as we understand that prominent and eminent members of the profession are being invited to contribute material, for the compilation of memoirs of their lives, we think it right to inform our readers of the character of the production which may be expected, should they accede to the request. The number in question professes to contain the biography of a well-known obstetric physician, and it

is composed throughout in that exuberant style of fulsome eulogy which is met with almost exclusively in puffs of cheap tailors and advertising dentists. Every now and then, however, there is a passage of what may be designated medical school phraseology, containing terms and allusions current only among those connected with hospitals; and these suggest either that the essay is written by a member of the profession—which we can hardly believe—or that the materials which the subject of the biography has been unfortunately induced to supply, have been worked up to order in to the discreditable and offensive literary mess now before us. A “life” of this kind can be of no service whatever to the intelligent and cultivated public seeking instruction or information, and could only serve to influence, in the selection of their doctor, individuals whose choice would be governed by such means as puffing advertisements. The possibility of the imputation that the subject of such a memoir was from sordid motives, conniving at its publication, is alone enough to call for the suppression of such writings, and we trust that the protest which we now make may suffice for this desirable end. We cannot believe that the publishers would persist in issuing the work were they made aware that a so-called biography, of the character of which we complain, must be offensive to any high-minded physician unfortunately made the subject of it; and if it had any effect at all upon his reputation, could only be to seriously lower him in the estimation of his professional brethren. And this effect it could assuredly have if any doubt existed that the publication was not without his sanction, and in spite of his strongly expressed protest.

The Professorship of Practical Anatomy in the Irish College of Surgeons.

THE chair vacated by the death of the late Professor Bevan will, as advertised in our columns to-day, be elected to on the 26th of January. The Council, as our readers are already aware, have decided that it shall be held only by a teacher who will devote his whole time to the duties of the professorship, not engaging in private practice, teaching, or any other extraneous employment. Several candidates have already issued circulars:—Dr. Knott, of Dublin, a distinguished former pupil of the College School, and now one of its demonstrators of anatomy, and the author of some valuable papers on anatomical subjects; Dr. T. Cranston Charles, Lecturer on Practical Physiology in St. Thomas's Hospital, brother of Dr. Charles, of Cork, and formerly a demonstrator of chemistry in Belfast College; and Dr. Edmund Ledwich, Lecturer on Anatomy in the School in which his father and uncle were so long connected. We believe also that the office will be sought by Dr. Robert Reid, Senior Demonstrator in St. Thomas's Hospital, and Anatomical Examiner in Aberdeen University.

DURING the past week 105 participating institutions in the metropolis received the amount of award from the Hospital Saturday Fund, varying from £5 to the small dispensary to nearly £400 awarded to a well-known hospital. In three cases the Distribution Committee has been obliged to withhold the cheques, as the institutions have not accepted the conditions required by the Board of delegates.

Lunatics and their Friends.

THE daily papers of the past week have contained highly sensational accounts of the escape of a lunatic from a private asylum, the full descriptive details of which once more illustrate the misjudged zeal and energy with which the friends of private lunatics will, when occasion offers, exhibit their erring sympathy with those who are placed under restraint for mental causes. This story will, in all probability, serve as the text for innumerable sermons on the injustice and impropriety of incarcerating persons who exhibit themselves in the guise of sanity at intervals while under the care of asylum officials; and we shall be told that it offers certain proof of the unsoundness of the system by which the control of our insane population is regulated. We have never hesitated to admit that Lunacy Law amendment is a desirable and even a necessary step, but we have insisted, and do still insist, that such amendments must not be in the direction of relieving the conditions under which private patients are controlled. Homicidal lunatics are notoriously a dangerous and difficult class to deal with, while, at the same time, experienced asylum superintendents are able to accord them at times an amount of liberty which removes much of the irksomeness of seclusion. Sometimes, it may be, friends who are witnesses of the apparent freedom enjoyed by such patients, assume that yet further liberty might with equal safety be accorded to them, and added to this conviction will even be the sympathy inseparable from the idea of a lengthened incarceration in the atmosphere surrounding an asylum. It is sincerely to be hoped that no unfortunate occurrence will take place to demonstrate the mistake made by those who have, in the instance referred to, been the means of effecting the escape of an asylum patient; and it is equally a matter for regret that further opportunity for “sensational mongering” should by it, have been afforded to the enemies of necessity in respect to the control of dangerous lunatics.

The Church and Scientific Progress.

WE have much pleasure in announcing that the claims of science to be respected in its efforts to promote the welfare of humanity will be formally recognised from the pulpit on Sunday next, January 8th, when a sermon in favour of legitimate vivisection will be delivered at St. Barnabas Church, Guilford Road, Stockwell, by the Rev. Richard Hill, M.A. The subject of the discourse will be “Scientific Experiments on Organic Life—a Necessity, no Sin.” The sermon will commence at 7 o'clock, and seats will be set apart for the medical faculty and those interested in the question. There will be full choral service and an anthem.

EARLY on Friday morning a policeman named Ivison found Dr. Lockerbie, of Sunderland, lying unconscious on the railway side, near to Leamside Station. His hat, money, and first-class railway ticket were found a short distance away. Dr. Lockerbie booked first-class by the 5 o'clock express from Durham to Sunderland on Thursday night, but no statement has yet been made public whether the case is one of accident or attempted suicide.

The Vacant Presidency of the Mullingar Lunatic Asylum.

THIS office, which has become vacant by the recent death of Dr. Berkeley, is the subject of active competition. The salary for a new comer will be, we believe, £400, and the allowances value for about £150 more. The succession to the office will, of course, be decided almost wholly by political influence—merit, seniority, or knowledge of the duties being of little weight in comparison to influential friends. We do hope, however, that those who have the appointment in their gift will try to find some one with the necessary political qualifications within the Irish Lunacy Department, and not as they did on a recent occasion, go afield to search for a resident medical superintendent who has never seen the inside of a lunatic asylum. We hope that the Chief Secretary has changed his views since he stated in the House of Commons that long and good service as an assistant in an Irish asylum gave no one any claim to promotion. Such a theory is unworthy of a liberal Government, and we do not suppose that Parliament will like to hear the same excuse again made for an appointment which cannot be defended on other grounds.

Workhouse Medical Discipline.

THE Workhouse Committee of the Birmingham Guardians have asked for a Local Government inquiry into certain alleged irregularities in connection with the department of the medical officer, Mr. Sampson, whom they declare to have forfeited their confidence. According to the report of a sub-committee appointed to inquire into the matter, blisters, cold shower baths, and other extreme applications have been used, under the direction of the medical officer, for the punishment of refractory patients in the infirmary, contrary to law, and without any record of these punishments being kept.

Panics in Public Halls.

THE terrible disaster at the Ring Theatre in Vienna has served once more to reopen the old question of the construction of places set apart for public entertainment, and the precautions adopted for ensuring the speedy exit of large audiences. Again and again have serious warnings been received, which, though less horrible than that contained in the Vienna catastrophe, have yet fully shown the dangerous nature of many of the theatres and halls in this country. It is significant, too, that even since the fatal panic abroad there have been several instances of the same description, fortunately unattended by loss of life, here at home. At Leeds, last week, a wild rush occurred in a music-hall, occasioned by the cry of "Fire!" and the egress of the panic-stricken crowd was prevented through the doors, which *should* have been open, being fast locked and barred, and ultimately forced from the outside. Many persons were more or less seriously injured, though none, it is said, fatally. Two other instances have been witnessed within the last few days, and in all there is the one prominent feature—that, once thoroughly alarmed and eager to escape, the dense mass of people forming the audience in any ordinary theatre has but little chance of being speedily set at liberty.

The conclusion is apparent; and until the proper authorities insist that due provision shall be made in every public hall for its immediate observance in case of need, they cannot be held to have discharged their paramount duty.

Disgraceful Exhibitions.

Too often is the public mind shocked by hearing of deplorable accidents attendant on the sensational spectacles through which it is sought to draw visitors to places of amusement; and although, as a rule, it is performers themselves who fall victims to their own foolhardiness, yet, unfortunately, this is not always the case. A miserable example of this occurred last week at Brighton, where a boy in the audience at a music-hall was instantaneously killed by the charge from a cannon poised on a dagger which a Chinese acrobat held in his mouth. The blame of this death should be laid rather on the false sentiment of the public than on the wretched being who was the immediate cause of it; for in the absence of a morbid craving after the vicious excitement such exhibitions afford, those who provide them would find no encouragement, and they would cease to exist in the detestation of every properly regulated mind. It is curious, too, that the law which insists on securing the safety, as far as possible under the circumstances, of those who take part in dangerous feats, does nothing to protect the persons who look on during the performance of them, even when they are attended with manifest risk to spectators. This end, however, would be attained if all exhibitions were prohibited which could possibly be accompanied by danger to life or limbs of artist or audience. Such a rule might, and no doubt would, have the effect of driving from the stage a large number of sensational exhibitions; but even this would be productive of good results, and would lead in time to the growth of a better and healthier public taste in the matter of recreation and amusement.

Crab Disease.

MUCH has been said lately about crab disease, but crabs are like other animals subject to a great number of diseases. Dr. Harz has made many researches on this subject which are interesting, not only to those who are considered "gourmets" but also to those who breed crabs. The disease is a parasite, due to the presence in the muscular tissue of *Diatoma cirrigerum*. From 100 to 200 have been found in one animal. Crabs suffering in this manner cease eating, become covered with spots, walk on the ends of their claws, and are stiff and clumsy. The diatoma belongs to that class of animals which undergo several changes, and does not reproduce itself until at their conclusion, not being then a perfect animal, at each stage in its life it inhabits a different animal. Crabs become subjects to them by eating dead fish.

In honour of St. Joseph Labre, the pilgrim of Boulogne-sur-Mer, who with three other saints was canonised with such magnificence and ceremonial on the 8th ult., in St. Peter's at Rome, the Catholic University of Lille has founded a chair in the Faculty of Medicine and endowed it with 100 000 francs.

Sutures in Recent Ruptures of the Perineum.

Dr. VEIT advocates the immediate union of even the lesser ruptures of the perineum. To accomplish this there is need of no elaborate armamentarium—only needles and scissors are necessary. Dr. Veit recommends to begin at the perineum with the sutures; avoid deep vaginal sutures, and all superficial ones are unnecessary. After bringing the rectal mucous membrane together, the needle is passed through the perineum behind the frenulum and carried along parallel to the rupture in the vagina to the end, where it is brought through the skin. Other deep sutures can be entered under this; superficial stitches, if necessary, are placed between the deeper ones. Chloroform is only necessary in cases that are not operated on immediately post partum.

Dr. Tanner Out-Fasted.

THE following extraordinary tale of fasting reaches us through an authentic source from India, in which an eye-witness describes the appearance of a religious mendicant of the Jain caste, who has just completed a ninety-one days' fast at Palanpur, on the last days of the penance:—The "saint," says the writer, underwent a fast of eighty-six days last year, and has been more or less accustomed to this form of infliction. When seen on the ninety-first day of the recent fast, his abdomen had so much subsided as to form the shape of a pit; the veins were much swollen, and he seemed to speak only with great effort. He was seated on a blanket in the corner, and had near him the sour water of curdled milk, which he sometimes drank. He seemed, however, to be capable of physical exertion, and up to the last day procured the curdled milk water for himself. He was all along engrossed in prayer, and held no communication with other men, except on religious topics. The man has spent his life in strict asceticism, and has denied himself all food and luxury, save what might be got from the milk water, bread, and yellow rice. His bedding consists of an ordinary blanket, and nothing more. Many Jains undergo penances in the shape of fasts and other self-inflictions, but it is said that this man's efforts in this direction are unapproached by even his most devoted co-religionists, and he has drawn to himself a large following of Sharawaks. Unlike Dr. Tanner, however, he accepts no presents and no fees.

"Notification" System for Cats.

A RECENT issue of the *New York Medical Record* comments on the fact that pet animals can carry contagion, and thus be the means of spreading fatal diseases, is not widely enough known or duly appreciated. It has heard of authentic cases in which scarlet fever was communicated from one person to another by means of a cat. Dr. Hewit, of Lake Superior, relates a somewhat similar instance in which diphtheria was communicated by the same animal, two or three of his children dying in consequence thereof. We refer to the subject in the hope that more facts bearing upon it may be communicated. These are at present scarce, but a little attention paid to the matter would, no doubt, secure much that would be of importance to comparative and preventive medicine.

A Warning to Duel Surgeons.

MR. JUSTICE CAVE, in a recent case, gave it as his opinion that a surgeon who attended a duel to prevent a man from dying was to be held equally guilty with the person who fired the shot, because, by his mere presence, he forwarded the duel.

A Universal Pharmacopœia.

THE Société de Pharmacie of Paris has resolved to print and publish the projected Universal Pharmacopœia, which had been elaborated by a special Commission at the request of the International Pharmaceutical Congress of St. Petersburg.

Bacterian Anthrax in Cattle.

MM. ARLOING, Cornevin, and Thomas have investigated the well-known immunity of adult cattle from bacterian anthrax in the infected districts. They ascribe this immunity to a gradual and infinitesimal vaccination which they have undergone, since aged cows and oxen, from districts where anthrax is not common, if brought into an infected part of the country succumb as readily as calves.

Carthago est Delenda—The Death of the Carbolic Craze!

To every thoughtful man it must be perfectly humiliating, from the scientific standpoint, to reflect on the surgical fanfare which, for the past few years agitated, not only the profession, but the public, in connection with carbolic acid, and now to read in the editorial columns of a contemporary, "we may say that the day of carbolic acid is over." . . . "The spray has been abandoned by many surgeons, and even Mr. Lister has spoken in qualified terms of its necessity; and had we to prophecy, instead of to record accomplished facts, we might venture to predict an early abandonment of this cumbersome addition to a surgeon's armamentarium." All this is precisely what all sensible men knew sufficiently well to be inevitable. But what of the great "cures" that have been accomplished by means of carbolic acid? What of the children who have first entered the "vale of tears" through its incense? What of the ephemeral reputations based on this illusory theory? What of the numerous papers which have appeared in our journals from so many incapable of forming correct judgments, both anxious as to the chance of advertising? We are getting back to where we were before the famous carbolic acid theory was propounded; but medical science cannot fail to suffer from such insensate outbreaks of surgical fashion, nor can the contempt of all intelligent members of the profession be withheld therefrom.

A TELEGRAM from New York states that small-pox is alarmingly prevalent in the west. It is supposed to have been introduced by emigrant steamers, and the western cities intend to institute quarantine against emigrants.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official weekly returns, as follows:—Calcutta 40, Bombay 26, Madras 35, Paris 28, Brussels 23, Amster

dam 23, Rotterdam 24, The Hague 24, Copenhagen 19, Stockholm 14, Christiana 25, St. Petersburg 42, Berlin 24, Hamburg 21, Dresden 24, Breslau 25, Munich 29, Vienna 25, Prague 30, Buda-Pesth 33, Naples 28, Turin 20, Venice 25, Alexandria 40, New York 28, Brooklyn 22, Philadelphia 21, and Baltimore 28. No returns were received from Geneva, Rome, or Lisbon.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

SCOTCH UNIVERSITY TEACHING.—For one whole hour during the present medical session, a prominent teacher, and public edifier on everything, lectured on Lænnec, and the Apostle Paul! Fearing, as he put it, that on the previous day, he might have offended the "religious sensibilities" of some of his pupils, the next lecture was entirely devoted to justifying the association. Except that Paul is understood to have been an epileptic it is really difficult to comprehend what he has to do with the education of young men preparing for the medical profession. Such drivel as this would soon disappear with an independent examining board, and free and fair teaching.

EDINBURGH ROYAL INFIRMARY.—We learn that the dry rot has made its appearance in some of the wards of the infirmary. If this be indeed the case, either the material used for flooring is bad or sufficient ventilation has not been provided. The cost of re-flooring will be a heavy item, and must seriously affect the usefulness of the institution, which can scarcely keep its head above water as it is. The Medical School of Edinburgh is so dependent on its Royal Infirmary that the closing of any of its wards would be seriously felt.

THE COLLEGE OF PHYSICIANS AND SURGEONS OF EDINBURGH.—The rejections at these Colleges which have been gradually increasing for the last few years, reached 45 per cent. last year. Something must be wrong when so many fail. Either the examinations are more severe, or the material is very bad. Something may perhaps be said about the methods of teaching adopted at the medical schools, and for this reason we wish that the compilers of the report had also given us a table of the medical schools whence the candidates were drawn. The London College gives the medical schools where study has been carried out, and it is only fair that Edinburgh should not bear the onus of bad teaching. At any rate this is one of the "burning questions" which we hope that the Royal Commission will be able to answer.

DR. ANGUS MACDONALD.—We deeply regret to hear that this gentleman's health is not sufficiently restored to enable him to return to the more active duties of his profession.

EDINBURGH UNIVERSITY COURT.—An order of Her Majesty's Council, dated 19th December, 1881, has just been received, approving a report by the University Court of the University of Edinburgh in favour of Sir Charles Neville Thomson being permitted to retire from the Professorship of Natural History in the University on a retiring allowance in terms of the Universities (Scotland) Act, and the relative ordinances of the Commissioners for the purposes of that Act. The retirement takes effect from the date of the order in Council. An order of Her Majesty in Council, dated 19th December, 1881, has also been received, approving alterations of Ordinances No. 8 and 23, proposed by the University Court by resolution of date 11th April last, under which it is made compulsory in future upon graduates in medicine in the Uni-

versity to take the degree of Master in Surgery at the same time that they take the degree of Bachelor in Medicine, and the final fees in connection with these degrees, instead of being paid in separate sums of five guineas, will in future be paid in one sum of ten guineas, payable at the time at which the candidate comes forward to be examined in the third and fourth divisions of the examinations for graduation in medicine.

THE EDINBURGH DEATH-RATE.—For the week ending Saturday, the 24th ult., the mortality of the city, which had been only 65 in the preceding seven days, rose to 95, equivalent to an annual mortality of 22 per 1,000. This number is five above the weekly average of last year, but only one above the mortality of the corresponding week of 1880. Thirty-five deaths were of children under 5 years of age, 22 of persons over 60, and five more of persons over 80 years of age. There were 8 fatal cases of zymotic diseases. Of 133 births registered during the week 7 were illegitimate.

Correspondence.

THE HARVEIAN LECTURES ON MENSTRUATION AND ITS DERANGEMENTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—In the abstract of Dr. Meadows' first Harveian lecture, published in the *Medical Press and Circular* on Dec. 7, I find the following remarks:—"The fundus and upper part of the body of the uterus are chiefly concerned in menstruation, and a study of the anatomical structures and relations of their parts, and especially of their blood supply, must demonstrate the improbable nature of the mechanical system of uterine pathology, and the theory of strangulation of the uterus (Dr. Graily Hewitt) based upon it."

Dr. Meadows then points out that the uterine branch of the spermatic artery supplies the fundus uteri, and states that "the bulk of blood from the fundus does not descend to the cervix, but finds its way to the bulb of the ovary and thence into the spermatic vein."

In enunciating the mechanical system of uterine pathology and explaining the occurrence of uterine congestion, as will be seen at p. 33 of the third edition of my work on "Diseases of Women," the existence of the communication between the uterine and ovarian blood-vessels, is duly recognised. There is, no doubt, that the spermatic outlet has its use, but it is certainly very far indeed from being "demonstrated," as Dr. Meadows would seem to imply, that the ovarian vessels are capable of efficiently relieving the uterine circulation when there exists considerable obstruction of the great vessels of the uterus. Again, when Dr. Meadows says the bulk of blood from the fundus does not descend to the cervix, it is possible that may be approximately correct, but it must be recollected that the fundus is only a part of the body of the uterus. And I am not aware that the fundus has special properties or functions different from those of the rest of the body of the uterus. We have to deal with the whole of that part of the organ above the internal os uteri, and to consider the circumstances capable of affecting the blood current through the whole of the structures of that part. If the ovarian vessels are capable of removing congestion of the body of the uterus when the uterus is in a flexed distorted condition, how is it that they so seldom, according to my experience, succeed in doing so? and why is it that other aids and measures appear to be so often required to procure the necessary relief?

The effects of "mechanical" influences on the uterus in producing congestion have been recognised by high authorities—by Klob, as a pathologist, by Gaillard Thomas, as a clinical observer. That distortion of the uterus, known as flexion, is a common accompaniment and cause of congestion of the uterus. A physical compression is present at the centre of the uterus, the effects of which the ovarian outlet is incapable of obviating to any appreciable extent, when this compression exists in a marked degree.

Yours, &c.,

GRAILY HEWITT.

Berkeley Square, London, W.

THE ALLEGED CONSPIRACY AT SUNDERLAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As the statements which have appeared in the *Lancet* and other journals, with regard to my evidence in this case are grossly inaccurate, I ask you in accordance with your well known impartiality, to allow me to contradict the same, and to say that I never said I had applied the electric test for Sir William Jenner. What I said was that "I had dealt with electricity under Sir William Jenner and other distinguished men while holding some appointments as clinical clerk, &c., at University College Hospital." "That I was associated with Sir William Jenner as clinical clerk, but had no other association with him." "That I acquired the commencement of my galvanic knowledge at University College Hospital."

To prove that I acted as Clinical Clerk I subjoin the following testimonial :—

[COPY.]

63 Brook Street, Grosvenor Square,
Nov. 19, 1877.

I have great pleasure in stating that Mr. H. R. Dale is well known to me from having been my clinical clerk at University Hospital. I am satisfied not only from the honours Mr. Dale obtained at the College, but from my personal observation of him in the wards of the hospital, that he is highly qualified to practise his profession. He discharged the duties of Clinical Clerk to me to my entire satisfaction, and I believe he will prove a valuable Assistant Medical Officer to any large public institution.

(Signed) WILLIAM JENNER, M.D.

Furthermore, I most distinctly said in my evidence that I had used the electric test for malingers in two cases only, when I was Assistant Medical Officer at the Infirmary, St. George's in the East, London.

As I have entered into my recognisances to give evidence on behalf of Michael M'Mann at the forthcoming Assizes, this *ungrounded attack* on my veracity by the *Lancet* is naturally very painful and injurious to me. I trust therefore in the interests of truth and justice you will be kind enough to insert this correction and refutation.

I am, sir, yours truly,

HENRY RIDLEY DALE, M.R.C.S.,
L.R.C.P.Ed., &c.

10 Nicholson Street, Sunderland.
Dec 24, 1881.

ANTI-VIVISECTION FANATICISM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—With reference to the article under the above heading in the *Medical Press and Circular* of this date, will you permit me to ask for an enumeration of the particular undisputed improvements in medicine, surgery, and therapeutics that have resulted from "vivisection?"

The article alluded to contains the expressions, "scientific workers" and "scientists." But neither appears to have reference actually to benefit to mankind through advance in any branch of medical knowledge obtained, or likely to be obtained, by the means indicated. I merely ask for information.

Yours, very truly,

14th December, 1881.

INQUIRER.

NOTES ON VACCINATION AND RE-VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I read with much interest in your number for 2nd ult., Dr. Berry's "Note on vaccination and re-vaccination," in which I think he shows clearly with regard to the former, that three trials are not enough to establish insusceptibility of vaccine infection, but I cannot coincide in his views on the latter. I am a vaccinator of long standing, and have from the first, paid attention to the controversy as to the necessity of re-vaccination in all cases, or, in other words, whether the protection conferred by vaccination is merely temporary. In an epidemic of variola many years ago, I re-vaccinated myself and all the other adults of my family, all presenting characteristic cicatrices of successful vaccination

performed in infancy, also others similarly circumstanced, and anxious on the subject. In all of us a "pock" produced, which, by the lay folk, was pronounced to be a "very fine" one, being large and accompanied by much irritation, swelling, and painful induration, involving in most of the cases, the axillary glands, but in no instance could I recognise the existence of a genuine vaccine vesicle. These *pustules*, as I think they should be called, ran a more rapid course than the vaccine vesicle; the local irritation generally began before the third day, was accompanied by intense itching and was sooner matured, the combined fluid becoming sooner opaque, they did not leave the characteristic cicatrix of successful primary vaccination. It is true that neither I, though constantly brought in contact at the time with variola, took it, nor did any of the others experimented on; but then, neither did any of the people in a large district on whom the primary operation had been successfully performed in infancy, though exposed to the epidemic influence all the time of its prevalence.

Let me not, in what I have said, be understood to depreciate the value of re-vaccination. No one with the Homerton report of 1877 before him could do so; and my opinion is, that even the spurious pock which I have been considering may, and ought to be called "successful," in the sense of having demonstrated the security from variolous infection enjoyed by those in whom they have been produced. Dr. Berry does not make any mention of having used Bryce's test in those cases. If he has not done so, I should suggest that he should in any future researches he may make, do so in this way. When the presence of fluid in the so-called vesicle is ascertained, and before it has become opaque (say before the eighth day) in the arm of the re-vaccinated subject who presents the characteristic cicatrix of a successful primary vaccination, insert it into the other arm and observe whether it produces, at the usual time, the typical circular, semi-transparent, pearl-coloured vesicle, depressed in the centre, over-hanging at the circumference, confined to the place of puncture or scarification, surrounded with a red areola, concreting into a hard dark-coloured scab after the twelfth day, all the while running in a course parallel with the first. Let him treat the arm of an unvaccinated infant in the same way, and observe if it produces an affection running a similar course. This experiment will be crucial. If both the results answer the conditions above stated, then, and *not till* then, may the re-vaccination, in my humble judgment be considered "successful" in his sense of the term.

Yours, &c.,

EDMUND P. SHARKEY, A.M., M.D. Dub.

Literature.

A TREATISE ON THERAPEUTICS. (a)

THE present work is a portion of "Low's Library of Standard Medical Authors;" and, if the series continues up to the present mark, we feel that it will be a very valuable addition to medical literature. We have already in the English language a large number of excellent works upon materia medica and pharmacy; but it is only in recent years that the science of therapeutics has received here the amount of attention which its transcendent importance deserves, and that has been bestowed upon it by our continental *confères*. We are, for this reason, gratified to see a work of the supreme position of Trousseau's, and one which has stood the test of nine editions, presented in a vernacular dress, useful to that large class of medical men who prefer to read a medical teacher in their native language. The French edition of Trousseau is a much larger affair than even the three volumes now before us; inasmuch, as it embraces the materia medica and prescriptions which, on the present occasion, are omitted in order to reduce the publication within practicable limits. The author dashes at once *in medias res*; and, without any preface, at once begins with iron and other reconstituent remedies, from which he turns to astringents, alteratives, and irritants. He next proceeds to antiphlogistic

(a) "A Treatise on Therapeutics." Translated by D. T. Lincoln, M.D., from the French of A. Trousseau, and of H. Pidoux. Ninth Edition, Revised, with the assistance of Constantine Paul. 3 vols., 8vo. Pp. 970. London: Sampson, Low, Marston, Searle, and Rivington. 1881.

treatment; to evacuants, including emetics and cathartics and to excitomotor, and narcotic medicines. The next portion treats, in the most exhaustive manner, of anæsthetics, anti-spasmodics, and neurosthenic tonics. He next takes up the department of excitants, and next that of sedatives, and contra-stimulants, and concludes with a disquisition on anthelemintic remedies.

The tendency of the whole work may be described as intensely clinical and practical; and it would be simply impossible for any physician, however well educated, to peruse these volumes without feeling that he had added to his stock of knowledge, useful for the purposes of everyday working life; in fact, the same might be almost said for the reading of any individual chapter. The work has been, in one shape or another, before the French profession since the year 1836, and has since undergone the constant revision and improvement, not only of its illustrious author, but of his eminent *collaborateurs*, MM. Pidoux and Paul; and we will merely say that it does honour to its distinguished parentage. Nor in these remarks are we to omit a due meed of praise to its American translator, who has performed his part in a way worthy of the work he was translating. We regret that the publishers did not see their way to a fourth volume, for we should have liked to have had the details of the physiological action of the drugs; for the present, however, Ringer and Bartholow will fill up the gap for English readers. For the same reason we should have welcomed the articles upon magnetism and electricity, and on hydro-therapeutics, all most important subjects; but perhaps there is a good time coming when the publishers will produce a supplement containing all these details. The typography of the book is excellent and correct; the only error worth mentioning, that we have met with, being on page 24, where the formula of Rodet's prophylactic solution for venereal disease, "citric" acid is mentioned by an obvious misprint for nitric. We heartily commend this treatise to the hospital physician, the practitioner, and the student, as a thesaurus of sound practical medicine which will never fail them either as a dictionary of reference, or a means of continual study. The metric doses of the various medicines are given (how long are we to be without the metric system in our Pharmacopœia and prescriptions?), but the respective *avoirdupois* equivalents, are, for the present, annexed.

THE HERESIES OF MEDICINE. (a)

DR. SMYTHE has put forth a readable, forcible, and logical work, the chief aim and intention of which is to expose the absurdities of the homœopathic principle of medicine. This he does in the most effectual manner; not by angry declamation, but by a method of calm analysis, the results of which must prove convincing to all but unreasoning fanatics, or blindly prejudiced followers of the illusion hunting Hahnemann. We could wish every modern homœopath might learn as much of the nonsense he champions in his ignorance, as this little book would teach him; but we unfortunately know too well the school is not amenable to enlightenment on its own weaknesses. Nevertheless, Dr. Smythe's book will be not devoid of good consequences: it is rendered further valuable by a historical, but necessarily brief survey of the rise and growth of medical science, and is bright and readable throughout. We heartily recommend it.

DEAFMUTISM (b).

It is some years since any comprehensive work on Deaf-mutism appeared. In the meanwhile as the study of Otolology has advanced, the question of the education of those whose afflictions are beyond the aid of the aural surgeon has received more attention. Amongst those who have worked in this direction are the author and the translator of the work now before us. Dr. Hartmann is evidently thoroughly well acquainted with the subject, and has arranged his material in a very orderly and methodical manner. Commencing with the medical and statistical aspects of the question, the anatomical changes on which deafmutism is based, he then

considers the various kinds of sign-language, and the methods of education of the deaf mutes. The author is strongly in favour of the method of instruction by lip reading and articulation, and gives full instructions for its practice. He then considers what has been achieved, speaks of the treatment of deafmutes after leaving school, and concludes with a number of statistical tables. From one of these it appears, that of the European countries Switzerland shows the largest proportion of deaf mutes to population, viz., 24.52 among 10,000, the Netherlands the smallest, 3.35 in 10,000, while in Great Britain and Ireland the proportion is 5.70, in Germany 9.66, in France 6.26. There are many points in this work on which we could dilate; we have read it with much pleasure, and hope it may be instrumental in spreading the use of the lip-reading method of instruction of the deaf and dumb. Those of our readers who attended in the section of Otolology at the International Medical Congress will remember a very excellent paper read on the subject by Mr. Kenny, in which the cause of the deaf mutes was most eloquently pleaded, and the deficient means of instruction provided in Great Britain strongly commented on. There is certainly no doubt from Hartmann's statistics that this country is behind many others in the provision made for the education of deafmutes, and we sincerely hope the publication of this work will help in remedying the defect. Some praise is due to the translator for the manner in which he has rendered the work in easy, flowing readable English. Dr. Cassells is favourably and widely known as an energetic worker in otology, and the production of this book will no doubt add to his reputation. To all who practice aural surgery, or who are otherwise interested in the amelioration of the condition of a large number of our afflicted fellow creatures, we can most heartily recommend this work as being full of information, well compiled and agreeable reading.

THE HARROGATE WATER. (a)

THE Harrogate of the present day contrasts favourably and conspicuously with the "Harrigate" of 1790, as described by Dr. Tobias Smollett in "Humphrey Clinker." The place is no longer "a wild common, bare and bleak, without tree or shrub, where the people, who come to drink the water, are crowded together in paltry inns," but has now grown into a well-watered, well-drained, health resort, where the spacious hotels and lodging-houses easily find room for 60,000 visitors every year. No wonder that many treatises have been written on the salubrity of Harrogate, and the virtues of its medicinal waters. The recent work of Dr. Oliver is calculated fully to sustain the reputation of Harrogate, and after hearing how dry and pure the air, how small the rainfall, and how eminently curative the place appears to be for apparently every known chronic disease, we look with special interest at page 36 to the list of complaints that are not likely to derive benefit from a visit to Harrogate.

Chronic pulmonary disease, of tubercular rather than strumous nature, with fever and progressive local change, it seems is not likely to do well at Harrogate. Probably not, for the best place for such a patient is his own home.

In chronic pulmonary disease, of apparently non-tubercular character, we have observed very marked benefit to result from a summer at Harrogate in more than one instance. The patients acquire appetite, and digest their food and cod-liver oil well under the influence of the dry bracing air.

Dr. Oliver's observations on the Harrogate waters are interesting. The waters are powerful, and not ones to be played with. We have ourselves seen most unmistakable mischief, with blood-spitting, brought on by the injudicious use of the sulphur water.

Tables of the chemical composition of all the Harrogate waters are given with much detail, the strength of the springs being contrasted with that of many continental sources. A good deal of stress is laid by Dr. Oliver on the presence of barium chloride in the old sulphur well, and this salt is held to act as a neuro-vascular tonic and anti-strumous agent. When the purgative action of the sulphur water is maintained, the author has repeatedly observed, and measured by Hawksley's sphygmometer, a decided increase of intra-arterial

(a) "Medical Heresies." By Gonzalvo Smythe, M.D.
(b) "Deafmutism and the Education of Deafmutes by Lip-reading and Articulation." By Dr. A. Hartmann of Berlin, translated and enlarged by J. Patterson Cassells, M.D., L.R.C.S., F.F.P.S., &c. London: Baillière, Tindall and Cox. 1881. P.p. 224.

(a) "The Harrogate Waters. Data, Chemical and Therapeutical, with Notes on the Climate of Harrogate." By George Oliver, M.D. Lond., M.R.C.P. London: H. K. Lewis. 1881. P.p. 224.

pressure. Correctly, as we judge, Dr. Oliver refers this improvement in the circulation to the depurative action of the sulphur water on the blood, but he evidently believes in chloride of barium as a stimulant to the heart and blood-vessels. We happen to have employed chloride of barium internally in cases of strumous enlargement of the glands in children, but have failed to recognise any curative property in the salt.

The sections on the therapeutical uses of the Harrogate waters are short and eminently practical. We quote the following, which seems to show on the author's part an acute perception of just the kind of cases that often derive very marked benefit from a judicious method of water-drinking. "Chronic ailments, unassociated with wasting organic diseases, derive most benefit from Harrogate and its waters; such as struma, gout, rheumatism, skin diseases, anæmia and relaxation of tissue, portal congestion, &c. Among these diseases the treatment, when periodically resorted to, is frequently observed to be of great value in such cases as have settled into that obdurate state which cannot be impressed by ordinary remedies; cases in which the pathological condition of the tissues reminds one of the compacted soil around the roots of plants, which bars out the life-giving influences of Nature, but when broken up permits them again to diffuse health and vigour throughout the vegetable tissues."

We may just say in conclusion that Dr. Oliver's book is addressed to the members of the medical profession. The whole matter and style of the work fully bears out this dedication for the book is one that is above the scope of most non-professional readers while it is full of practical interest to working members of the profession.

CONSUMPTION. (a)

In the present work of seventy-eight pages, we have the causes, nature, and therapeutical treatment of pulmonary consumption placed almost at a glance before us. The author has evidently read up pretty widely on his subject, as his abundant quotations from various writers amply testify. The cause of pulmonary consumption appears to be due to an undue action or excessive influence of atmospheric oxygen; a theory by no means novel, and one that has been thought to explain the curative action of cod-liver oil in phthisis, inasmuch as the carbon of the oil combining with oxygen protects the tissues of the body from too rapid oxidation. This has been described by Dr. Walshe as "the pure oleaginous view; whether the oil acts by affording a material to be oxidised, and so sparing the oxidisable tissues," (b) whether this is the way the oil acts still remains matter of conjecture.

Considerable prominence is given to Dr. J. F. Churchill's opinion that the tubercular diathesis is owing to a decrease in the system of the phosphorus which it contains in an oxidisable form. The author holds this view to be "undoubtedly correct as one of the conditions existing in consumption; but it is not a cause."

We should have liked to have seen more clinical evidence adduced in support of the theoretical considerations put forth by Mr. de Lacy Evans. The work is ingenious and interesting. As to the results that may follow on practically carrying out its principles here every observer must judge for himself.

GUIDE TO TREFRIW, AND THE VALE OF CONWAY SPA. (c)

TREFRIW (pronounced Trêvroo) is a village on the western bank of the river Conway, on the road from Conway to Bellwasy-coed and Llanrwst. The small work of Dr. Hayward gives account of the climate and mineral springs of Trefriw. The waters are of the strong chalybeate class, and a wineglassful at the spring is reckoned a very full dose of

(a) "Consumption: a Re-investigation of its Causes. Showing it to Arise chiefly from an Excessive Action of Atmospheric Oxygen. Its Dietetic, Climatic, and Therapeutical Treatment." By C. W. de Lacy Evans, M.R.C.S. Eng. London: Baillière, Tindall, and Cox. 1881. Pp. 78.

(b) Walshe. "On Diseases of Lungs." P. 485.

(c) "Guide to Trefriw, and the Vale of Conway Spa." By John W. Hayward, M.D., M.R.C.S., L.S.A. Third Edition. Liverpool: Adam Holden. London: Simpkin and Marshall, 1881. Pp. 77.

the No. 1 water, for this will contain nearly nine grains of crystallised sulphate of iron. The place appears to be growing in repute, but it seems clear that the waters should only be taken by an invalid who is under strict medical supervision.

THE CLIMATE OF THE UNDERCLIFF. (a)

THE forty years' meteorological observations on the climate of the Isle of Wight Undercliff, recorded in this book by Dr. Whitehead, extend over the years from 1840 to 1879 inclusive, and were commenced by the late Dr. Martin, of Ventnor. These tables comprise registrations of temperature, atmospheric pressure, prevailing winds, humidity, rainfall, ozonic state of the air, and all matters sufficient to satisfy the most fidgetty and nervous of invalids to his or her heart's content. The first seven pages of Dr. Whitehead's introductory remarks deduce practical inferences from the tables, and are well worth study. We learn, for example, that the temperature of the Undercliff during the spring months does not increase in the same proportion as that of Greenwich, but that the warmth is continued well into the autumn. So far as our own practical experience serves, we have usually found pulmonary invalids to delight in the autumn climate of Ventnor, while in the early spring a preference is often given to Bourne-mouth or Torquay, as being places less exposed to the east wind.

Dr. Whitehead's book is well got up, and ought to find a place in the library of all who are interested in the English health resorts, as a useful book of reference.

DAVOS PLATZ. (b)

DR. ALFRED WISE'S work on Davos Platz is a small volume containing at its close weather reports for 1880, and tables of sun-radiation, observed by F. Bedford, F.R.S. in 1876-77. The weather reports read as far from encouraging for an invalid who, after a wearying and expensive journey has at last reached the much-belauded Davos—"Raining; Foggy overhead," "Wind north-east," "Drizzle continues," "Snowing most of the day." Such appears to some extent to be the condition out of doors during the autumn, and a condition that will probably render it desirable for the invalid to remain a prisoner in his hotel. Hotel accommodation at Davos (says Dr. Wise) has greatly improved of late years. This is cheering, though we fear that a preceding paragraph may slightly unsettle the nerves of one who, when abroad, is continually haunted by fears of water poisoning or bad drainage, and an attack of typhoid fever as a by no means very remote contingency. The paragraph reads, "A small population in a healthy locality with the oxidising results of the air, the absorbent nature of the soil, and antiseptic powers of a low temperature, may certainly trifle to an alarming extent in sanitary matters." Dr. Wise has doubtless employed his nose as well as his eyes, and the above statement is suggestive.

The remarks on the therapeutical effects of cold are excellent, and in a few words show the why and the wherefore of a dry cold air being so eminently beneficial to a large class of consumptive patients.

The drawbacks of Davos are faithfully and impartially set before the reader by Dr. Wise. Truly does he say that there appears to be a limit, difficult of definition, where cold resorts cease to be of value, as "change," and even become dangerous. Dr. Wise also, we gather, considers a well-sited home to be of all places the best for cases of advanced consumption. Here we most thoroughly support him. We know how very strongly experienced ship surgeons deprecate the sending of advanced invalids on a long voyage, and yet for many cases of established, but not advanced, pulmonary consumption, the curative effect of a voyage to

(a) "The Climate of the Undercliff, Isle of Wight, as Deduced from Forty Years' Consecutive Meteorological Observations." By J. L. Whitehead, M.D. Pp. 46. J. and A. Churchill, New Burlington Street.

(b) "Davos Platz and the Effects of High Altitudes on Phthisis." By Alfred Wise, M.D., L.R.C.P.; Physician to the Infirmary for Consumption, Margaret Street, &c. Pp. 74. J. and A. Churchill, New Burlington Street.

Australia and back is unsurpassed by any result that can be obtained at the land health resorts. It will not take long for any one to read Dr. Wise's book through, and we should advise all contemplating a visit to Davos to get the work and study it well.

THE USE OF THE LARYNGOSCOPE. (a)

ANY work which has for its aim the extension among general practitioners of the uses of such aids to diagnosis and treatment as the laryngoscope deserves to be examined in a favourable spirit. As far as it goes the work before us is deserving of some commendation. The construction and method of use of this instrument are fairly well described in clear and readable language. The illustrations are apt and suitable, and give a good idea of the subjects they are intended to represent. In most of his directions the author follows the teaching of Dr. Morell Mackenzie. Chapter IV, on "Cases in which the Laryngoscope should be Used," might advantageously have been made fuller. In the chapter on Rhinoscopy, fig. 14 is described as representing the "view with the rhinoscope (right side)." This should have been left side, and the misprint is unfortunate, as it is likely to occasion the beginner in the art some confusion. Tyros almost always find it difficult to understand that there is no lateral reversal in either the rhinoscopic or laryngoscopic image, and a drawing intended to be a guide which leads them wrong is a serious blot upon a book. Otherwise, Mr. Holmes has produced a creditable little work, and one which will doubtless be of use to students and practitioners.

WHAT TO DO IN CASES OF POISONING. (b)

THIS little brochure will be of much use to the student and junior practitioner. It starts with a list and description of the remedies contained in the "antidote bag," and then gives all the ordinary poisons and their appropriate remedies. Some rather innocent substances are given, e.g., bismuth, which is stated to be poisonous if adulterated with arsenic, an observation which might apply to any article whatever. As a whole, however, the work is well and clearly done, and will be most valuable for rapid reference in cases of emergency.

Obituary.

DR. REUBEN J. HARVEY, OF DUBLIN.

THE losses of medicine are more striking than its triumphs. It is our sad duty to record the death of one of its chief pioneers in the path of progress—one of its most earnest workers in the discovery and teaching of scientific truth. The removal from our midst of Reuben Harvey is to our profession nothing short of a national misfortune. It is not merely that he was a man of remarkable ability, nor that he showed a singular devotion to the work he felt himself called to, nor even that as a practical physician his hospital statistics proved his skill and success in the treatment of disease. These facts alone do not account for the strong impress his life, short though it was, left upon all around him. In addition to all these attributes, there was a force of character peculiarly his own, which, though shrouded by a retiring disposition, imperceptibly asserted itself, and awoke in those with whom he came in contact a reverence, if not in some degree, a reflection of its qualities.

After leaving school, he first entered the Queen's College, Cork, of which his father, Dr. J. R. Harvey, who now survives him, was professor of midwifery. Shortly afterwards he entered Trinity College, Dublin,

where his attainments in pure mathematics soon brought him into notice. During his arts course he repeatedly gained first honours. In 1865 he won a science scholarship; and in the year following he obtained his degree by senior moderatorship and gold medal. In medicine his training was equally thorough. After obtaining the first medical scholarship, and the degree of M.B., he studied in the schools of Vienna and Wurzburg, under Professors Stricker and Recklinghausen. It was in the Continental schools that he learned to interest himself practically in the physiological and pathological subjects, which was afterwards the chief field of his research. On his return he was immediately appointed a demonstrator of anatomy in the Trinity College School; and shortly afterwards he was appointed a lecturer on physiology in the Carmichael School of Medicine, along with Dr. Gerald Yeo (now of King's College). This chair he held till the period of his death, and it was with the discharge of his duties in connection with it that his mental and moral qualities were most strongly brought into light. He held that the standard of physiological teaching should not be a second-hand compilation of statements, but a training to individual observation and deduction; that it should be not a burden on the memory, but a discipline and a method. He accordingly set himself to lift it out of its position, as a course to be perfunctorily delivered, and to make it the ever-growing study of the laws of life and function. How he succeeded, in spite of manifold obstacles, hundreds of his pupils can testify. In 1875 he was appointed assistant-physician and pathologist to the Richmond, Whitworth, and Hardwicke Hospitals; and about the same time he was elected to the post of assistant-physician to Cork Street Fever Hospital. A year later he succeeded to the physicianship of the latter institution, and through the many epidemics in which Dublin has a sad pre-eminence, he laboured faithfully and successfully till, in the wards he loved so well, he won the highest guerdon of a life like his—a life that knew no selfishness—death in the discharge of his duty.

Though busied with two hospital appointments, and the teaching of both theoretical and practical physiological classes, he made time for a large share of original work. Much, unfortunately, was never published; but in addition to papers read before medical societies, and an extensive series of researches on staining re-agents, the following contributions have happily been preserved in a permanent form:—"On the Histology of Tendon" (*Irish Hospital Gazette*, 1873); "Ueber die Zwischensubstanz der Hoden" (*Centralblatt*, 1875); on the Mode of Occurrence of Compensatory Emphysema" (Medical Society, K. & Q. C. P., 1879); "On the Cause of the Dicrotic Wave in the Pulse, and on Cardiographic Tracings" (British Medical Association, 1879).

The sketch would be incomplete if it omitted mention of his efforts to improve medical education in this Kingdom. His nature made him detest pretences, and against "cramming" he fought with all his might. With broad views on the scope of knowledge that should be required of the student, he struggled persistently, that the knowledge should be thorough, that it should be honestly and systematically acquired, and that it should be a training ground for the acquisition or elucidation of further truth.

SICK LEAVE, INDIA.

THE Secretary of State for India, it is announced, has placed a restriction on the period of all sick-leaves out of India granted by the Indian Government. Heretofore the period has been two years in almost all cases; in future, only one year will be granted under any of the furlough rules now in force on medical certificate, and the question of its extension will be left to the decision of the standing Medical Board at the India-Office.

(a) "A Guide to the Use of the Laryngoscope in General Practice." By Gordon Holmes, L.R.C.P. Edin.; Physician to the Municipal Throat and Ear Hospital, &c. London: J. & A. Churchill. 1881.

(b) "What to Do in Cases of Poisoning." By William Murrell, M.D. 12mo. Pp. 95. London: H. K. Lewis. 1881.

IRISH POOR LAW SUPERANNUATION.

We understand that a meeting of Union Officers in Ireland has been convened to meet in Dublin on the 13th of January, for the purpose of considering the prospects of obtaining an improved method of superannuation from that now in force. The meeting is convened by non-medical Union Officers, but having made enquiry we have learned that the presences and advice of all Union Officers is hoped for, and that medical officers of Dispensaries and Work-houses are fully entitled to attend.

Ament this conference—which is, of course, quite reasonable and proper under the circumstances,—we would say that nothing would more certainly defeat the object which both medical and non-medical officers have in view, than a collision between the two classes on the question of superannuation. On the one hand the medical officers have no other purpose than to advocate what is fair for the non-medical officers as well as themselves. On the other hand it is quite clear that the non-medical officers can gain nothing and will lose the benefit of a precedent if, without advancing their own cause, they impede that of the doctors. We would be glad to think that it is possible to induce Parliament to grant compulsory superannuation for all Union Officers, but we fear no such hope can be entertained, and it certainly would be a mistake to engage in a game of “dog in the manger” in reference to such a subject.

Novelties.

A NEW UTERO-VAGINAL SYRINGE.

A NEW instrument which seems to have some points of value has recently been brought before the profession in America, by Parke, Davis, & Co., of Detroit. It is the invention of Dr. H. T. Chamberlain, of Rochester, N.Y., and its construction will be readily understood from the following illustration.

The instrument shown in the cut is constructed as follows, viz.: The vaginal tube is six inches in length; the surface is divided into ten longitudinal grooves one-eighth of an inch deep, with an orifice at the termination of each at the base of the dome for a reverse stream. In the dome are orifices for direct and diverging streams. Being nearly an inch in diameter, it acts as a “repositor” in prolapsus uteri. It presses the organ up to its normal position, at the same time distending the folds, by gently rotating the tube while the liquid is being injected. The grooves detach the tenacious mucus that adheres to the

membrane, and the reverse streams passing down between the instrument and surface of the vagina, effectually removes it. Dr. Chamberlain says that by this two important results are attained, viz.: The unhealthy secretions are removed and all injury arising therefrom obviated. The mucous membrane of the vagina and cervix uteri are effectually cleansed. If disease exist, medicine may now be directly and thoroughly applied to the affected part.

AN examination of candidates for Commissions in the medical department of Her Majesty's Army will be held at the London University, Burlington Gardens, on the 20th February next, and following days, at 10 o'clock a.m.

PASS LISTS.

Royal College of Physicians of London.—The following candidates were admitted Licentiates on December 27, 1881:—

- | | |
|----------------------------------|-------------------------------|
| Alkins, William H., M.B. Toronto | Gilder, Sherrington E. A. |
| Allen, William A., M.B., Toronto | Hawksworth, Herbert |
| Benoly, N., M.D., Wurzburg | Morton, Charles Alexand |
| Casson, Harwood | Pilkington, Frederick William |
| Cowan, Frederick Samuel | Puddicombe, Francis Morgan |
| Dunmere, Howard Howse | Thornton, Bertram |
| Edmondson, W. C., M.B., Toronto | Wallace, Alfred Cyprian |
| Foxwell, William Arthur | Warner, Percy |

University of Dublin.—The following degrees have been conferred during the past month:—

- | | |
|------------------------------|------------------------------|
| <i>Bachelor in Medicine.</i> | |
| Archer, Arthur Montfort | Johnston, Alex. Richmond |
| Gillespie, Thomas Richard | Newell, Francis Thorpe Forte |
| Henry, William | Scott, William Sidney Jebb |
| | Wilson, Edmund B. |

- | | |
|-----------------------------|----------------------|
| <i>Bachelor in Surgery.</i> | |
| Archer, Arthur Montfort | Pope, Henry Brougham |
| Johnston, Alex. Richmond | Wilson, Edmund B. |

- | | |
|----------------------------|---------------------------|
| <i>Doctor in Medicine.</i> | |
| Gabbett, Henry S. | Studdert, Richard Charles |
| Line, Wm. Henry | White, Richard Dormer |

College of Physicians in Ireland.—At the December Examinations the following obtained the Licences in Medicine and Midwifery of the College:—

- | | |
|-------------------------------|-------------------------|
| Browne, Danby | Jacob, Wm. Gardiner |
| Cahill, Thos. Emonde | Magner, Thomas |
| Coolican, John Patrick Joseph | Murphy, Patrick Joseph |
| Elderton, Frederick Dundas | Trotton, Maurice Joseph |
| | Wilkin, Lotus Ralph |

The following Licentiates have been admitted Members:—

Gunn, Christopher	Horne, Andrew J.	M'Laren, Agnes
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NOTICES TO CORRESPONDENTS.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, can now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

INDIAN MEDICAL SERVICE.—Candidates for this department of the Imperial services are reminded by advertisement in another column that the next examination will be held on the 20th February. Applications must reach the India Office at least a fortnight before this date.

DR. PEARSE (Plymouth).—Your communication will probably appear in our next. Thanks for a sight of the letter from India.

B. E. T.—The argument sounds very well in theory until brought face to face with facts, when it vanishes as quickly as most of the chimeras of the anti-vaccinationists. It, moreover, has not even the merit of novelty, its untenableness having been exposed thrice previously to our knowledge. As a rule, it is unwise for medical men to attend meetings of the kind, as their presence gives occasion for reports of secret acquiescence, although the opposite be the case. You did well, however, to stand up in defence of the profession, and your views in particular, when appealed to.

MR. MURRAY (Edinburgh).—The facts are interesting and instructive; we shall utilise them in an early number.

MR. C. H. B.—Certain information has come under our notice lately which would lead us to take an opposite view of the case; under the circumstances we would counsel you to wait, as the law is a very ticklish instrument to set in motion, and even if you win it proves costly.

MR. WALDIE will find full particulars on reference to our last “Student's Number,” Sept. 20th.

AN ANXIOUS ONE.—We would advise cutting short your anxiety by at once consulting a qualified practitioner. The fellow you are now “under” is a quack of the worst description; you will find something very unavourable about him in a little book entitled “Revelations of Quacks and Quackery.”

MR. T.—We cannot sufficiently thank you for all your kind expressions. Be assured we cordially reciprocate the good wishes, and that we are only too delighted to have been the means of extending the measure of your enjoyment.

DISPENSARY CONSULTATIONS—CONSTABULARY ATTENDANCE.—W. H. asks: 1. Being called in by a neighbouring dispensary doctor to assist in a midwifery case a distance of nine miles, and, as the case was red-ticket, an order having been procured from the relieving officer, when the matter was referred to the dispensary committee of the district in which the woman resided, they only recommended the board of guardians to pay me one guinea. I have not yet submitted to this recommendation, and I wish to know whether I have any legal means of enforcing my claim for £2 2s., the usual consulting fee? 2. Is the medical officer of constabulary obliged to attend the wife, children, and other relations of the sub-inspector who may be with him, without being fed; and, if so, is he obliged to go at any moment he may be sent for without any real urgency in the case?

[1. You can readily recover your fee from the guardians, but

must be prepared to prove before the magistrates (a) that you were duly called by the relieving officer, (b) that the fee you claim is reasonable, considering the time and place of your attendance and the services rendered. To establish this latter point, you must produce one or more medical witnesses to swear that the fee claimed is usual and proper. All depends on this, for your claim is a matter of simple contract and not of law, and—if not satisfied on this point—the magistrates may award any sum they please. Nevertheless, we think there cannot be a doubt that you are fairly entitled to £2 2s., and can easily recover that fee. 2. Certainly not, you must attend "all members of the Royal Irish Constabulary and the wives and families of the men." The non-liability to attend families of officers is admitted by the authorities.—See "Irish Medical Directory," 1881, page 332.—ED.]

GALVANO-PUNCTURE IN ANEURISM.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In the number of your Journal for Dec. 14th, 1881, you refer to a very interesting case of "Galvano-puncture in Aneurism," which you find reported in the *New York Medical Record* for November 24th last. I beg leave to inform you that the name of the operator is incorrectly given in your notice—the error, probably, originating in the American journal.

The correct name is Dr. Richard Cannon, a very accomplished surgeon, son of Edward Cannon, Esq., Kemilworth Square, Dublin, and now practising successfully in Chili.

Faithfully yours,

S. M. MACSWINEY.

38 York Street, Dec. 16th, 1881.

IRISH LUNATIC ASYLUM APPOINTMENTS.—J. D. K. says: Let me know the necessary qualifications and age limitation to obtain the appointment of medical superintendent to a lunatic asylum, as also the person to whom application should be made.

[1. The appointment is nominally with the Lord-Lieutenant, actually with the Irish Government, usually through the influence of the county members. 2. The qualifications are diplomas as a physician and surgeon and one in midwifery. No limit of age is set down in the regulations.—See "Irish Medical Directory," page 300.—ED.]

MR. H. R. C.—Gant's "Guide to the Examinations of the College of Surgeons" will convey to your mind an excellent idea of what is required.

"JERRY" BUILDING.

Being a sure Recipe for Rheumatism Fever, Cold, etc.

FIRST buy your ground; to be, of course, the cheapest lot you've seen;

For choice, an ancient brickfield, or where once the ground has been

Dug out for sand or gravel, with the holes all newly fill'd
With rubbish from the dust-heap, such as cats, untimely kill'd,
Old bottles, cabbage-stalks, and tins,—to name them all is hard,—
Though you'll find the chief components in the dust-bin in the yard.

Now, ere proceeding further, it is best to first procure
A copy of the by-laws for the district; then be sure
To spend each leisure moment trying how to circumvent,
Within the law, if possible, their very plain intent.

Next excavate, put concrete in,—here 1 to 12 will do,
Then start your footings,—say bricks! they're not exposed to view.
For mortar, take a little lime, some sand, some ash, much earth;
Be care, when mix'd together, of the latter you've no dearth.

You'll connect the drains, of course, at the end next house, and thence
Run them a few feet underground and leave, to save expense;
You'll fix your cistern where you choose, and take the utmost care
That afterwards it can't be reach'd for cleansing or repair.

You'll let the same supply the bath, the closet,—all the lot,—
Take waste and soil pipe down in one to where the drains are not.
But finish your fronts with care, with stone dressings, bays, and
strings;

Inside with showy paper, deep cornice, and such like things.
And mortgage it floor by floor after the manner of old,
And put up a bill when finish'd, "House to be let or sold."
Then when you've secured a victim,—a tenant he's call'd by you,—
You'll migrate with a peaceful heart to "fresh fields and pastures
new."
—*The Builder.*

ORIGINAL COMMUNICATIONS.—The following have been received since our last number:—

"On Imperfect Involution of the Uterus and its Consequences," by Lombe Atthill, M.D.

"A Short Retrospect of the Sanitation of former years as contrasted with that of the Present," by Frank J. Davys, B.A.

Clinical Lecture "On the Treatment of Tetanus," by Lambert H. Ormsby, F.R.C.S.

"Lucan Spa," by G. S. B. Stoney, L.R.C.S.

"A Visit to the Howling Derivishes at Constantinople," by H. N. Draper.

"Interesting Selections from Fifty Cases of Railway Accidents," by Austin Meldon, F.R.C.S.

MEETINGS OF THE SOCIETIES.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—This (Wednesday) evening, at 7.30, Council Meeting, 8 o'clock, Surgeon-General Joseph Kwart, M.D. "Is the Climate of the Indian Hill Sanitaria beneficial in Scrofula, Tuberculosis, and Phthisis?"

HARVEIAN SOCIETY.—Thursday, Jan. 5th, at 8.30 p.m., Mr. Field, "On Cases of Removal of Osseous Tumours from the Auditory Canal."—Mr. Knowsley Thornton, "On Encysted Purulent Peritonitis, with cases."

ROYAL INSTITUTION.—Thursday, Jan. 5th, at 8 p.m., Prof. R. S. Ball, "On the Solar System further considered."

ROYAL INSTITUTION.—Saturday, Jan. 7th, at 3 p.m., Prof. R. S. Ball, "On How we learn facts in Astronomy."

MEDICAL SOCIETY OF LONDON.—Monday, Jan. 9th, at 8.30 p.m., the first Lettsomian Lecture.

ROYAL MEDICAL CHIRURGICAL SOCIETY.—Tuesday, Jan. 10th, at 8.30

CLINICAL SOCIETY OF LONDON.—Friday, Jan. 13th, at 8.30, Annual Meeting: Election of Officers.—Adjourned Discussion on Cases of Myxodema.—Dr. W. H. Keesteven, "On a Case of Unilateral Xanthopsia."—"Cases of Renal Calculus removed by Operation," by Mr. Beck, Mr. Butlin, Dr. Whipham, and Mr. Haward.—Dr. S. Mackenzie will exhibit a case of Lupus-variola.

Vacancies.

City of Dublin Hospital.—House Surgeon. Salary, £100 per annum. For further particulars apply to Surgeon Wheeler. (See Adv.) Gravesend Dispensary and Infirmary.—House Surgeon and Dispenser. Salary, £100, with board. Applications to the Hon. Sec. before Jan. 10.

Huddersfield Infirmary.—Senior and Junior House Surgeons. Salaries, £80 and £40 respectively, with board. Applications to the Hon. Sec. before Jan. 21.

Leamington Amalgamated Friendly Societies Association.—Resident Medical Officer. Salary, £300, with residence. Midwifery fees extra. Applications to the Secretary, 6 Woodbine Street, Leamington.

Lincoln County Hospital.—House Surgeon. Salary, £107, with board. Applications to the Secretary before Jan. 16, of whom also further particulars can be obtained.

Nottingham County Lunatic Asylum.—Assistant Medical Officer. Salary, £100, with board. Applications to the Chairman of Committee at Snettton, Nottinghamshire, by Jan. 5.

Appointments.

CALLAN, M., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer of Termonfeckin Dispensary, co. Dublin.

CHAVASSE, T. F., M.D., C.M., F.R.C.S. Ed., Surgeon to the Birmingham General Hospital.

DICKINSON, T. V., M.B. Lond., L.R.C.P. Lond., Resident Obstetric Assistant to St. George's Hospital.

FERGUSON, D., L.R.C.P., L.R.C.S. Ed., Medical Officer to the Workhouse of the Newtown and Llanidloes Union.

GOWANS, W., L.R.C.P., L.R.C.S. Ed., Surgeon to the Ingham Infirmary, South Shields.

HUDSON, T. J., M.B. Durham, L.R.C.P.L., M.R.C.S., Resident Medical Officer to the Leeds Public Dispensary.

JAMES, C. A., L.R.C.P., M.R.C.S. Ed., Resident Medical Officer to the Stamford Hill and Stoke Newington Dispensary.

MCLAHLAN, S. F., M.B., C.M. Glas., Medical Officer of Health for the Longtown Rural Sanitary District.

MORRIS, E., M.D. St. And., F.R.O.S., Senior Surgeon to the Johnston Hospital, Spalding.

ORPEN, A., L.R.C.S., L.K.Q.C.P.I., Medical Officer for the Second District of the Chipping Norton Union.

ROBERTSON, J. J., M.B., C.M. Glas., Medical Officer for the Montgomery District of the Forde Union.

RYAN, W. H., L.K.Q.C.P.I., Medical Officer for the Hunslope District of the Newport Pagnell Union.

WATERS, A. J. G., L.R.C.P. Ed., M.R.C.S., Medical Officer for the Brandon District of the Thetford Union.

Births.

BURWOOD.—Dec. 30, at Strathmore, Ealing, W., the wife of Dr. Burwood, of a daughter.

Marriages.

SMYLY—TWEEDY.—Dec. 28, at St. George's Church, Dublin, William J. Smyly, M.D., to Eleanor Colpoys, second daughter of Henry Tweedy, M.D., of Rutland Square.

Deaths.

BIRD.—Dec. 17, at Chelmsford, Henry Bird, M.R.C.S., aged 82.

BREACH.—Dec. 23, at Aston Upthorpe, Wallingford, John Breach, M.R.C.S., aged 68.

BROOKES.—Dec. 29, at 276 Kennington Road, London, Ada Jessie, wife of F. W. Brookes, M.R.C.S.

COOPER.—Dec. 25, at the Limes, Slough, Thomas Henry Cooper, M.D., aged 68.

FLOWER.—Dec. 19, at Warminster, Wilts, Thomas Flower, M.R.C.S., aged 86.

GRIFFIN.—Dec. 24, at 11 East Park Terrace, Southampton, R. W. Waudby Griffin, M.D., aged 45.

HARVEY.—Dec. 24, at his residence, 7 Upper Merrion Street, Dublin, Reuben J. Harvey, M.D.

LODGE.—Dec. 24, at Shaw Street, Liverpool, R. T. Lodge, M.D. St. And., M.R.C.S., aged 62.

OLDHAM.—Dec. 26, at Lucastes, Hayward's Heath, James Oldham, F.R.C.S. (late of Brighton), aged 64.

WANTED, a duly REGISTERED SURGEON,
to act as HOUSE SURGEON in the CITY OF DUBLIN HOSPITAL, Salary £100 a year, with apartments, light, fuel, and attendance. For further particulars apply to Surgeon Wheeler, 27 Lower Fitzwilliam Street, or at the Hospital.—Applications must be lodged on or before Tuesday, the 10th January, 1882, addressed to the Secretary of the Medical Board, City of Dublin Hospital, Upper Baggot Street, Dublin.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 11, 1882.

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Original Communications.

MENSTRUATION AND ITS DERANGEMENTS.

By ALFRED MEADOWS, M.D., F.R.C.P. &c.,
Physician to, and Lecturer on Midwifery and Diseases of Women
and Children at, St. Mary's Hospital.

Abstract Report of Harveian Lectures for 1881.

(Continued from page 2.)

LECTURE III.—(Concluded).

Stricture of the os uteri, whether of the internal or the external opening, or in cases where both are concerned, admits of being readily diagnosed. Pain due to such conditions will be coincident with the discharge of secretions, and may also be experienced before this takes place; but it is not the accompaniment of the act of ovulation. This pain possesses a distinctive bearing down or forcing character, and whenever circumstances arise to expedite the rapidity with which the discharge finds an outlet, immediate reduction takes place in the extent of the painful sensations.

The cervix in these cases is often conical in form; the uterus hard and elongated, but without hypertrophy; the external os a small, circular, depressed opening, not rarely too minute to admit the introduction of a sound, while the os internum may be excessively minute. The existence of these conditions will enable the most certain conclusions to be drawn respecting the nature of the disease, and thus it may be said that all the forms of dysmenorrhœa admit of accurate diagnosis when due weight is given to the features distinctive of illness in each instance. In pursuing the inquiry, a first point to determine is, always, the seat of the pain complained of—whether, that is, it be ovarian or uterine, as on the answer to this question must depend the method pursued with the object of remedying the existing mischief. Mechanical treatment of painful menstruation will, of course, be demanded in certain cases. What they are will be apparent from the facts already considered, and

the inferences drawn from them. Under any circumstances, however, where a tumour blocks the canal whereby the uterine contents should properly escape, its removal will be absolutely necessary.

According to some authorities, stricture of the cervix *always* occurs at the external os; but the statement cannot be supported, for, as a matter of fact, whenever a single one of the two openings of the cervix uteri is so affected, it is discovered to be the internal far more frequently than the external. As a rule, however, both are found to be implicated, and a proper appreciation of the condition of things thus brought about is essential to ensure successful treatment of these cases by the practitioner. Thus, if the external os be alone divided when a stricture extends beyond it in the cervical canal, no relief to pain will ensue, but the only result produced will be artificial creation of an unnatural cervix by a most unscientific procedure. Legitimate treatment may be pursued with the aid of either knife or bougie, but the latter is less reliable than the former, and its employment is little deserving of recommendation. As a general rule, it is safest to assert that *all* cases of stricture of the cervix should be treated, if fit to be operated on at all, by division of both the external and the internal os uteri. Here, again, it must be particularly borne in mind that, previous to deciding on this proceeding, every assurance must be obtained to the effect that neither ovaries nor uterus are in any way diseased, for as surely as they are will acute inflammatory symptoms supervene after operation. This latter, too, is, of course, contra-indicated in patients who exhibit the strumous or tubercular diathesis; and when it is performed, strict rest in the recumbent position must be rigidly enforced. In doing the operation, let the cuts be made deep and uniform, and their edges subsequently be well separated by an appropriate stem, and kept scrupulously clean and sweet. At the end of a week the stem should be replaced by the glass stem introduced by Dr. Meadows some time ago, and which the patient should continue to wear till after the first "period" has been passed. No accident, said Dr. Meadows, ever occurred from the use of these instruments, which possess the advantages of cleanliness, non-corro-

siveness, and rigidity; they had yielded the most satisfactory results in his hands, and he strongly recommended their employment to the profession. A second week of rest to the patient must be enjoined, and at the end of that time a little gentle exercise may be indulged in, gradually increasing to the usual amount taken.

Flexions.—In the discussions which have from time to time taken place respecting flexions of the uterus, various explanations of the pain accompanying them have been advanced. According to Dr. Graily Hewitt, it is due to mechanical pressure of the organ, while others aver that congestion simply is the cause of it. Dr. Meadows concludes that it is more frequently a consequence of congestion than of flexion, and as tending to prove this, he instanced many cases of flexion treated by himself, in which no pain at all was experienced, and in all, too, congestion was wholly absent. It must be added, however, that all these were observed during periods of non-menstruation, and that when menstruation occurred in them, pain attended the discharge, thus far lending an appearance of support to the mechanical theory. Successful treatment of all cases of this description requires that the cause of obstruction should be removed, and in admitting this, Dr. Meadows said he yielded all the adhesion he was prepared to offer to the mechanical theory. The objections to this latter explanation are found in the vascular arrangements of the uterus, which, as described in Lecture I., is supplied by these arteries, and relieved by venous blood by two distinct paths, so that the upper and lower portions of the viscus are independent in this respect. Hence Dr. Hewitt's analogy between a flexed finger, or banded arm, and strangulated uterus, does not hold, inasmuch as, while in the former there is but one path along which blood is able to return, viz., up past the constriction, in the uterus an entirely different arrangement obtains, and one that renders strangulation a matter of impossibility.

The first indication for treatment, is that supplied by the congested condition of the uterus, which must be immediately relieved, and, this done, be followed by efforts at replacement. Flexions, it is necessary to know, are more difficult to treat successfully than are versions, and anteversions than retroflexions, while to effect any tangible good with them the use of an intra-uterine stem will be called for. The Hodge pessary is not an efficient instrument for the cure of retroflexion; it does no more than offer a support to the womb, the fundus of which remains retroflexed on the top of the pessary *in situ*, a condition easily diagnosed on introducing the sound. A stem alone is competent to afford the relief required, which it secures by passing to, and supporting in a proper position the top of the uterus. The most suitable stem also is the glass instrument already referred to, and it will be found to be quite free from the objections which might appear, at first thought, to weigh against it. Breakage is all but impossible, well protected and surrounded by soft parts, as it must be when fixed *in utero*; indeed, in many hundreds of cases in which it has been used, no accident has ever taken place. Even the stem however, is not a preventive of version of the uterus, and to meet it a Hodge pessary may be worn with advantage also, or an improved form of instrument introduced by Dr. Meadows under the name of "compound spring pessary." Thus means are now available for the certain treatment of retroflexion of the uterus.

Anteflexion is a more difficult condition to treat, and does not easily admit of being cured. It produces most troublesome consequences, through the influence exerted on the bladder by the displaced uterus, and by reason of its necessary association with sterility in those who are subject to it. The only instrument that offers any trustworthy chances for its treatment, is a padded Hodge's pessary, which should be applied in the reverse way to that usually followed in retroflexion. Failing good results from the use of this apparatus, trial should be made of the intra-uterine stem or of the spring pessary

mentioned above. Not infrequently, however, very serious complications accompany the existence of ante-flexions.

Vicarious Menstruation is a subject about which there is but a small amount of reliable information to be obtained, and which is consequently but little understood. Treatment of it has hitherto resulted in producing no benefit, and in all probability nothing in this direction will be obtained, until a careful, and precise scientific investigation of the conditions giving rise to it is carried out. Properly considered, it will be found to present many more characteristics of a normal than of an abnormal process, and the due unravelling of the problem will be a work of perhaps not a far distant future. In this pursuit consideration must be given to the influences exerted, and the functions fulfilled by the ovaries and their servant the uterus, and also to the parts played by the vascular plexuses so freely distributed in the regions of these central organs. Neither must it be forgotten that the stimulation which brings about arterial changes to which, in chief, the flow of fluid corresponding to a menstrual period is due, occurs as well in whatever situation the discharge may make its appearance, because the truth may not improbably be found in intimate dependence on those physiological processes with which we are already well acquainted. Vicarious menstruation, it should be mentioned, is more frequent from some part of the alimentary canal than in any other situation; or from the kidney. In relation to this fact it is significant to remember that the ovaries are in intimate nervous connection with these organs, as demonstrated in the previous lectures. Renal menstruation, therefore, is hardly more a misnomer than hysterical urine, and the suggestion contained in the comparison may not improbably be a fruitful one in the future.

CLINICAL LECTURES ON SYMPTOMS.

Delivered in the Wards of the Hospital.

By FREDERICK T. ROBERTS, M.D., B.Sc., F.R.C.P.,
Professor of Materia Medica and Therapeutics at University
College; Physician and Professor of Clinical Medicine at
University College Hospital, &c.

LECTURE III.—ON GENERAL SYMPTOMS AND CONDITIONS. (Continued.)

We were engaged in the last lecture in discussing the general symptoms which you have to recognise, and we now proceed to consider the groups which still remain to be noticed.

III. SYMPTOMS DUE TO EVIDENT BLOOD-STATES.—There are certain conditions of the blood which give rise to obvious phenomena, affecting more or less the entire system, and often of a striking character. These are:—

1. *Anæmia.*—The appearances characteristic of various degrees of anæmia are of very common occurrence, and are easily recognised, being evident in the colour of the face and visible mucous membranes. It is, therefore, a condition for which you must always be on the look-out, and of which you should take special notice. There may be some peculiar tint of the skin accompanying the anæmic pallor, as in chlorosis and chronic lead-poisoning. A certain degree of dropsy may also be directly due to anæmia.

2. *Plethora.*—The aspect induced by a plethoric state of the blood and circulation is, in some instances, very marked, and needs also to be recognised.

IV. SYMPTOMS ASSOCIATED WITH PARTICULAR ORGANS.—The symptoms which may be placed in this category, as affecting more or less the entire body, but still having a definite local origin are the following:—

1. Extensive subcutaneous dropsy, dependent usually upon cardiac or renal disease.
2. Jaundice, associated with the hepatic organs.
3. Signs of imperfect blood-aëration, and of over-loading or stagnation of the general venous system. As affecting the whole body, the appearances indicative of this condition owe their origin to the respiratory organs or heart. They

may be strikingly evident, however, in the face, neck, and upper part of the body, when due to some local obstruction of the superior vena cava. They may be acute or chronic, the former culminating in the signs of *asphyxia* or *apnœa*; the latter in those characteristic of the condition termed *cyanosis*. Not only is the colour of the skin and mucous surfaces altered, but this is often accompanied with a bloated appearance of the face and neck, visible enlargement of the small vessels, and dropsy.

4. The different forms of unconsciousness. Loss of consciousness is, of course, immediately due to some cerebral condition, but it is necessary to recognise certain main general varieties, so far as organs are concerned, according to the part where such condition has its origin, and they are:—(1.) *Cerebral*, where the original cause is in the brain itself, constituting *coma*. (2.) *Respiratory*, where the unconsciousness is due to *asphyxia*. (3.) *Cardiac*, the condition being one of *syncope* or *fainting*. (4.) *Urinary*, the insensibility resulting from *uræmia*. It must be remembered that unconsciousness may depend upon the introduction of poisons from without; the development of morbid products within the body; the state of shock or collapse; and other causes; but the condition can then be traced directly to implication of one or more of the organs mentioned.

5. Certain nervous symptoms, such as general restlessness or twitchings, choreic movements, or general paralysis.

V. SPECIAL SYMPTOMS.—In this division I would place:—

1. Temperature.
2. The pulse.
3. The tongue.

You are doubtless aware that it is a routine practice in our wards to take the temperature of the patients by means of the clinical thermometer, at more or less frequent intervals according to the nature of the case. I would urge you strongly always to bear in mind the great value of this simple instrument in ordinary practice, and not to neglect its use whenever it appears likely to give you any assistance in diagnosis. Although abnormal bodily temperature is thus determined really by "physical examination," yet it may be conveniently regarded as, and is to all intents and purposes, a general symptom. As to the pulse and tongue, they may be placed in the same category, because, although in themselves local, they give much valuable information as to general conditions, and are almost universally examined by practitioners as a matter of routine, without any reference to diseases of the systems to which they severally belong. Indeed, the danger is lest "feeling the pulse," and "looking at the tongue," become mere formal acts, without any clear appreciation of the objects for which they are performed; while other points, which deserve attention or recognition, are neglected or overlooked.

In dealing with the remaining groups, it will suffice for the present to explain what each is intended to include, and merely to enumerate the individual conditions or diseases which belong to the several divisions.

VI. SIGNS OF PATHOLOGICAL CONDITIONS.—This group scarcely needs any explanation, and it will be enough to state that you ought to be quite familiar with the combinations of phenomena characteristic of the following general pathological states:—

1. Fever or pyrexia.
2. The "typhoid state."
3. Collapse and shock.
4. Septicæmia and pyæmia.

VII. TEMPERAMENTS.—A temperament may be defined as the sum total of the anatomical and physiological peculiarities of an individual. Four main temperaments are recognised, namely:—(1) *Sanguine*. (2) *Lymphatic*. (3) *Bilious*. (4) *Nervous*. Some authorities attach undue importance to these temperaments, and certainly many individuals are met with who hardly fall under either of them. At the same time you should learn what are the signs of each, so as to be prepared to take note of a temperament, when it is obvious and marked, especially in its relation to the occurrence of particular complaints.

VIII. DIATHESSES AND CACHEXIE.—By many these terms are regarded as synonymous, but others make a distinction between them. Thus a *diathesis* is made to signify a morbid condition of the system, or a constitutional state, usually hereditarily transmitted, of a particular or specific nature, and liable to lead to the development of local lesions, peculiar to and characteristic of such condition. A *cachexia* is the general state of the body actually produced by the

effects of one of these morbid conditions, whether it be hereditary or acquired. For our present purpose it will be sufficient to state that each of these diatheses or cachexiæ is supposed to be characterised by certain more or less obvious signs, which, taken as a whole, reveal its existence in an individual. With regard to some of them this is unquestionably true, and you ought to be able to recognise them without much difficulty; but, in the case of others, the signs are by no means so definite and reliable, while they are often absent, although the diathesis exists. The following is a list of the acknowledged diatheses and cachexiæ, and with which you should be familiar:—

1. Cancerous or malignant.
2. Scrofulous or strumous.
3. Tuberculous.
4. Ricketty.
5. Gouty.
6. Rheumatic.
7. Malarial.
8. Alcoholic.
9. Syphilitic, especially congenital.

IX. SPECIAL DISEASES.—It is a fact that there are not a few cases in which the general aspect of a patient, or certain combinations of general symptoms, at once reveal that he is suffering from disease of some particular organ, or even from a particular disease. In the case of some organs, indeed, such as the spleen, it is by the general condition that attention is often first attracted to them. But while making this statement, and before enumerating the diseases which may be thus recognised, I would most emphatically warn you against placing too much reliance on this method of diagnosing them. Physicians in former times are credited with remarkable skill and acumen in the diagnosis of cases in this way. This may be true, or it may not, for the means of verifying a diagnosis were not so available then as they are now, but, at any rate, this faculty does not belong to the majority of us at the present day. Of course it is quite easy to recognise some diseases at a glance, and a proportion of cases of certain other affections, when the general signs are sufficiently marked, but the fact remains that in many instances these signs do not exist, or they are not developed until the mischief is far advanced. I feel sure that a great deal of harm is being done by students being taught, or getting the notion for themselves, that they may place reliance on the appearance of patients for the diagnosis of various diseases. The result is that many cases of serious complaints are not recognised until too late for treatment, or, perhaps, not at all. Therefore, I warn you most strongly against this danger, and while acquiring full knowledge of the general signs which reveal to you particular diseases, remember that these are often absent, and to expect and wait for them in every case is one of the gravest errors you can commit. I will now enumerate the most important conditions belonging to this group.

1. Certain pulmonary diseases, especially acute pneumonia, phthisis, emphysema, and bronchial asthma.
2. Some cardiac diseases.
3. Certain acute fevers and allied affections (apart from any eruption, which, of course, you should know in each case), especially typhus fever, erysipelas, rheumatic fever, mumps ague, cholera, yellow fever.
4. Acute, and some forms of chronic Bright's disease.
5. Acute peritonitis.
6. Addison's disease.
7. Hodgkin's disease.
8. Leucocythæmia.
9. Diabetes.
10. Scurvy and purpura.
11. Lead and some other forms of metallic poisoning.
12. Certain nervous conditions or diseases, such as mania, idiocy, delirium tremens, hysteria, epilepsy, chorea, paralysis agitans, general paralysis of the insane, advanced wasting paralysis, pseudo-hypertrophic muscular paralysis, &c.
13. Goitre and exophthalmic goitre.
14. Many cutaneous diseases.

A little consideration of the list which I have just given you, will enable you to fix upon illustrations in support of the warning which I previously urged upon you. Perhaps some of you think that it is an easy matter to recognise consumption in a patient, but there are large numbers of individuals suffering from this disease, whose general appearance and condition give no hint whatever of its existence, and we have had cases in these wards during the present session illustrating this important truth.

CARBOLIC ACID: ITS LOCAL AND INTERNAL USES AND ITS POISONOUS EFFECTS (a)

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In laying before the Society the results of observations and experiments made by myself, extending over a period of six years, upon the internal and local uses of carbolic acid and its toxic effects, I wish to exclude from my paper the surgical application of the acid as an antiseptic in the treatment of wounds. I adopt this course because, firstly, I think it is now unquestionably settled by modern surgeons that the antiseptic method of dressing wounds has achieved great triumph, and has certainly been a forward stride towards truth; and secondly, because this aspect of the subject has been already twice ably and exhaustively debated in this Society during past sessions. It is my object to bring under the notice of the Society some cases in which I found carbolic acid most successful as a therapeutical remedy, and in which the drug is not very widely used, with the hope of eliciting the opinion of the members upon this remedial agent.

The first class of cases in which I have found carbolic acid a most powerful therapeutical agent is typhoid fever. I have now employed it in about twenty cases with two deaths. It is most applicable to those cases of the fever where death is threatened from the "putrid state" of the old writers, when in the course of the second week there is nocturnal delirium, copious diarrhoea, depression, stupor, with sordes on the teeth and gums, and dry brown tongue, muscular tremors, and bronchial catarrh. I have found the acid most useful. It must be employed in large doses, freely diluted (ʒss.—ʒj. daily in ordinary drink or abundance of water). It evidently acts as an antiseptic, and also as a nervine tonic, accelerating the healing and cicatrization of the intestinal ulcers. Small doses, perhaps, in consequence of the nervous stupor which prevails in enteric fever are of little or no therapeutic value.

I shall merely read a few brief notes of two or three cases which will serve to elucidate the above remarks.

CASE I.—The patient was a delicate girl, æt. 14. The ordinary symptoms of the disease had been present for ten days, when, towards the close of the second week, there appeared a good deal of nocturnal delirium, profuse diarrhoea, an evening temperature of 105°, pulse very rapid, dicrotous and weak, great nervous prostration, sordes on the nostrils and teeth, hæmorrhagic discharge from the gums, fauces, and tongue. I now determined to try carbolic acid in solution, and ordered the following mixture: Acid carbol., ʒss.; glycerine, ʒj.; and water ½ a pint. An ounce to be taken every three hours. The next day the patient was much better; the evening temperature only rose to 104°, and two weeks later the patient was convalescent.

CASE II.—A young adult, of 22 years, was the subject of very severe enteric fever; developed towards the commencement of the third week those low symptoms known as the typhoid state, low muttering delirium, cephalalgia, dicrotous pulse, intestinal hæmorrhage, &c. I at once placed the patient upon the solution of carbolic acid used in the first case; he took it with avidity, and in a few hours the ½ drachm of the acid had been consumed. From this time the patient began to mend. The remedy was continued for a few days with the most beneficial results and speedy convalescence.

I will not burden the Society with any further cases, but merely allude to some of the opinions of other writers upon this subject.

Mr. Henry Weeks, in the *Lancet*, of Feb. 1880, p. 951, speaks very enthusiastically of the use of carbolic acid internally in the treatment of a well-marked case of typhoid fever, and thinks it justifies a reconsideration of Dr. Jenner's well-known dictum that it is not possible to

cut short typhoid fever. Six minims of carbolic acid glycerine were administered every four hours. In forty-eight hours the temperature fell from 105.5° Fah. to 99° Fah. M. Chapell, in *L'Union Médicale*, No. 103, asserts that tar-water freely imbibed, and also used as a lavement, is able to cut short the typhoid state in two or three days, and to cure true typhoid fever in eight or ten days. In the *Lancet*, 1869, p. 471, is a statement, on the authority of M. Pécholier, of Montpellier, that in sixty cases the vast value of creasote, both internally and in enemata, was most marked. Mr. F. Hunt, in the *Lancet*, May, 1880, p. 751, records his experience, which, although it does not confirm the assertion made by Mr. Weeks, still enables him to recommend its further use, giving it in larger doses than two or three grains every four hours.

I have made a good many observations upon the anti-catarrhal properties of carbolic acid and found it most useful. In the early stage of catarrh, when the symptoms first develop themselves, such as a disagreeable prickling sensation in the throat, suffusion of the eyes, sneezing, &c., the spray of a 2 per cent. solution of the acid inhaled every half hour is sufficient to cut short and abort the attack. Clothes hung over the head of the bed, saturated with carbolic acid solution of 20 per cent., materially relieve subacute catarrhs of the larynx and pharynx, and quiet troublesome nocturnal cough. In asthma, following an acute or chronic catarrh of the bronchi, this treatment is most surprising in its results. This treatment is not applicable to acute cases where the parts are very red, the secretion profuse, the cough violent, as in phthisis.

Perhaps if there is one disease more than another in which the acid is useful by this method of inhalation, it is whooping-cough. I now in every case use the atomiser, disseminating the spray of a 20 per cent. solution about the room several times through the day, and hanging flannel cloths dipped in the solution over the head of the bed at night. In my hands this treatment invariably cuts short the catarrhal stage of the disease, and abates the paroxysms of the spasmodic stage. It has the great advantage of being easily used, even with the very youngest children.

Mr. Blake first drew attention to this treatment of pertussis in 1868 in the *Medical Times and Gazette*, and he gives a diagram of a useful inhaler.

Birch-Hirschfeld recommends not only temporary inhalations of carbolic acid in whooping-cough, but directs his patient to stay permanently in an otherwise well-ventilated room, in which frequently a 20 per cent. solution of carbolic acid has been dispensed by means of a spray-producer.

Dr. Thorner recommends inhalations of the acid from the commencement of the convulsive period. It is advisable, he says, to begin with a 1 per cent. solution, and quickly to increase the strength to 2 per cent. The urine, he says, must be carefully watched, and the inhalations discontinued as soon as the beginning of intoxication is manifested. In cases of young children, or of great irritation of the air-passages, the children ought to be brought three times daily into a small room in which a carbolic acid spray of the prescribed strength is working. I have never known any bad results to occur in my own cases.

Leenan (*St. Petersburg Medicin Wochenschr.*, 1879) strongly recommends the use of carbolic acid inhalations in whooping-cough, and in order that it may have the best effect, he advises that it should be administered during sleep, as it is difficult to ensure that a child should inhale sufficiently long, or enough, of the medicament while awake. Woollen material saturated with a 5 per cent. solution should be hung about the bed.

Carbolic acid vapour probably acts by exerting an anæsthetic influence upon the hyperæsthetic mucous membrane of the air-passages.

A strong plea for the value of carbolic acid in malarial diseases is published from the pen of Dr. A. G. Tebault. He says: As a prophylactic, carbolic acid given in 1 grain doses, at intervals of three to six hours, has in my hands yielded comparatively very happy results, even in cases

(a) Read before the Surgical Society of Ireland. Discussion will be found on page 27.

where unmistakable prodroma of malarial fever were actually present. In experiments, extending over seven years on my own person and others, feelings of lassitude, malaise, cutaneous tremors, disturbed sleep, furred tongue, nauseous taste, and anorexia often gave way under this treatment within twenty-four hours; and a pulse, hitherto jerking and irritable, became calm and of the natural rhythm, while a soothing pleasant sensation pervaded the system. No fever manifested itself in any of the cases, on the contrary, the person felt refreshed and buoyant. No other agent which I have employed has ever superseded carbolic acid as an apparent disinfectant of the system, and this after anxious thought for years, is, to my mind, the first glimmer of light that may lead to the discovery of means to act directly on the poison of fever."

Led by these observations of Dr. Tebault, I tried the acid in the doses recommended in three cases of intermittent fever occurring in the employees of St. James's Gate Brewery, who had served in tropical climates, with very gratifying results. I also administered the drug in three cases of hæmorrhagic small-pox, but without any avail. However, three out of six cases of purpuric small-pox recovered on this treatment—the purpuric patches in the groins and axilla rapidly disappearing.

I have now used carbolic acid as an injection into painful and inflamed hæmorrhoids, in six cases, with success in every case. As recommended by Dr. Pooley, in the *Toledo Medical and Surgical Journal*, November, 1877, I injected with an ordinary hypodermic syringe, deep into the substance of the pile, three or six drops of crystallised carbolic acid, liquefied by heat. Each hæmorrhoid was injected in succession. The pain was slight and soon ceased. The carbolic acid caused a slough which soon separated, and the cure was accomplished in a week or ten days. The cases to which this treatment applies are those of inflamed or irritable hæmorrhoids, either external or partly contained within the rectum. This treatment is contra-indicated for internal bleeding piles and for those wholly external that are flabby and comparatively harmless.

Prof. Andrews lays down the following rules for the treatment of piles by injection of carbolic acid:—

1. Inject only internal piles.
2. Use dilute form of the remedy at first, and stronger ones only when these fail.
3. Treat one pile at a time, and allow from four to ten days between the operations.
4. Inject from one to six drops, having smeared the membranes with cosmoline to guard against dripping; inject very slowly, and keep the pipe in place a few moments to allow the fluid to become fixed in the tissues.
5. Confine the patient to bed the first day, and also subsequently, if any severe symptoms appear. Prohibit any but moderate exercise during the treatment.

Dr. J. E. Brackett, Professor of Materia Medica and Therapeutics in the Howard University, writes in the *Therapeutic Gazette*, of March, 1880, that during the past year he has had frequent occasions, both in private and hospital practice, to thoroughly test Prof. Hüter's method of treating erysipelas by hypodermic injections of carbolic acid, and with the most satisfactory results—

R Carbol. acid;
Alcohol, āā ʒss.;
Aq̄æ, ad ʒij. ℥

Five syringefuls to be injected where redness was most intense, and above its upper margin. To be repeated if necessary.

Dr. Brackett thinks this treatment of erysipelas vastly superior to any other yet attempted or introduced. I have never tried this treatment myself.

Drs. Taube, of Leipzig, and Edcl recommend the submucous injection into the tonsils twice or thrice daily of about half a syringeful of about 3 per cent. solution of the acid, with ice-bags to neck, and teaspoonful doses of port or madeira hourly, and turpentine inhalations in croup and diphtheria. I have no personal experience of this treatment.

Dr. Paul Boydt has observed in the service of M. Verneuil the happy effects obtained by the surgeon in treating extensive burns with carbolic acid. From the cases which he has himself seen, and from three which Busch, of Rome, has made known, Dr. Boydt has arrived at the following conclusions:—

1. This plan of treatment moderates the inflammation which accompanies the elimination of the sloughs.
2. Certain formidable complications, such as acute septicæmia, purulent infection, &c., are prevented.
3. The suppuration is diminished.
4. As concluded by Dr. Busch, those parts only are eliminated which have been destroyed by the heat, and the cicatrix is admirably smooth and extensible.

I have never, for some years, employed any other treatment in extensive burns, and I see a very large number of such cases in St. James's Gate Brewery.

The number of fatal cases of carbolic acid poisoning now on record is quite large, and the list is certainly growing. The symptoms, though varying slightly, are, upon the whole, pretty uniform. They almost always appear rapidly after the injection of the poison. Dr. Taylor (*Philadelphia Medical Times*, vol. II., pp. 284) records a case in which about an ounce caused insensibility within ten seconds after taking the fatal draught, two minutes afterwards the patient was pulseless, with irregular distant gasping respirations, and in less than a minute later was dead, apparently from cardiac paralysis. Generally some minutes elapse before the symptoms develop themselves; nausea, cold sweats, stupor deepening rapidly into insensibility, or collapse, are the most frequent phenomena.

The following are the notes of a case which came under my own observation:—

Michael H., æt. 40, a fireman in a distillery, of strong and muscular form, was admitted into Steeven's Hospital, Nov. 26, 1874, with the following symptoms:—Pallor of the face, coldness of the surface, perfect insensibility and coma, respirations slow and laboured, the pupils being fixed and insensible to light, and the pulse feeble, and almost imperceptible at the wrist. There was no erosion or mark upon the mucous membrane of the lips or mouth. The history given by his fellow workmen was as follows:—That while engaged at his work he suddenly fell to the ground, as they described it, in a "fit;" they also stated that he drank but one glass of whisky an hour previously to his losing consciousness. On applying my nose to the patient's mouth I distinctly perceived an odour resembling that of carbolic acid or creasote, to which I drew the attention of the class. My suspicions were confirmed very shortly afterwards by the foreman of the distillery sending me a small bottle of dark-coloured fluid, of which he stated the patient had partaken in mistake for whisky. This fluid had the characteristic smell of carbolic acid, was of a dark brown colour, and was evidently the impure commercial form of the acid, which is used for disinfecting purposes.

As the patient presented all the symptoms of extreme vital depression, I first administered a turpentine enema, and applied sinapisms to the calves of the legs. I then introduced the stomach-pump, and evacuated a considerable quantity of dark fluid, corresponding in its physical characters to the contents of the bottle sent me by the foreman of the distillery. I continued to wash out the stomach with tepid water until it returned clear as when introduced. I then pumped into the stomach a few ounces of a saccharated solution of lime, which is undoubtedly the best antidote. The patient still remaining unconscious, I administered a couple of ounces of brandy by the rectum. He now showed some symptoms of returning consciousness. Ordered ammonia to be applied to the nostrils occasionally through the night. The pulse was now greatly improved in strength.

The next morning the patient was perfectly conscious, and complained of great pain over the epigastrium and in the track of the œsophagus. Vomited everything he

took. There was considerable irritation of the lips. Had a perfect recollection of one of his comrades handing him a stone jar, and desiring him to take a drink, which he did, thinking it was whiskey; stated that the liquid had a very pungent, burning taste; after this he remembered no more. He now passed about 8 oz. of very dark olive green, almost black, urine, though perfectly clear, and somewhat translucent when held towards the light. Sp. gr. 1.025, intensely acid reaction. No albumen or any trace of blood could be detected after most careful examination. Ordered five minims of liq. opii sed. every two hours; to have thin arrowroot and milk, with lime-water in small quantities at a time, and a linseed-meal poultice to be applied constantly over the epigastrium. From this time onwards the patient improved rapidly. The urine became daily paler in colour, depositing as it did so a copious cloud of urates. The analysis of the urine was conducted by Professor Bell, of London, who failed to detect albumen, blood, or the acid itself. In the cases recorded by J. A. Waldenström and Aug. Almen, of Upsala, in the second and third numbers of the "Transactions" of the Medical Society of Upsala, in which changes were produced in the urine by the external application of the acid, it presented the usual dark green characteristic appearance, with albumen in small quantities, and no blood; but the presence of carbolic acid was indubitably and unmistakably demonstrated. Waldenström believes that the change of colour in the urine occurs *only* under the external application of the acid, and he records a case in which the external use of carbolic acid merely produced a transitory albuminous condition of the urine. That the internal use of the acid *will* produce the discolouration of the urine was indisputably proved in the above case. The colour is probably due to the colouring matter in the blood escaping in the shape of an increased amount of indican. The symptoms of carbolic acid poisoning are most intense when the acid is subcutaneously introduced, and next when absorbed by the mucous membrane of the stomach or rectum. A dilute solution is more readily absorbed than the concentrated acid, owing to the caustic, coagulating action of the latter, which rather retards absorption. The acid, when absorbed, undergoes various hitherto unknown changes, and is then rapidly eliminated by the kidneys, imparting to the urine a characteristic dark green colour. Only a small portion is eliminated unaltered, and traces of it, with the characteristic odour, may be detected in the blood. Death is caused by asphyxia in consequence of irritation and paralysis of the vagus and of the respiratory centre in the medulla oblongata; sometimes, in large doses, it results from paralysis of the heart, or syncope.

The treatment is far from satisfactory. Wood, in his admirable work upon therapeutics says there is no known substance which can be thoroughly relied on as an antidote. The recent experiments of Husemann, however, indicate that the alkalis have some power in controlling the lethal action, provided they are exhibited in solution, and in great excess. Lime is probably the best of them, given in the form of the saccharate. Husemann's experiments prove that the oils are of very little, if any, use. The stomach should be rapidly evacuated with the stomach pump, and then thoroughly washed out with tepid water.

Dr. Seuffleben recommends sulphuric acid as a remedy for the toxic symptoms produced by carbolic acid. The poisoning is produced by the presence of phenol in the blood, and he says that sulphuric acid combining with this produces sulphocarbolic acid which is innocuous. He has treated several cases successfully on this principle. The mixture he uses is, dilute sulphuric acid *one part*; gum water *200 parts*; syrup *30 parts*. One tablespoonful to be taken every hour.

I cannot leave this aspect of my subject, viz., the toxicological effects of the drug, without alluding to the toxic properties of carbolic acid in surgical use. I once saw the local application of the acid to the back of an adult cause

death in twenty minutes, preceded by deep coma, widely dilated and fixed pupils, twitching of the muscles, and convulsions. The necropsy revealed profound renal congestion, and cerebral effusion.

At the Seventh Congress of the Society of German Surgeons, held in Berlin in April, 1878, under the presidency of Professor von Langenbeck, Dr. Küster (Berlin) had, in the course of four years' experience of the antiseptic treatment, met with five cases of poisoning by carbolic acid, four of which were fatal. In his first case, stricture of the rectum in a woman, *æt.* 23, the parts were repeatedly washed out with a 2 per cent. solution of carbolic acid; this was twice followed by collapse, and death after temporary resuscitation by artificial respiration. In the second case, the washing out of an empyematus cavity in a child, with a $2\frac{1}{2}$ per cent. solution, was followed by collapse, and death in three hours. The third case, a woman, *æt.* 39, had pelvic periostitis and discharge of pus through the bladder. Incision and washing out the cavity with a solution of carbolic acid was followed by collapse and a fall of temperature to 95° Fahr.; a second irrigation the next day was followed by sudden death. The fourth case was one of resection of the hip in a child, *æt.* 4 $\frac{1}{2}$, who died unexpectedly the next day. The fifth death occurred in a woman, *æt.* 33, who, in consequence of erysipelas following an injury of the leg, had a large abscess under the right gluteus muscle, and suppuration of one knee. Death took place four hours after the suppurating cavities had been opened and injected with a solution of carbolic acid. Dr. Küster is inclined to refer the so-called aseptic fever of Volkmann partly to the action of carbolic acid, and also suspects the existence of a carbolic acid marasmus, leading to death. In anæmic subjects, exhausted by loss of blood, the poison acts more intensely, in consequence of being more readily absorbed. Dr. Küster recommends the greatest caution in the use of the acid. In all possible cases he substituted for it chloride of zinc. Dr. Olshausen records a case of a parturient woman, with rupture of the cervix uteri, in which the parts were *once* washed with a strong solution of carbolic acid, followed by carbolism, with loss of consciousness, mydriasis, twitching of the muscles, but with normal action of the heart and respiratory organs; the symptoms apparently disappeared after three hours. Death, however, soon followed, in consequence, as the autopsy showed, of the passage of carbolic acid into the peritoneal cavity. Professor von Langenbeck recommended at the same Congress, great care in the use of carbolic acid. In some persons, the existence of idiosyncrasy was beyond doubt. He had met with two fatal cases in children in hospital practice.

Dr. Agostini (*Gazetta degli Ospitali*, Feb., 1880) records a most interesting case of suppurative peri-nephritis, in which, having made an incision exposing the renal tissues in the sacro-lumbar region, and inserting a drainage tube, he washed out the wound freely through the tube with a 1 per cent. solution of the acid. The incision was further filled with lint steeped in a 2 per cent. solution, and the whole covered with wadding moistened with a similar solution. Owing to the discharge being very copious, the dressings were renewed daily, and the washing out of the parts very thoroughly performed. In spite, however, of the fact that the local appearances were most satisfactory, the patient's general condition did not continue to improve as it had done for the first ten days after the operation. Periodic attacks of fever occurred daily with a temperature of 102.5 Fahr.; and were followed by a violent attack of dyspepsia upon one occasion with expectoration of a litre of serous fluid, and great prostration. The urine on one occasion was of a dark olive tint. The general condition of the patient becoming steadily worse, and the temperature being always higher after dressing the wound, it was determined to substitute salicylic acid for carbolic acid. The effect of the change was remarkable. Within a few hours the temperature fell to 97.5° Fahr., and continued unchanged till convalescence, which took

place rapidly. The urine showed, only in a very slight degree, the suspicious dark colour of carbohc urine, but there was a remarkable deficiency of the sulphates. The absence or marked diminution of the sulphates in the urine is the most reliable symptom of carbohc acid poisoning, which will, as a rule, be more likely to occur in those exhausted by chronic affections.

Beyond all doubt, from the above and many other recorded cases, carbohc acid exerts a toxic influence at times when used antiseptically. These poisonous effects, as pointed out by Forbes Litton (*London Medical Record*), manifest themselves in two different forms. It may be sudden, the patient sinking rapidly after the application of the dressings, or the symptoms may supervene insidiously, and this is the more common form, possessing greater interest for the surgeon. In the second class of cases the symptoms show themselves only after a certain interval of time has elapsed. A patient after operation will perhaps steadily improve for some days or weeks. He will then become restless, his temperature will rise three or four degrees above normal, symptoms, apparently of incipient septicæmia, will develop themselves, and will, in all probability, be met by a more vigorous employment of antiseptic methods. The condition of the patient, however, becomes daily worse. Nausea, loss of appetite, giddiness, clonic spasms, great prostration, with coma, and even death may close, and, indeed, has already too often closed the scene. In many of these cases there is no room for doubt as to the cause. It has been shown many times that where recovery has taken place, the improvement in the symptoms has coincided in the most marked manner with the cessation of the use of the carbolised dressings. On the other hand, it has been noticed that the symptoms have always become aggravated shortly after the dressings have been applied. The temperature has risen, and the patient has become more restless and uncomfortable, just at the very time when an opposite result might have been looked for.

The most reliable symptom of carbohc acid poisoning, and one which is present in the vast majority of cases, is found in the condition of the urine. According to Baumann (Pflüger's Archiv, Band, xiii.), we have, in the reactions of this fluid, a certain means of diagnosing, not merely the fact, but the actual degree in which the intoxication is present.

Passing over the discolouration and peculiar odour of the urine, the chemical tests are much more important and reliable than the physical appearances, which indeed may be at times absent. Sonnenburgh's test is by far the most reliable. It depends upon the estimation of the normal amount of sulphates present in any given specimen. The sample of urine to be examined is first acidulated with strong acetic acid, and baric chloride added in excess. A copious precipitate, consisting mainly of baric sulphate, is at once formed if the urine be healthy. If acute, or in an advanced stage, scarcely any precipitate will be deposited, the normal sulphates having undergone decomposition and become soluble sulpho-carbolates.

As regards the treatment of carbohc acid poisoning by absorption, the first and most obvious step is to at once cease the use of the acid. Sodhc sulphate forms with carbohc acid within the body soluble and innocuous sulpho-carbolates. Hence, Glauber's salts or other soluble sulphate would appear to be the direct chemical antidote to carbohc acid present by absorption, or otherwise in the blood or tissues.

In the present state of knowledge on the subject, little more can be recommended than increased care in the use of what is undoubtedly a valuable and active medicament. It need scarcely be remarked that the chief danger of absorption exists in the case of large cavities, such as those remaining after the evacuation of ulcers, or where disinfectants have been injected into the larger joints, the pleura or the uterus. It is probable that strong solutions are less dangerous than weak ones, for by coagulating at once the albumen of the tissues they render further absorption impossible. Children and feeble persons are

more susceptible of the tonic effects of the acid than those of a robust type. The main point is to watch every case carefully, and on the slightest sign of any rise in temperature, or any increased restlessness and discomfort after the applications of the dressings, to have recourse to the barium test. It should be borne in mind that the mere quantity of the acid used affords no criterion as to its favourable effects. These will vary in each case with the age, the state of health, and the idiosyncrasy of each individual.

In conclusion, I have only to add that in drawing the attention of the Society to the dangers of carbohc acid, my object has been to elicit the opinions of the members, with a view to grapple with these dangers; for it is by recognising these (happily in this country) extremely rare effects of the acid, and endeavouring to ameliorate them, that we shall contribute to the perpetuation of the greatest boon which has been conferred in the present century on suffering humanity, thanks to the master mind of Joseph Lister.

Clinical Records.

SELECTIONS FROM FIFTY CASES OF RAILWAY ACCIDENTS.

By AUSTIN MELDON, F.R.C.S.I., M.K. and Q.C.P.I.,
M.R.I.A.,

Surgeon to Jervis Street Hospital, &c.

SOME years ago, severe injuries resulting from railway collisions were extremely rare in Ireland; most of our experience in such cases being derived from stray patients who, injured on the other side of the Channel, found their way here before developing the more serious symptoms. Of late years, however, the Irish railways have been, in proportion, as unfortunate as those of Great Britain. There are at present few hospital medical men in Dublin who have not treated cases of permanent injury to the spine, the result of railway accidents. Typical cases of the so-called railway spine are, comparatively speaking, common, but I have selected the following cases, as they appear to me so unusual as to be worth bringing under the notice of my professional brethren.

CASE I.—Michael Hickey, a strong and healthy man, about thirty years of age, whose previous history showed that he had never suffered from any more serious affection than an eruption of boils, was travelling from Kingstown to Dublin on Sunday, the 27th February, 1878, when he met with serious injuries, from the results of which he has since succumbed. The train in which he was seated was stopping at Blackrock station when the mail train approached. The engine man of the stationary train seeing the danger and wishing to lessen the shock, put on full steam, and jerked his train forward with such force as to break the iron couplings connecting the carriage in which Hickey sat with the adjoining one. Immediately after, the mail train came into collision. The patient recollected two distinct shocks, after which he could not remember anything until he found himself at another station, which he then believed to be the next to that at which the accident occurred. It subsequently, however, transpired that this was Sydney Parade, and that the train had previously stopped at Booterstown.

The natural inference is that at most he was in a semi-conscious state until he alighted at Sydney Parade.

A short time afterwards he was found leaning against a wall about one hundred yards from the station, with the contents of his stomach beside him. He was conveyed home, and during the journey he seemed stupid and talked incoherently. During the remainder of the day he was dull and heavy. That night he slept little, starting every few minutes, and on the following morning he was found with complete paraplegia. Dr. Colgan, of Kingstown, was called in, and attended until Thursday, the 21st February.

On Friday, the 22nd February, I saw him in consultation. I found him completely paralysed in the lower extremities, both in regard to sensation and motion. There was incontinence of urine, and he had no control over the sphincters. The temperature was 102, the pulse 110, and

the electric irritability of both legs was lost. He complained of much pain in the back. I applied Corrigan's button at either side of spine. He suffered intensely from the application in the upper dorsal region, but in the lumbar it was not felt. The tongue was but slightly coated. He complained of being unable to concentrate his thoughts, and of having frightful visions when he closed his eyes. He also complained of loss of memory, and headache, and the feeling of a tight cord round his waist.

From the history, and these symptoms, I had little doubt that the case was one of spinal concussion followed by effusion and subsequent myelitis. Perchloride of mercury, together with cupping and blistering along the spine, was the treatment ordered, and after a little time bromide of potash was of service in removing the head symptoms, and later, iodide of potash was prescribed.

On the 4th March I saw him in consultation with the railway company's medical officer, Dr. Forrest. On the same evening he had severe rigors, and the pulse, which had been decreasing, rose to 130. The temperature also rose to 104°. These symptoms commenced to subside twenty-four hours later, and he continued to improve in health.

Some months later he visited me, and I found that he had almost completely recovered, though he was not as strong as before the accident, and could not undergo any great fatigue. I did not again see him until November, 1880, when I was hastily summoned one morning to meet Dr. Boyd, of Kingstown, who had been attending him for some days. I found him comatose with complete suppression of urine.

He died on the same day. No post-mortem was allowed.

CASE II.—On March 1, 1878, I was asked to see Miss H., who had met with an accident while travelling from Dublin to Dalkey on February 27. It appears that the train in which she travelled was proceeding rather slowly towards Dalkey when it came into forcible collision with some loose carriages which were running down the line in an opposite direction. She was rather confused immediately after the accident, and having been assisted out of the carriage, she remained sitting on the embankment for some time without noticing the fact that it was raining. After a short time she walked a distance of about half a mile to her friend's house, where she had some slight refreshment, and proceeded to transact her business in Dalkey.

She did not sleep very well that night, and on the next day she transacted her business, but towards evening she felt a little sick. On the following morning, after passing a rather sleepless night, she complained of much tenderness over the right ovary.

I saw her on the following day; I found her rather nervous, pulse 120, tongue clean, great difficulty of passing water, pain over the right ovary, and the mark of some bruises on the right thigh. The bowels had been freely relieved by a purgative draught, but she had slept little on previous night. I ordered her to be kept quiet, and prescribed bromide of potash. Next morning I found her a good deal relieved, she had slept during the night, but the pulse still remained 120.

On the 4th of March she became somewhat restless and hysterical, laughing loudly without any cause, and said she felt quite well. Her pulse was 126, the temperature was raised 2 deg., her tongue was coated, and her water scanty and high coloured. Next morning, I found her in a depressed and anxious condition. She has been crying much during the morning, and refused to take any food and said she was dying. There was no albumen in the urine, no pain in the head or back, no impairment of sensation, the temperature had fallen to normal, the tongue was again clean, but the pulse was 120.

On March 8 Dr. McSweeney saw her in consultation. She received us rudely, and her answers to all our questions were short and irritable. Her pulse was 120. Her breathing was rapid, her eyes restless, her skin was hot and very dry, and tongue slightly coated. She complained of pain over the left ovary.

On the 10th, the temperature had fallen to 97 deg., the pulse sometimes remaining the same. On the 13th the temperature was again normal, and the pulse 120, and she complained of obscure pains in different parts of the body.

On the 15th she seemed in a high state of fever, pulse 126, tongue much coated, face greatly flushed, eyes bloodshot, and starting at the slightest noise. On the 16th the pulse could hardly be counted, and she was with difficulty kept in bed.

On the 17th she has much improved, and has slept well during the previous night. On the 18th the stomach was

sick, and she complained of pain in the back. From the 19th to the 25th she improved somewhat. On this latter day, Dr. Moore saw her in consultation. Her condition was one of great excitement—her pulse was 100, and the conjunctivæ were congested. On the 27th a slight eruption of purpuric spots appeared.

On April 4, we found her friends very much alarmed, believing that she was insane. She was in a condition resembling melancholic mania. Dr. Robert McDonald saw her in consultation with us on the following day. She had some slight epileptic convulsions then. From this date to the 19th she became gradually weaker. During the evening of the 19th the legs became paralysed, and on the 20th she died.

CASE III.—James Doyle, a man of 30 years of age, was driving a van across the railway near Sidney Parade, when the mail train came up and smashed the cart on which he was seated. He was taken up insensible and conveyed into Jervis Street Hospital where I saw him immediately after his arrival. He then suffered from well marked concussion of the brain and spine, besides some severe contusions in the side. Subsequently, slight myelitis developed, and there was temporary paralysis. He was treated with perchloride of iron and iodide of potash, and gradually recovered. He is now quite well.

CASE IV.—Robert English, a gentleman of 90 years of age, was in a train, when, between Kingstown and Dalkey, on the 27th February, it came into forcible collision with some carriages which rolled down the incline in an opposite direction. He was taken from the carriage in a semi-conscious state, and was seen soon afterwards by Dr. Beatty, of Kingstown, who had him conveyed to Rathdown Hospital, where he was placed in a private ward.

I saw him that night in consultation, and found him in a very nervous condition, with pulse 100, and very irregular; the temperature was 99; the electric excitability of one leg was much greater than the other; he started at the least noise, and remembered nothing of the accident, and could not even recollect how it was that he came to where he then was.

28th.—Very nervous, has not slept any, complains of pain in his back and head, has not passed any water, temperature 97, pulse 110, irregular and intermittent, suffers from headache, and has a wild and anxious look.

March 1st.—Has slept a little, but is in a very nervous condition; has passed about 4 oz. of highly-coloured water.

2nd.—Improved somewhat, pulse still irregular, with hyperæsthesia of one side, headache somewhat relieved, is very restless, and has strange visions when he closes his eyes.

3rd.—Is greatly improved, temperature 98, pulse 90, headache, relieved, has slept well, and is more hopeful.

5th.—Continues to improve, and from this day he became gradually better, and in about three weeks was pronounced convalescent.

CASE V.—Farquharson —, was in the same accident as the previous case, and received a slight blow in the back, and his right knee was somewhat hurt, he felt a little stunned for a few seconds, but soon recovered and was able to continue his journey. I saw him a few hours later. He complained of a good deal of pain over the region of the right kidney, and there was blood mixed with the urine. During the night he vomited twice and slept but little.

On the 28th there was still considerable tenderness over the kidney; there was no increase of temperature, but the blood was still mixed with the urine, and there was a good deal of stiffness in the knee.

March 1st.—Patient somewhat improved, less blood, less tenderness, but knee a little inflamed. On March 8th I pronounced him convalescent.

(To be continued.)

THE great medical charities of Glasgow are in distress again. The Western Infirmary having doubled its accommodation, is more in need of money than ever. The Royal is no less than £10,000 behind this year, and its directors have issued a strong appeal to the public for aid. The annual report of this institution is looked for with some interest. The impecunious condition of these infirmaries seems to have brought the Southern Hospital scheme to a standstill, in the meantime at any rate.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

A MEETING of the Surgical Society of Ireland was held on Friday evening, December 9, 1881, in the Albert Hall, Royal College of Surgeons,

Mr. JOLIFFE TUFNELL, F.R.C.S., presided as senior member of the Council present.

Mr. WILLIAM THOMSON, F.R.C.S., Hon. Sec., read the minutes of the previous meeting, which were confirmed.

Mr. F. ALCOCK NIXON exhibited a scapula which he had excised at Mercer's Hospital with a sarcoma weighing altogether 4 lbs. The growth of the tumour was very rapid. It involved the entire scapula, projecting in front of, and below, the glenoid cavity into the axilla. The spine of the scapula, as well as its coracoid and acromion processes, were softened and diseased. The cartilages over the fluid cavity, and the tip of the acromion process, were healthy, and appeared to limit the disease completely. The supra-spinatus muscle was displaced, expanded, and degenerated, assisting with the fascia, which normally covers it, to form a fairly complete capsule for the tumour. The remains of the latissimus dorsi, levator anguli scapulae, serratus magnus, and supra-spinatus muscles appeared healthy. On transverse section the tumour presented to the naked eye a mottled, lobulated appearance, not unlike brain substance. The cut surface varied somewhat in consistence, in some places being quite soft; in others firmer. Below the spine the bone had, for the most part, disappeared, irregular isolated osseous points, united by fibrous bands, marking its former position. It was found on microscopic section to be a small round-celled sarcoma. The patient, a boy, *æt.* 13, has made so far a most satisfactory recovery.

Dr. F. W. WARREN read a paper on

THE THERAPEUTICAL AND POISONOUS EFFECTS OF CARBOLIC ACID,

which will be found on page 22.

The CHAIRMAN observed that the most valuable part of the communication was that with regard to the poisonous effects of carbolic acid, which had become such a popular remedy that it was used almost indiscriminately by nurses. The therapeutical effects were in the hands of the surgeon; the poisonous in those of the attendant. He hoped members would state their experience of the poisonous effects.

Dr. MAPOTHER, referring to the therapeutical effects, was reminded of an illustrious Irishman, Bishop Berkley, who wrote a large volume entitled, "An Essay on the Use of Tar Water." Dr. Warren had mentioned the idea of tar water, which no doubt contained some of the carbon compound produced by the combustion of coal. In the fatal case resulting from the application of carbolic acid to the back, Dr. Warren had not mentioned whether it was applied to a lacerated surface or to the unbroken skin. He had himself used it chiefly in eczema, producing the peculiar discolouration of the urine described, and which was an idiosyncrasy of its operation. About three years ago he ventured to inject a small *nævus* with two minims of liquefied carbolic acid in a tumour on the cheek of a little child, *æt.* 7. Not two seconds elapsed before the child was pale and pulseless; and this was due to the physiological effect of the carbolic acid as a cardiac depressor, and not to the embolism.

Dr. BALL mentioned the case of a man engaged in distilling crude carbolic acid from tar, who consulted him for epithelioma of the scrotum, resembling a wart, and the man stated that horny warts were somewhat common at the works. Three out of sixteen men—the total number employed—had suffered within the last three years. In addition to the crude carbolic acid, other products were obtained from the distillation of tar, but the carbolic acid was the most irritating.

Dr. HENRY KENNEDY, adverting to the question of absorption through the skin, said there were several cases where the simple application of carbolic acid had been followed by serious effects. Every day's experience proved that where it was used extreme caution should be observed. Dangerous symptoms, and even death, had also resulted from its use as an enema.

Mr. KENDAL FRANKS called attention to two therapeutical uses of carbolic acid. Prof. Heister, of Munich, employed it in diphtheria. Recognising the bacteroid cause of the disease, or that it was due to germs, he considered the local application of an antiseptic was the proper remedy. He employed carbolic acid as a spray, playing it into the throat, and the patient was allowed to inhale it freely. This treatment was continued until the urine became nearly black. He did not consider the patient sufficiently under the influence until this symptom was observed. Employing it only in very bad cases of great mortality, the result was strongly in favour of the carbolic acid spray treatment. The second therapeutical use of carbolic acid was as an anæsthetic agent. He had himself used it a good deal in certain throat cases, where strong caustics were required to destroy certain tissues or new growths. Great pain was often caused by the use of strong caustics, but in using pure carbolic acid for the throat he observed that patients seldom complained of much pain, and that the pain passed rapidly off. He used one part in six of carbolic acid in glycerine as a local application immediately after using a powerful caustic, and the result was that the pain, which under ordinary circumstances would last a long time, stopped almost at once, the patient expressing great relief in a few seconds. Having used it largely in this way, he was perfectly satisfied with the effects of it.

Dr. HENRY FITZGIBBON, as a strong advocate of the use of carbolic acid in antiseptic surgery, and as a firm believer in its antiseptic properties, did not think they could be too cautious as to the strength of it. Undoubtedly, as had been argued, it was a dangerous poison, as most active remedies were. The instances of poisoning had resulted from foolhardiness in the use of it, which the first successes in antiseptic surgery led men into. He had often seen, and always regarded as a hazardous proceeding the pouring freely on the peritoneum a spray composed of a solution of 1 in 20 of carbolic acid. In his own study he nearly killed a patient by injecting carbolic solution into the pleura. The patient, a young woman, fell forwards in much the same position as Dr. Mapother had described, and it was with difficulty he restored her to consciousness. That occurrence made him cautious. Still he was as strong a believer as ever in the antiseptic properties of carbolic acid. Keith had had 97 recoveries out of 100 cases of ovariectomy under the carbolic spray—a sufficient proof of its antiseptic properties. He, himself, had had experience of four cases of ovariectomy in the City of Dublin Hospital, and had it not been for the antiseptic properties of carbolic acid, he doubted that in the last two he would have had the success achieved.

Dr. BYRNE said the practice of Listerism being general here and in other countries, it was a question for grave consideration whether, if the dangerous effects of carbolic acid were so common, the operator should use it or not. For his own part, he had always used it in operations; but having regard to the discussion on the subject, his mind was not made up whether he would continue to use it or not. He had used it in four cases of ovariectomy, of which two were successful, and two had died. Those opposed to the use of carbolic acid held that it was particularly irritating to the peritoneum, and that it would be better to carry out all the steps of the operation without the spray. That this would be an advantage to the operator was obvious; but whether it would be so to the person operated on was another question. As to its local application, he had used carbolic acid extensively in the treatment of uterine disease, applying it to the interior, as well as to the outside of the cervix uteri, without any bad results. In dental practice it was commonly used. Again, he would instance an operation in a case of encysted ascites of the peritoneum, where the peritoneum was opened under the influence of the carbolic spray, and the patient recovered, and went on well. In another case of a young woman, who died on the third day after the operation, there was so little trace of inflammation in the peritoneal structures, he was at a loss to account for death.

Prof. WALTER SMITH said that Dr. Warren's observations on the toxicology of carbolic acid related chiefly to three points—the colour of the urine, the detection of carbolic acid in it by tests, and the antidotal treatment. The key to these questions consisted in understanding the elimination of carbolic acid, and the transformation it underwent in the system. The earlier observers held the opinion that

when administered to animals carbolic acid passed through them unchanged, and that the greater part of it was excreted through the urine. However, it was now known that that was not the case. When a large quantity of carbolic acid was taken, about half of it broke up in the system and disappeared, while the other underwent transformation into several, what are commonly known in chemistry as the phenol-forming, substances, issuing in the urine in one or more highly complex compounds. One of these had been identified beyond doubt as a definite conjugated compound, viz., sulpho-carbolic acid. Only the merest trace of free carbolic acid was ever found in the urine, even after the administration of poisonous doses of it. As to the nature of the colouring substance in the urine, they knew little; it certainly was not blood. The brown colour would result from the internal or external administration of carbolic acid. It was possible there might be some difference according to the mode in which it entered the system. As to the detection of it by tests, Dr. Warren had stated the best test consisted in detecting to what extent the sulphates were absent from the urine, but, strictly speaking, the chloride of barium test fails to detect the sulphates which are rendered latent, as it were, sulpho-carbolsate of barium being soluble. The brown colour was certainly not due to indican, in respect of which body our knowledge has much advanced. Indican, as such, does not occur in the urine, and the source of all the indigo-forming bodies found in the urine, is the change effected by pancreatic digestion. One of the most delicate tests for carbolic acid was Landolt's. On the last point, as to the best antidotal treatment, if in poisoning the carbolic acid could be converted into a sulpho-compound, the poison would be neutralised, and the danger lessened. One of the best antidotes, if not the best, would be the free administration of dilute sulphuric acid, or some other soluble sulphate.

Dr. COLE, of San Francisco, said he was invited to be present, not to hear this particular discussion, but to be interested in whatever question came before the Society, and with the distinct understanding on the part of all his friends, that he was an open, avowed, and uncompromising enemy of Listerism. He did not think, therefore, that it was exactly the thing for him to speak, surrounded, as he was, by so many earnest, honest, conscientious advocates of Listerism. But since he had been called to his feet, and it being a quality of the American character to shrink from no responsibility, he would speak to the question. In his own practice, he had had, perhaps, as extended observation of the effects of carbolic acid used surgically as any other man of whom he had knowledge. In the medical administration of it for disease he had no experience. As to its surgical use in the form of spray applied to ulcers, abraded surfaces, open cavities, serous membrane, and mucous, he yielded the result of his observation to that of no man. With the evidence staring him in the face from every civilised people of the world—from France, Russia, Spain, Portugal, England, Ireland, everywhere that there was civilisation and intelligent surgery—that carbolic acid was the great conservator, the great sheet anchor, he was naturally forced to bow submission. But what was the result of his observations? First, in his experiments he found what he believed justified his opposition to it; and he could not now be convinced of its efficacy even by Mr. Lister in his recent defence; for he was placed on the defensive. Dr. Fitz-Gibbon had referred to Mr. Keith, whose integrity and sincerity could not be questioned, and said he had had 97 recoveries out of 100 cases of ovariectomy under Lister's method. But he had previously had 90 out of 100 before he ever resorted to Listerism, and then he reported 97 recoveries in the succeeding 100 cases. Was Dr. Fitz-Gibbon disposed to accredit anything to the experience Keith had acquired? Was it not possible that the experience of 100 additional cases would account for the increase of 7 per cent? But, apart from that, in the language of Mr. Keith himself, before the Surgical Section of the International Congress at London, "It is true that I had 80 consecutive cases of success under Listerism, but too many of those came near dying, and in the succeeding 25 cases I lost 7, and yet practised Listerism." Three of them died of unquestionably carbolic poisoning, one of unquestionably renal trouble, which was incidentally or directly due to the effects of carbolic acid, and one from septicæmia; the others he did not remember. It seemed to him that the craze of carbolic acid was, as in other transactions of life, due to

the direction of fashion, just as a woman was influenced in the style of her bonnet or dress. Or, like a flock of sheep following the black one, or the bell wether, as the case might be. Personally, he respected Mr. Lister. Who could fail to do so? Mr. Lister was earnest, honest, and conscientious in what he gave to the world; but he was absolutely mistaken, and he tacitly admitted the fact when, in reply to Mr. Keith, he spoke in defence of his position. In his written and now published remarks, he did not stick closely to the text of what he had said in reply to Mr. Keith. That he should have been given an opportunity of bolstering himself was quite proper to a man, who, having taken the medical world as it were by storm, became the leader of such a movement. Mr. Lister, in his remarks, admitted distinctly that he did not have the results which, in the beginning, he had anticipated from the spray; and, in the experiments he had been making, he had nearly as many bacteria when it was mixed with blood as when there was no such admixture. In his own experience of ovariectomy, every woman with whom he employed Lister's spray had died. True, he had not had the experience of Spencer Wells, or Keith, or even of Lawson Tait. But of the 16 cases in which he had operated he used the spray in three, and in these under protest, saying to the gentlemen assisting him, "You know my position with regard to carbolic acid as an antiseptic, and as to its influence upon those cases, i.e., its possible effect on the delicately organised membrane of the peritoneum." For fourteen days after the operation his hand was rendered numb and unfit for use. The powerful effect of carbolic acid on the serous membrane was well known. In his cases, as he had said, the patients died, and he believed he had himself killed them; but he did it innocently, because the evidence was so overwhelmingly in favour of carbolic acid, that he felt, if he neglected to employ it, he would have been at the mercy of the profession. It would be said, had he utilised all in his power, the results might have been different. Thus he was forced to do it. But now remained the question whether he should ever operate again, and use carbolic acid or not? If he ever did, no carbolic acid would be used. As to the use of carbolic acid in general surgery, the whole system of Listerism was simply cleanliness, which was next to godliness. Exercising the cleanliness observed in the employment of carbolic acid, they would have with water quite as good results.

The CHAIRMAN asked were there any conditions in the three fatal cases which did not occur in the other cases?

Dr. COLE said there was no reason why death should have occurred except from carbolic acid, and the symptoms that preceded death indicated poisoning.

The CHAIRMAN—But there were no conditions in regard to the operation in these cases different from the others?

Dr. COLE—Nothing specially bad.

Dr. DARBY objected to the word "septicæmia," because he could get nobody to tell him what it meant. There was no such thing as putrid or rotten blood circulating in the human living body. At the hospitals in London, Dublin, Edinburgh, Paris, and elsewhere, he asked to see a case of septicæmia, or could the doctors tell him what it was.

Mr. THOMSON rose to order, pointing out that Dr. Darby was drifting to a subject not before the Society.

Dr. DARBY said chloride of lime was a better germicide than carbolic acid, according to the experiments at Netley. No surgeon would use chloride of lime alone. Carbolic acid was a good application in ulcers and sores, but he did not think chloride of lime would be found so. He had been asked what he meant by life when he spoke of vital influence.

Prof. BENNETT rose to order, and said the discussion was with reference to the toxic effects of carbolic acid, not with reference to the nature of life.

Dr. DARBY thought the whole point turned on the effect of carbolic acid as a germ-killer. He would not, however, persevere with his remarks.

Prof. BENNETT, speaking from considerable experience of the use of carbolic acid in general surgery, said he never saw any serious toxic results from carbolic acid as an antiseptic in general surgery, or even in abdominal surgery. As antiseptic surgery grew, carbolic oil came into practice, being used extensively in burns, so that it was not uncommon to find the treatment in the first instance consisted of covering the burn with carbolic oil. He had seen this done without bad effects; but no later than last month he had seen two children poisoned seriously by such dressing applied by the nurses without waiting for directions. The strength of the carbolic

oil was one to eight, and it was no wonder a child should be comatose and vomiting. Therefore, it was necessary to protest against the slipshod use of an acute remedy. Almost every mother of a family thought carbolic oil was a good treatment for any sort of wound. In a young child absorption readily took place, and the child was poisoned. For burns the acid was too stimulating, and overworked the surface.

Mr. WHEELER questioned the accuracy of Dr. Warren's statement that it was Lister who first introduced carbolic acid into surgical practice. With regard to poisoning by carbolic acid, he had a short time since read a paper before the Society, detailing cases he had himself treated by Listerism, and by antiseptic surgery, and he then proved that, of two cases, one was poisoned, and the other so effectually as to die from carbolic acid. In one case Syme's amputation of the foot was performed, and in the other ovariectomy. It was a fair hypothesis that Keith did not use carbolic acid in a slipshod way. Dr. Cole was correct in his recollection of what Keith had said at the Congress.

The CHAIRMAN interposed, and intimating that the hour for adjournment had arrived, asked was it proposed to conclude the debate, or adjourn it to a future meeting.

Mr. WHEELER moved, and Mr. O'GRADY seconded that the debate be adjourned to a special meeting.

Mr. RICHARDSON moved as an amendment an adjournment to the next ordinary meeting of the Society.

Mr. BENNETT seconded the amendment, which was put and carried by a majority.

The Society then adjourned.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 11, 1882.

THE TREATMENT OF RHEUMATISM.

PROBABLY no special form of treatment of any disease has attracted so much attention, or has been so universally followed, as that of rheumatism in its non-chronic states by the salicylic method. It is now barely seven years since the employment of salicylic acid as a remedial agent for the relief of acute rheumatic pains was pub-

lished to the profession, and already the literature of the subject has attained proportions rightfully denominated vast. It is true that hitherto wide discrepancies of opinion have been registered concerning the efficacy of the drug, authorities being found both to advocate and condemn its use; but it is proper to urge in connection with this conflict of belief in its powers, that even at the present time we are not in a position to say definitely in what form, or under what invariable conditions, it can be safely administered in every case of disease. Discussions on the effects produced by it, on the evils induced through its action on the system, and on the benefits to be expected from it, have from time to time taken place, and particularly at the last three meetings of the Medical Society of London. In 1880 Dr. E. Headlam Greenhow, while holding office as President of the Clinical Society, read before that body a lengthy and valuable paper, in which he presented an exhaustive analysis of a series of fifty-three cases of acute rheumatism occurring in his practice at the Middlesex Hospital. The discussion that followed was a sufficient indication of the importance attached to the question by the profession, but it was in a measure unsatisfactory owing to the want of definiteness respecting the views expressed by various speakers, and from the fact of a preponderance of objection to the use of salicin on account of the serious after-consequences presumed to arise from its employment. Since that time occasional papers and articles have been contributed to societies' proceedings and the medical press on the same subject, but all these are lost sight of behind the lengthy and invaluable series of communications to the medical society referred to. We propose to devote attention in the present article to the results therein arrived at.

Dr. Francis Warner concludes, from observations of 190 cases of rheumatism, acute and sub-acute, in all of which a temperature exceeding 102° F. was recorded, that "salicin lessens the duration of the pyrexia and joint pain." The average duration of pyrexia in these cases was five and-a-half days, while under treatment of 7 cases without salicin the average duration extended to 13.8 days. Similarly, pain persisted for 5.3 days under salicin in 277 cases, and for 9.2 days in 67 cases treated on other lines. Finally, the average length of confinement to bed of cases treated with salicin was 19.5 days in 342 instances, and in 211 without salicin it amounted to 23.5 days.

An important point, however, now remains to be considered, viz., in what degree are heart affections influenced under the two modes of treatment? and on it Dr. Warner's conclusions differ only slightly from those of previous observers. He records that in 13.9 per cent. of the patients submitted to salicin treatment there was development of heart symptoms, while these were exhibited in 14.9 per cent. of those otherwise treated.

Next we will take the statement of Dr. De Haviland Hall, whose conclusions are based on an examination of 55 cases of acute rheumatism in the wards at Westminster Hospital during 1880. Salicylate of soda was the drug employed in all those cases where this treatment was adopted, 38 in number; in 14, heart complications occurred, while in five of the remaining 17 similar sym-

ptoms were developed. Dr. De Haviland Hall expresses himself in favour of salicylate treatment, which he avers tends to reduction of time during which fever and pain persist; and in reference to the heart complication he distinctly admits the superiority possessed by it, on the ground of the more acute nature of the cases in which it is resorted to. Toxic influences ascribed to the salicylate do not, in his experience, weigh at all heavily; salicinism occurred in eight cases, but left no permanent effect, and the general tenour of his observations is distinctly favourable to the employment of the drug in acute cases.

Dr. Isambard Owen tabulates 210 cases of acute and sub-acute rheumatism treated in 1877 and 1878 in St. George's Hospital; the results pointed by these are markedly favourable to the salicylic treatment. Comparison of cases treated thus, with those in which alkaline remedies were adopted, shows that under the former plan the average duration of pyrexia and pain was $3\frac{1}{2}$ to 4 days, while under the latter the average of pyrexia was $6\frac{1}{2}$ days, and of pain 8 days. Dr. Owen arranges his salicylic cases in three tables accordingly, as the initial amount of drug prescribed exceeded three drachms, was equivalent to 2 drachms, or did not exceed $1\frac{1}{4}$ drachms per diem. The toxic effects produced were found to be in proportion to the size of the doses administered. Thus, in the first-class, they followed in $23\frac{1}{2}$ per cent. of the cases; in the second-class, in $13\frac{1}{2}$ per cent.; and in the third-class in $10\frac{1}{2}$ per cent.; and a hope is expressed that these embarrassing consequences may, in the future, be avoided—a not impossible event. The average days of illness, again, under each mode of treatment affords an interesting study. Where the larger quantities of salicylate were administered, it reached 6 days from the commencement of treatment. It was a similar time in the second-class, and 7 days in the third-class; while under the simple alkaline treatment it reached $10\frac{1}{2}$ days. Heart affections were observed in several cases. Præcordial friction was found in four cases treated with full doses of salicylate, and in one case treated with full doses of alkali; but Dr. Owen infers that in all but one case the condition preceded treatment. Albuminuria did not seem to be a consequence of the treatment in any of the cases. There was no occurrence of hyperpyrexia in any instance, and no death was recorded. Here, too, then, abundant evidence is afforded of the superiority of the new treatment over the older method, and testimony to the freedom from dangerous complications, of which suspicions have been freely and frequently expressed in the immediate past.

Dr. Donald Hood, however, of the West London Hospital, in a careful analysis of 1,200 cases of acute rheumatism occurring in persons under 35 years of age, arrives at conclusions, which, substantiated as they are, must be very carefully considered in their bearings on the question at issue. He also demonstrates that patients taking salicylate lose their pains more quickly than those who do not take the remedy. And this is further borne out by Dr. Hilton Fagge's results. Against this, however, must be placed the fact that patients so treated relapse with far greater frequency than when other forms of

treatment are followed. They thus remain, in the aggregate, a longer time in the hospital, and, Dr. Hood asserts with Dr. Fagge, are left feeble and exhausted after the use of the drug. Again, with respect to cardiac complications, Dr. Hood finds that the proportion of those affected under one or other form of treatment is much about the same; and concludes that, "What little advantage there is does not appear to be on the side of the salicylate treatment." Further, he insists that any remedy claiming to be of "specific" effect in acute rheumatism must be capable of controlling heart disease; and this power is manifestly wanting to salicin.

Dr. Hood's tables are very valuable; they are incontrovertible, but they are also disappointing. They practically illustrate the uncertainty that still surrounds the whole question, and they cannot be overlooked in the present aspect of the controversy. It may, of course, be said that he attaches undue importance to certain signs and appearances; but with the data he supplies to refer to, it will be difficult for his opponents to rebut his evidence, or to refute the unexpressed conclusion that contrary decisions to those he expresses are untenable. Out of 1,200 cases he has summarised, it is true that only 350 were subjected to the treatment now on its trial, while 850 were otherwise treated. Nevertheless, it remains that even this number is a higher total than any advocate of salicin has been enabled to produce; and the results exhibited in the tables suffer nothing by comparison with other statements. It is, undoubtedly, in the conclusions drawn by him that Dr. Hood's position is a strong one, and until they are met by contrary evidence they will continue to demand the careful attention of every practitioner.

The influence exerted by impurities in salicylic acid forms the subject of a short paper by Dr. J. K. Fowler, who ascribes to them the toxic effects following salicylic treatment; and suggests that employment of a pure drug, together with properly-arranged wards, maintained at a sufficient, equable temperature, would ensure a greater amount of success in the treatment of rheumatism by such means.

Dr. Sidney Coupland contributes an analysis of 84 cases admitted under his care into the Middlesex Hospital during two years. His conclusions are favourable to the use of salicylate of soda in their treatment, and he enters at length into a consideration of the various details.

The lesson taught by this discussion is a most useful and important one. There is a common agreement that certain definite effects are produced by salicin in cases of acute rheumatism, and that these effects may be fairly anticipated to follow from its employment. Whether, however, the advantages of speedy reduction of pain and fever are absolute, or are counterbalanced by equally weighty disadvantages, is the point on which as yet it is impossible to say a decision has been arrived at. We cannot conceal from ourselves that the advocates of salicin all seem determined to accept its good qualities, and to ignore its potentiality for evil; but with the evidence, and the deductions from evidence, afforded by Drs. Hilton Fagge and Dalton Wood are we, it is fair to inquire, justified in regarding the matter as other than

sub judice? Honestly, we think not; and honestly, too, we believe that further and more complete and extended investigation—especially of the complications set up by it—on the effects produced by salicin, are required to enable a reliable estimate of its character as a remedy to be formed.

EXPURGATION OF THE MEDICAL REGISTER.

THE utter incapacity and worthlessness of the General Medical Council for the discharge of this, amongst other duties entrusted to them, is brought under special observation just now.

In Glasgow, a quack, named Levenson was put out of court with ignominy by the sheriff, because of his traffic in obscene pamphlets, and from the evidence taken, it appeared that the name of this fellow had been removed from the Medical Register in 1875; and afterwards reinstated by the General Medical Council, and maintained therein, until it was finally taken out at the instance of those of the profession who had more care for its decencies than the General Medical Council. Again we read that Dr. Lamson, who is now under trial for the poisoning of his relative, had been publicly convicted of trading on false diplomas, and pretending to have degrees which he never possessed. This fact, with the full evidence of his guilt in the matter, was brought under the notice of the General Medical Council, but *more suo*, it shirked the trouble and responsibility of removing his name from the Register. Instead of doing so, it passed on the matter to the Colleges of Physicians and Surgeons of Edinburgh, whose Licentiate Lamson was, and of course, those bodies took not the least notice of the matter, and consequently Dr. Lamson remains a registered practitioner to this day.

Now it must not be supposed that the General Medical Council has the shadow of an excuse for thus refusing to perform its duty.

The 31st Section of the Medical Act declares that, "If any registered Medical Practitioner shall, after due inquiry, be judged by the General Council to have been guilty of infamous conduct in any professional respect, the General Council may, if they see fit, direct the Registrar to erase the name of such Medical Practitioner from the Register."

The Council, however, always, unless forced to do so by some extraneous pressure, refuses to make "due inquiry," and, as a matter of fact, seldom removes a name until the body which granted the License has first annulled the qualification, and notified its having done so. Thus, if a disreputable person has three registrable licenses, he does not disappear from the Register, and is not disqualified to practise as a qualified medical man, until each of his licensing bodies separately expel him.

It is evident that the medical profession will never be free from the stain of public association with such practitioners, as long as the Medical Council exists in its present form. That body has deliberately refused to expunge the names of felons who have served their term of penal servitude, and it is now seeking from Parliament new powers to gloss over any or every offence which it may be pleased to consider "trivial." We hope no such

powers will ever be granted; and we look with hope to the pending rebuilding of the Council in which, we hope that the prevalent mistake will not be committed of using up old materials.

THE DENTAL DIPLOMA TRADE.

WE wonder how long the sale of collegiate licenses in dental surgery to hair dressers, tobacconists, and druggists' assistants, will be allowed? At present the Colleges of Surgeons of Edinburgh and Dublin, and the Faculty of Physicians of Glasgow, are doing a roaring business in dental diplomas, and, so far from showing a disposition to cry halt, they are advertising, far and wide, their readiness to take the money of anyone who likes to buy a parchment with which to decorate his shop. Our readers know already that, when that unhappy blunder, the Dentists' Act, passed, a multitude of persons were coopted as dental surgeons, and placed on the roll of legalised practitioners, the great majority of whom did not make any pretence of knowing anything whatever about dental anatomy or surgery, and did not set up for any higher degree of professional skill than is involved in pulling a nail out of a board.

The great majority of the new-made dentists, indeed, never had had the least notion of being recognised as dental surgeons, and they could hardly believe in their new dignity when they awoke to find themselves ennobled by admission to the dental roll.

There is no exaggeration in this statement. From the Dental Register of 1881, we find that 5,266 persons are entered therein. Of these, 565, or one in ten, has been examined, and found to know something of the art, while the remaining nine-tenths (4,698 in all), are uncertified pretenders to dental knowledge. Of this latter class about 2,000 are persons who, with or without knowledge of the subject, devote themselves to dentistry as a means of livelihood. The remaining 2,600 persons are, confessedly, hair-dressers, barbers, druggists' assistants, and other persons who would not, if they could be asked the question, lay claim to the minutest portion of dental knowledge, skill or experience. Several of them, indeed, have been questioned by the General Medical Council, and have, one and all, candidly admitted their total ignorance of the subject.

It was bad enough that the profession of dental surgery should be degraded by the admission of these 2,600 persons, but the injury which the profession sustained thereby was somewhat mitigated by the fact that every one in the profession knew that dental registration was rather a proof of ignorance than of competency. The greediness of the licensing bodies, however, is likely to aggravate greatly the evil to which the Dental Act gave origin. When the Act passed, the London College of Surgeons—to its credit be it said—steadfastly resisted all importunities to give its license in dental surgery to anyone whose respectability and whose competency it had not tested, and still, even though the Medical Council intimated that it would not object to the sale of diplomas, the London College has refused to engage in the trade. The Colleges of Edinburgh, Glasgow, and Dublin, however, were not so punctilious. The two Scotch Colleges at once

intimated to the General Medical Council their readiness to take the money of every one of the 5,000 unqualified men on the Dental Register, and they have lately intimated that they have no intention to cease from so paying a business. The Irish College of Surgeons took a different course—it declared that it would keep its doors open for two years from the passing of the Dental Act (*i.e.*, about one year from the holding of the first examination), and for not a moment longer, and it sent to the General Medical Council regulations formally adopted by the College, which declared that after the first of August, 1881, no one should be granted a diploma until he could show that he had studied dentistry according to a proper curriculum.

This decision the Council of the College has recently, we regret to hear, gone back from, without even the approval of the Medical Council, to whom it had given its previous promise, and, in conformity with this resolve, a new dental examination is advertised, to which the whole of the *canaille* of the Dental Register will be admissible if they can get the signatures of two or three practitioners of their own class to their letter of application.

On the part of the Licentiates and Fellows of the Irish College of Surgeons we emphatically protest against the issue of diplomas to such people, to be hung up, no doubt, in the tobacconists' or barbers' shop, alongside the advertisement placards of "Bristol Birds-eye," or the "Marvellous Hair-Restorer," and we utterly repudiate the theory that the College is justified in departing from its engagement with the General Medical Council, or in granting licenses on any subject to persons of whose education in the subject no guarantee exists.

On behalf of the profession of dental surgeons, we would suggest that it will be needful for them to protest against the collegiate decoration of persons of this class with whom the Dental Act has overwhelmed them. The British Dental Association is, no doubt, able to take care of itself, and we have confidence that it will do so, but, it is, at least, right that we should let the Fellows and Licentiates of the three Colleges, and the more respectable dental surgeons know what is being done towards a further degradation of their Colleges and their profession.

Notes on Current Topics.

The Convalescent Home for Infectious Diseases in Dublin.

THE praiseworthy movement for establishing an institution in Dublin to which fever patients might go before returning to their own homes, has come to an unsuccessful conclusion. After repeated vain attempts to galvanise the benevolent public to an appreciation of the necessity for such an hospital, the Executive Committee was obliged to meet last week and abandon the scheme. It was resolved:—"That this Committee, acting in accordance with the power given them by the public meeting of subscribers held on December 8, 1881, do accept the offer of the Governors of the Cork Street Hospital, as contained in their letter of June 2, 1881, and do hereby authorise the Finance Committee to collect all outstanding subscrip-

tions and discharge all claims on the fund, and, after audit, hand over the balance to the Managing Committee, House of Recovery, Cork Street, for the purpose of increasing the accommodation in their institution for patients recovering from infectious diseases."

It is much to be regretted that the excellent object aimed at by the promoters of this movement could not be attained, but the reason of the failure is not far to seek. The Dublin public felt that this convalescent home—if necessary—ought to be provided at the expense of the citizens generally, and not by the efforts of the few generous people whose money is always ready for a good work, but the Dublin Corporation saw no chance of a political row likely to arise out of such a movement, and did not anticipate that a convalescent home would afford much opportunity for family jobs, so it received the proposal coldly. The Dublin Town Council could afford to spend the money which a magnificent convalescent home would cost, as a subsidy to enable persons of insignificant commercial position, but rancorous political views, to undertake the Lord Mayoralty; but it would not trouble itself with the spread of infectious disease in the city, except, indeed, so far as to try to compel the doctors to do the work for nothing.

We regret the failure of the attempt to establish the Home, but we think the promoters must have known little of the Corporation when they undertook the hopeless task of interesting them in the sick poor.

Snakes.

FOR a time the belief was entertained by a comparatively small number of medical men in India that in permanganate of potash there existed an antidote against the venom of poisonous snakes. Experiments had shown that the natural venom, when immersed in the permanganate solution, became thereby deprived of its particular properties, so that when afterwards injected into the living tissues its usual effects were not produced. On the other hand, however, it was found that after the actual poison had been injected and the system had begun to manifest the ordinary effects of the poison, the use of the "antidote," whether by subcutaneous injection or otherwise, had no power to check them; in fact, that the preparation was no antidote at all. In the Indian papers of the day the subject is still being discussed. According to one writer what *may* be an antidote against the poison of one kind of snake *may* not be so against that of another. For example, the poison of the cobra is a neurotic, that of the *Daboia Russelii* is a septic. It is therefore conceivable that the agent which *would* prove an antidote to the former *would* fail to exercise any influence upon the latter. Reference is made to experiments performed by M. Lacerda in Brazil. The poison used in such instances was not that of the cobra—at least, such is the statement made. Therefore, it is added, although he *may* have discovered an antidote to the poison with which he did experiment, it would be only fair to await the decision of the other experimentalists who may have the advantage of performing experiments with the same species of snake as that used by M. Lacerda before condemning his suggestions. It does not follow that because some experimentalists have failed to obtain certain results,—such

results are unattainable. *Supposing it should be found that the effective subcutaneous injection of permanganate of potash in a stronger solution than has hitherto been used had the power of neutralising the cobra poison, the fact will be of considerable importance in the treatment of cobra poisoning, though it is undoubtedly true that any treatment of snake poisoning calling for the exercise of more than the lowest standard of intelligence can have but limited application in India, at least for some years to come. Should permanganate of potash prove to have only the limited power of destroying the poison living in the tissues without materially injuring the part, we may not only save life, but also the limb. Much yet remains to be done before any decided opinion can be given as to the nature of permanganate of potash in cobra poisoning, viper poisoning, and the poisoning by other Indian snakes. The words italicised in the previous remarks indicate the nature of the data on which the conclusions are drawn with regard to the assumed effect as an antidote of permanganate of potash in cases of bites by poisonous snakes in India. The actual result indicated is, that this so-called antidote is an ineffectual in cases of natural poisoning as each and all of the remedies that, from time to time, appear as so many recently discovered specifics in such cases have hitherto proved in reality to be.*

Hip Deformity in Coxalgia.

At a recent meeting of the Société de Chirurgie, M. Verneuil observed that he had treated a young girl, *æt.* 9, for coxalgia, by complete immobilisation of the joint, for a period of three years and a half; she was cured without the slightest deformity remaining. About one year later he saw the young girl, and found very pronounced deformity, with apparent shortening, elevation of the pelvis, but without any trace of sensibility or of inflammation about the joint. Remembering the cases cited by Valtat in his thesis, where permanent progressive flexure at the knee, through paralysis of the triceps, without arthritis, ensued after prolonged immobilisation of the joint, M. Verneuil sought if such could happen for hip-joint. And in effect he found a complete paralysis of the gluteal muscles in this young girl. The deformity was due to the tonic contracture of the psoas, the adductors and the sartorius, with an elevation of the pelvis difficult of explanation.

This case demonstrates, like many others at the knee and hip, that deformity may supervene late in the disease, without inflammatory symptoms, solely on account of the paralysis of certain groups of muscles and the tonic contraction of their antagonists.

M. Verneuil has sometimes, in such cases, obtained definitive cure by electricity, and he considers that it is to the contraction or paralysis of certain groups of muscles that the deformities (*attitudes vicieuses*) at the hip-joint are due, in coxalgia. The abduction, external rotation and apparent lengthening of the limb, observed at the *debut* of coxalgia, are the result of the contraction of the iliacus and the gluteal muscles; the external rotation, adduction and shortening through elevation (*ascension*) of the pelvis, which supervene later, are due to the paralysis of these same muscles. The contiguity of these muscles to an inflamed joint explains the contraction at

the commencement of the disease; later on they become atrophied, and we have the deformity of the second period.

The Curability of Uterine Displacements.

DR. MUNDE, editor of the *American Journal of Obstetrics*, draws the following conclusions from 895 cases that have come under his care:—1. Displacements of the uterus are permanently curable in the large majority of cases only when recent, or when a complete tissue metamorphosis, as occurs during pregnancy and after parturition takes place. 2. Chronic cases (of more than a year's standing) are but rarely curable permanently, except occasionally under the last-named circumstances. Apparent cures reported by some authors and witnessed by many physicians, soon show themselves to have been but temporary. 3. Pessaries form unquestionably the most practical, rational, and (temporarily) the most efficient means of treating uterine displacements. Cures are but rarely accomplished by them. 4. Medicated, chiefly astringent, tampons, intelligently applied every day by the physician, give the best chances for permanent cure. This is particularly true of prolapsus, but holds good for all forms. 5. Electricity locally applied deserves more extended application. 6. All methods should be persevered in for months and years before success is to be expected.

Medical Society of London.

THE Lettsoman Lectures at the Medical Society of London, on the Diseases of the Testicles and their Coverings, will be delivered this year by Mr. H. Royes Bell, of King's College Hospital. The subjects of the lectures will be: 1. January 9th. Varieties and Treatment of Hydrocele: Symptoms and Treatment of Hæmatocele: Elephantiasis Scroti: Epithelioma, and other affections of the Scrotum.—2. January 23rd. The Anatomy of the Testicle: Development of Spermatozoa: Abnormal Situation of the Testicles: Varicocele, and its Treatment: Nervous and Functional Disorders of the Testicles: Tumours and Imperfections of the Spermatic Cord.—3. February 6th. Acute and Chronic Orchitis: Tubercular Disease of the Testis: Benign Fungus of the Testicle: Simple and Malignant Tumours of the Testicle: Castration. The lectures will be illustrated by casts, diagrams, microscopical, and other specimens.

Indian Medical Items.

THE cholera wave, which lately swept over Western India with such disastrous effects, has passed on to the Madras Presidency, and is causing heavy mortality in some districts. In Tanjore about a third of the persons attacked are said to have died. From the town of Trichinopoly, after having prevailed with severity, the epidemic is stated to have penetrated into the interior of the district.

The Sanitary Commissioner with the Government of India, was recently in the Hyderabad districts on a tour of inspection. Details are not given as to the precise nature of his "inspection," nor as to the existence of any particular necessity for it. Has not "sanitation" in India of late run a little towards the border-line of extravagance?

Death of Dr. Draper.

On Wednesday last there died, at his residence on the Hudson River, Professor John William Draper, M.D., LL.D.—the well-known physiologist and philosopher, Dr. Draper—whose name is familiar to every student of the history of science through his "History of the Intellectual Development of Europe," and the yet more universally read "Conflict between Religion and Science," has also done much for the study of physiology by the publication of his inimitable "Treatise" on the subject. The late professor was born at St. Helens, near Liverpool, in 1811, and was educated at the University of London, whence, in 1833, he proceeded to America, graduating as M.D. in 1836 at the University of Pennsylvania. Shortly afterwards he received the appointment of Professor of Natural Philosophy, Chemistry, and Physiology in Hampden-Sydney College, Virginia, changing this post three years subsequently for that of the Chair of Chemistry and Natural History in New York University, where, in after years, he became President of the Scientific and Medical Departments. Dr. Draper's most recent labours have been devoted to his favourite pursuit—chemistry, experiments in spectrum analysis being among the last work performed by him. He will probably be best remembered, hereafter, by the book named above, although he was for many years a frequent contributor to scientific periodical literature. His "Treatise on Human Physiology" has achieved a large amount of success both here and in America, and the estimation in which it is held is still considerable, even though it differs in many respects from more recently published works. Dr. Draper's two sons are honourably known as scientific workers—one as a chemist, the other as an astronomer.

Licensed Infection.

It is difficult to write temperately of the utter want of caution exhibited by the officers of the Local Government Board in dealing with the men who obstinately and ignorantly persist in defying the worst dangers to be apprehended from the presence of small-pox in the midst of crowded towns. According to a recent note from the Local Government Board to the guardians of Evesham, it is henceforth to be a rule not to institute prosecutions against persons already fined for resisting the vaccination law in respect to their children. The effect of general adoption of this regulation, it need hardly be said, will be illimitable multiplication of cheap martyrs, who, at the expense of a single fine, will willingly purchase the state license to propagate disease by means of their unvaccinated offspring. That this is the consequence to be feared from Mr. Dodson's ill-judged temporising with anti-vaccinating professors, proof is already forthcoming, Mr. Ellison having recently refused to visit a parent with the punishment rightly incurred by his resistance of the law, on the ground that the Local Government Board had declared against repeated fining of the same individual. Under these circumstances, there is too much reason to dread that recent experiences will assuredly be recalled to mind by the outbreak of fresh epidemics of small-pox; and, as tending in this direction, the Registrar-General's weekly returns point ominously to the same conclusion. Should

the worst occur, however, there will be no difficulty in accounting for the circumstances, since all that could be done officially to help it on is being faithfully performed.

The Late Dr. R. J. Harvey.

We are glad to record that the memory of this distinguished medical *savant* is not to be forgotten. A large and influential meeting of the profession was held in the hall of the King and Queen's College of Physicians yesterday, for the purpose of erecting a testimonial, recording the esteem of his brethren towards him whose placé can hardly be filled.

Dr. Harvey was not a mere "butterbred student;" but devoted his life and his shining abilities to those branches of physiological research which never pay the investigator, but yet, are of priceless advantage to the practical physician, whose art could not advance without them. Few have the ability to pursue such studies, and fewer still are in a financial position to so occupy themselves in a country where science is practically unendowed. Such men are plentiful enough in Germany or France; and it is to this circumstance that the greatness of their medical schools is mainly due. In Dr. Harvey's case, talent and competence coincided; and we are glad to see that this is remembered.

House Explosions.

THE recklessness with which people still continue to carry naked lights into rooms filled with escaped coal gas, is nothing less than marvellous in face of the numerous warnings that have been given in former accidents. Another of these results of carelessness occurred on Friday last in a block of recently finished, but uninhabited, buildings, known as Victoria mansions, and situate in Victoria Street, Westminster. Fortunately no one, not even the workman who carried the candle which ignited the gas, was injured, but very considerable damage was done by the force of the explosion, and had the house been inhabited, it is likely that serious injuries would have been suffered by the inmates. It cannot be too strongly impressed upon the public that the slightest odour of coal-gas in a room or house should be the signal for immediately adopting measures of the utmost caution in order to discover the extent and source of the escape. Nor, until free means of ventilation have been for some time in action, should any attempt be made to approach the place of escape with a light, or bad consequences will at once ensue. This warning should be often repeated.

Hospital Sunday in New York.

THE custom of collecting money in churches on one day in the year in aid of the hospitals, which was introduced into New York from London, is gaining ground on the other side of the Atlantic. Hospital Sunday in New York was held on Christmas Day, and the collection amounted to 44,000 dols. In 1879, when the movement was first started, the amount realised was only 26,000 dols.

A NEW use for ergotine has been found by Dr. R. W. Millican, who states that he has found it to relieve the heat and pain and to reduce the swelling of facial erysipelas, and to cause the disease rapidly to subside.

Anti-Vivisection at Birmingham.

THE early proceedings of the Council of the newly opened Mason Science College at Birmingham will hardly convey to the scientific mind a likelihood of valuable physiological studies being carried out there, unless indeed, a speedy change be initiated in the spirit by which the decisions of the governing body seem to be ruled. By a recent decree this body refuses to grant the request made by Dr. Haycraft, Professor of Physiology to the College, that he might be allowed to make application for a license under the Experiments on Animals Act. It may be, of course, the combined wisdom and intelligence of the authorities of the Mason Science College have discovered a method whereby the study of physiology may be conducted, and research prosecuted without those natural aids which have hitherto been found essential. Otherwise it is only possible to conclude that Birmingham's appreciation of the means and aims of scientific inquiry is as narrow and ill considered as that which distinguishes the unthinking crowd ruled over by the gentleman who addresses weekly advertisements to Professor Owen. It is to be hoped that the Science College will ere long be relieved from the ridiculous position it now occupies in the eyes of all sensible persons.

University College, Liverpool.

THE ceremony in connection with the opening of this institution is fixed for Saturday, the 14th inst., at St. George's Hall. The Earl of Derby will preside on the occasion, and the Principal (Professor Rendall) will deliver an inaugural address. The lectures and classes will commence on Monday, January 23rd. The following is a list of Professors in the Medical Faculty:—Medicine, A. T. Houghton Waters, M.D., F.R.C.P.; Surgery, Rushton Parker, B.S., F.R.C.S.; Anatomy, W. Mitchell; Physiology, Richard Caton, M.D., M.R.C.P.

Public Pensions for the Victims of Scientific Labour.

THE President of the Pensions Commission of the French Government has addressed to the Paris Academy of Medicine a letter asking for a statement of the names of the *savants* who, within the last two or three decennial periods, have either lost their lives or been seriously injured in their scientific researches. A sub-committee of the Academy was thereupon named to draw up the required statement.

Anti-Vivisection Legal Absurdities.

AN able letter on the inconsistency of Anti-Vivisectionists, appears in the *National Reformer*. We make an extract:—"A year or two ago some men were charged with skinning frogs alive, and then putting salt on them to see which frog could be made to jump the farthest. As this was done for sport, and for a wager, the magistrate had to dismiss the case, remarking that had such actions been done for any scientific purpose a severe penalty could have been inflicted."

IN 1880, 26,588 inquests were held in England, against 27,053 in the previous year, at an expense of £86,842 13s. 5d., being an average of £3 5s. 3d. each.

A Family of "Quacks."

SHERIFF SMITH, of Greenock, has recently given a decision refusing an interdict of Dr. Levenson, of Glasgow, against S. A. Levenson, Arcade, Greenock, to have the defender interdicted from calling himself his (pursuer's) son:—The pursuer, the Sheriff says, is the son of a man named Jacobs or Levenson, who long carried on a quack business in Glasgow under the name of Dr. Levenson. The defender is the grandson of the old man and the nephew of the pursuer. Defender's father was commonly known there as Dr. Levenson. Probably neither of these two—certainly not the brother—ever received from any duly constituted authority the right to call himself Doctor. The pursuer, however, secured a medical degree from the University of Glasgow in 1859, and he has for the greater part of the time that has elapsed since been duly entered in the Medical Register; not, however, for the whole time. He was removed from the Register some years ago for reasons which have not been made very clear by him, and he says that he was restored to the Register after an interval of three or four years. But in the month of May last his name was again deleted from the register, and he states that the ground of the deletion was alleged unprofessional conduct on his part. The evidence led by the pursuer himself leaves no room to doubt either the cause of the pursuer's removal from the Register or the propriety of it. So that of the three *soi-disants* Drs. Levenson, who have been widely known to the inhabitants of Glasgow off and on for the last thirty or forty years, two never had any University title to the appellation of doctor, while the third received such a title, and has since been found by the proper authority to be unworthy of it, and has been deprived of the privileges which would otherwise have attended it. A good deal of time was taken up in an attempt to show that the pursuer's application was one in the success of which the public interests are concerned. The true interest of the public is, perhaps, that the whole family and all their concerns should be buried in a speedy oblivion. Neither the public at large nor the medical profession will elect the pursuer as their champion. *Non tali auxilio nec defensoribus istis*. Practically, the pursuer wants the Court to give him a monopoly in the production of the literary poison. His own contributions to the pestilent rubbish with which the Court has had to deal are indeed more disgraceful than the defender's. They are nastier in themselves, and they are given to the world as the compositions of a man who has had the advantages of a University training—advantages which he has prostituted to the lust of gain.

An Anti-Vaccination Demonstration at Dewsbury.

THE anti-vaccinationists at Dewsbury recently organised a demonstration against the vaccination officer, Mr. J. T. Marriott, of Batley. Two brass bands, torch bearers, sensational pictures, and an effigy of the obnoxious official took part in the demonstration. Mr. Marriott was one of the most amused of the spectators.

The Ethics of Homœopathy.

ON this subject a contemporary says practically the only part of homœopathy which now survives is the name, and that this seems to be retained, except by a very few practitioners, for "purposes of trade"—that is, to catch the patronage of people who have a *penchant* to be treated, as they say, "on principle." We are perfectly and literally warranted in saying this. The two essential peculiarities of Hahnemann's doctrine—the law of similars and the administration of infinitesimals—have been publicly disclaimed officially in our own columns by the Vice-President of the Homœopathic Society. Why, then, retain the "homœopathic label? Why, for the purposes of trade? For the exclusion of homœopaths from consultation and other courtesies, we cannot blame anybody but homœopaths themselves, who in retaining the name either do so because they believe in the homœopathic doctrines, or because they think it will pay to profess to do so.

Reductio ad Absurdum.

AT the Paris Société de Biologie M. Dumontpallier has recently made a series of communications on metalloscopy and cognate practices which go far beyond anything hitherto published on the subject. He asserts that one of the patients in his service, when hypnotised and prepared for experiment by the application of a silver brass plate on the left side of the forehead, can be made to contract certain muscles by the operator simply looking at them. In order to show that the contraction is really due to what he terms ocular influx (a form, no doubt, of the lately resuscitated neuric force), a pane of glass is interposed between experimenter and subject, and instead of looking directly at the muscle its image is stared at in a mirror. The ocular influx thus passes through the glass and is reflected by the mirror to the muscle, which immediately enters into contraction. If a drop of water be allowed to fall upon the gastrocnemius of this patient, it at once contracts, and a second drop produces its resolution. Finally, and marvellous to relate, if, when the patient is awakening from the hypnotic sleep, M. Dumontpallier should look at the region of the left third frontal circumvolution, or should point at it with his finger, she becomes aphasic; a second look or gesture restoring speech. A glance at the ascending frontal causes a movement in the arm, and so on.

Fever in the Flower-Pot.

TO the student of social and domestic meteorology the occurrence of atmospheric perturbations in tea-cups is a phenomenon by no means unknown. Nay, even, to quote the language of ordinary weather predictions, on occasions, no doubt rare, yet on occasions such perturbations do develop very considerable degrees of energy, and all are, more or less, dangerous to "vessels," be they "weaker" or stronger that come within their vortex.

But cyclones such as these are not the only sources of danger that beset drawing-room gatherings. It is quite dreadful to think that the atmosphere of a hot room in which plants are kept has been found to be impregnated with a moist vapour arising from the earth in which these are potted, and that "a sort of low fever *might* be generated in this way. And not only *might* be generated,

but, according to high authority, actually has been so. Fortunately, however, for the fair dames of London, only one instance, and that instance in Russia, has happened in which theory on the subject emanated in 1879 is believed to have in 1881 received confirmation. If, therefore, the angelic portion of the population throughout Europe be reckoned, the individual chances of attack by "a sort of low fever," due to drawing-room malaria from the cause named, are decidedly small.

Bequests and Donations.

MISS SUSAN BROWN, of Weston-super-Mare, bequeathed £500 to the Earlswood Asylum for Idiots, and £300 each to the Taunton and Somerset Hospital, the Weston-super-Mare Hospital and Dispensary, and the West of England Sanatorium. Mrs. Susan Crozier, of Clifton Road, Brighton, bequeathed £300 each to the Sussex County Hospital, and the Brighton Hospital for Sick Children. Mr. William Ward, of the Lawn, Brixton, bequeathed £100 each to the Royal Hospital for Incurables, and the Royal Hospital for Diseases of the Chest. Mrs. Caroline Collier, of Montpellier Square, Brompton, bequeathed £100 to the St. James's Dispensary. The Mercer's Company have given one hundred guineas towards the proposed Scarlet Fever Convalescent Home. The will and codicil of Dr. Archibald Billing, of 34 Park Lane, who died on September 2nd last have been proved by the executors, the value of the personal estate exceeding £45,500. The testator bequeaths to his wife all the cash in house and at bankers, and his furniture, plate, pictures, household effects, horses and carriages; and to his executor £100. The residue of his real and personal estate is to be held upon trust for his wife for life; at her decease a sum of consols is to be set aside to pay £100 per annum unto his daughter Florence until her marriage, upon the happening of which event the said consols are given to three granddaughters; and the ultimate residue is to be divided between his four daughters.

Hospitals in Paris.

THE Municipal Council of Paris has passed a resolution, by forty-eight votes against five, in favour of the entire secularisation of the public hospitals of that city. By the terms of the same vote, the credits asked for by the administration for the salaries of the almoners attached to the hospitals have been refused, at the same time, the Council increased the sum set aside for public instruction by 3,500,000 francs.

Resection of Small Intestines.

KÆBERLI has reported to the French Academy cases of resection of the small intestine, and advocates this operation. *The Chicago Medical Journal* says that the operation was successfully performed at Manassas Junction, during the war.

THE British Dairy Farmers have resolved in consequence of the large demand for goats, owing to the increasing popularity of goat's milk as a food for infants, to form a Goat Supply Company for the importation, breeding and supply of goats. The matter has been submitted to a committee of the Society to carry out.

The Vacant Professorship of Anatomy in the Irish College of Surgeons.

THE election to this important Professorship will take place on the 26th inst. The list of candidates which we gave in a recent issue has been considerably increased, and there are at present the following seven competitors:—Dr. Knott, Demonstrator of Anatomy in the School of the College; Mr. Ledwich, Lecturer in Anatomy in the School which bears his name; Dr. Charles, and Dr. Reid, both of them at present engaged in the teaching of anatomy in St. Thomas's Hospital School; Dr. Anderson, the chief assistant of Dr. Redfern in the Anatomical School of Belfast; and lastly, Dr. Cunningham, well-known as an Anatomical Teacher in the University of Edinburgh.

With seven candidates of such high quality and attainments before them, the Council can have no difficulty in selecting a professor who will do credit to the College, and confer great benefit on the school.

Presentation to Dr. W. G. Smith.

THE past and present students and staff of the Adelaide Hospital, Dublin, have presented Dr. W. G. Smith with a handsome clock, and an illuminated address, as a token of esteem and regard, on the occasion of his severing his connection as Physician and Pathologist to the hospital after a term of 15 years, to take up the duties of Regius Professor of Materia Medica in the University of Dublin; and Physician to Sir Patrick Dun's Hospital; to which he has recently been elected.

M. H. TOUSSAINT, in a paper read before the Academy of Sciences, supports the contagious character of tubercular disease.

DR. HEPBURN, Surgeon to the Meath Hospital, Dublin, has been appointed Visiting-Surgeon to the Brabazon Convalescent Home at Bray, co. Dublin.

By the contribution of £1,000 Mr. Sandhach has raised the endowment fund of the Roscoe chair at University College, Liverpool, to £8,836 towards the £10,000 required.

A CURIOUS statement is made in the *Bulletin de la Société d'Horticulture d'Orléans*, that the castor oil plant is an excellent remedy against flies. Those that alight on the leaves and suck the sap are said to fall down dead, their bodies becoming white. The castor oil plant is easily grown, and the experiment is worth a trial.

THE rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of their population were—Bristol 16, Norwich 17, Plymouth 20, Brighton 21, Sheffield 22, Sunderland 22, Leeds 23, Hull 23, Birmingham 25, Wolverhampton 26, Bradford 26, Salford 27, Oldham 27, Newcastle-on-Tyne 27, London 28, Portsmouth 28, Manchester 29, Leicester 30, Liverpool 31, and Nottingham 32.

DR. ALFRED CARPENTER in a letter to the *Times* newspaper, of Saturday last, puts the water supply question upon a very practical basis. He suggests that it should be reduced to the same level of ordinary contracts; if the water companies give an insufficient or impure supply, they should be prosecuted by consumers in the same way as dishonest tradesmen. This is a devoutly to be wished for consummation, and we see no reason why a test case should not be brought about by a guarantee fund.

DR. R. P. P. TAAFFE, one of the physicians to the Royal Alexandra Hospital for Sick Children, Brighton, has been presented with a testimonial, marking the appreciation of that gentleman's services on behalf of the hospital, of which he is also one of the founders. The testimonial, which took the form of a very handsome watch and chain with a suitable inscription and a cheque for £220, was presented to the recipient by the Mayor of Brighton.

WE are asked to announce that Prince Leopold (Duke of Albany) has become the Patron of Chelsea Hospital for Women, King's Road, and the Princess Frederica of Hanover, the Duchess of Cambridge, and the Princess Mary of Teck, have given permission for their names to be added to the Patronesses of the Hospital. The Queen, Princess of Wales, the Princess Christian, and their Royal Highnesses named above, have each accepted a portrait album specially designed to commemorate "Ye Old English Fayre" which was organised for the benefit of the charity.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official weekly returns, as follows:—Calcutta 36, Bombay 25, Paris 28, Geneva 22, Brussels 18, Copenhagen 20, Stockholm 23, Christiania 28, St. Petersburg 43, Berlin 24, Hamburg (State) 23, Dresden 21, Breslau 28, Munich 31, Vienna 30, Prague 32, Buda-Pesth 38, Naples 28, Turin 24, Venice 25, Alexandria 31, New York 30, Brooklyn 24, Philadelphia 21, Baltimore 25. No returns were received from Amsterdam, Rotterdam, The Hague, Rome, Madras, and Lisbon.

THE mortality last week in the large towns from diseases of a zymotic class per 1,000 of the population were:—From scarlet fever 8.1 in Hull, 5.0 in Nottingham, and 2.2 in Sunderland; from whooping-cough, 4.1 in Salford, and 1.6 in Birmingham; from measles, 2.9 in Leeds, and 2.1 in Liverpool; and from "fever" (principally enteric), 1.4 in Oldham. In Hull 24 more fatal cases of scarlet fever were recorded, raising the number registered within this borough since the beginning of July to 642. The 42 deaths from diphtheria in the twenty towns included 18 in London, 13 in Portsmouth, 3 in Manchester, and 2 both in Birmingham and Liverpool; the annual death-rate from this disease in Portsmouth averaged 3.1 per 1,000 during the last quarter of 1881. Small-pox caused 37 more deaths last week in London and its suburban districts, and 2 in Salford; no fatal case was returned in any of the other large towns.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

EDINBURGH ROYAL INFIRMARY.—The general meeting of the subscribers to the Edinburgh Royal Infirmary was held in the Council Chamber on the 2nd inst., the Lord Provost presiding. The report submitted by Mr. Trainer is interesting in the highest degree as pointing out the unwieldy proportions to which hospitals in Scotland, as well as elsewhere, have attained, and the correspondingly increased difficulty of maintaining them, as pointed out in our Scotch "retrospect" for the past year. The following are the more material portions of the report:—Patients remaining in the Hospital at 1st October, 1880, 458; patients admitted between 1st October, 1880, and 1st October, 1881, 5,288—total, 5,746. Of these there were—Dismissed cured, 2,801; ditto relieved, 1,651; ditto on other grounds, 325; died in hospital, 475—total, 5,252; patients remaining at 1st October, 1881, 494. Of the cases brought to a termination during the year, 480 were cases of infectious disease treated in the fever house in the old Infirmary, including 169 cases of scarlet fever; 2,113 were ordinary medical cases, and 2,659 were surgical cases. The number of children in the hospital during the year has averaged from 30 to 40, the great majority of whom were treated in the surgical wards. The daily average number of patients in the hospital during the year was 520. There were also 1,500 out-patients during the year. There have been received during the past year:—Legacies and donations of £100 and upwards for the Infirmary, £6,572 8s. 7d.: which were applied to meet the excess of ordinary expenditure for Infirmary, including Fever Hospital (£31,720 16s. 8d.) beyond ordinary receipts (£21,902 14s. 4d.), £9,818 2s. 4d., leaving a deficiency of £3,245 18s. 9d. The ordinary income for the year now reported on—£21,902 14s. 4d., as compared with £21,540 14s. 2d., for the preceding year—shows an increase, notwithstanding the great depression which has existed during the year, of £362 0s. 2d. The students' fees amounted to £3,443 12s., and for the year ended 1st October, 1880, they were £4,179 8s., and in the previous year, £2,643 13s.

GLASGOW HEALTH LECTURES.—These lectures, delivered under the "Combe Trust," are now published together. With the exception of the lecture by Dr. Yellowless, they form a volume by no means creditable to the intelligence or culture of the medical profession in Glasgow. Of Dr. W. L. Reid's, published under the auspices of the "Christian Women's Association," addressed "only to women," and consequently bought chiefly by young men, we have already spoken. Dr. Gairdner's was characterised by his usual nebulosity and irrelevancy, and the faculty of giving groundless offence. These are opinions entertained largely by the profession in Glasgow; but the luxury of expressing opinions is one not much indulged in. We understand a fee of £10 10s. was paid to each lecturer, and thus an excellent advertisement was duly provided.

ALCOHOLIC CONVULSIONS.—In the course of the recent trial at Glasgow, commented upon in this number, the question arose as to a difference between "alcoholic fits" and "epileptic convulsions," and Dr. Robertson is reported to have said, "I know such things as alcoholic fits. They closely resemble, and might be taken by a non-medical person for epileptic fits." We have been hitherto under the impression that inordinate indulgence in alcohol might primarily induce epilepsy; we have seen the fits thus occa-

sioned, and have been completely unable to distinguish their phenomena from those of genuine epilepsy. We shall be very pleased if Dr. Robertson will favour us with fuller details as to his views on this important matter.

THE NATURAL HISTORY CHAIR IN EDINBURGH.—It is reported that Lord Rosebery, on behalf of the Crown, has offered the Chair of Natural History in the University of Edinburgh to Dr. F. M. Balfour, the eminent embryologist, and Secretary to the British Association. It is uncertain whether Dr. Balfour, who is at present in Madeira, will accept the offer.

GLASGOW ROYAL INFIRMARY APPOINTMENT.—Dr. James Alexander Adams has been appointed extra Surgeon to the Glasgow Royal Infirmary Dispensary. We congratulate the directors on the appointment.

CALICO BALL.—A "calico ball" is to be given in Glasgow in March, the proceeds of which are to be given in aid of the Glasgow Royal and Western Infirmaries.

HEALTH OF HELENSBURGH.—Dr. Henderson's "Endemic Influenza" does not seem to have made a lasting impression on the death-rate of Helensburgh, for, from the mortality returns just published, it would seem that "the Brighton of the west" has both a fair share of health and salubrity. In the course of the last year 150 deaths were registered, equivalent to an annual mortality of only 14 per 1,000 of the population, many of the deaths being those of persons over 70 years of age. The death-rate per annum of some of the English towns is 32. Of 270 births registered during the year only 1 was illegitimate. There was no "revival" in Helensburgh during the year.

THE PROFESSORSHIPS OF PRACTICAL ANATOMY IN THE IRISH COLLEGE OF SURGEONS.—In addition to the candidates for this chair, mentioned in our last impression, we are informed that Dr. William Allen, Senior Demonstrator of Anatomy in the University of Glasgow, also aspires to the office. Dr. Allen is a graduate of Queen's University, Ireland, and a gold medallist. He is author of "The Varieties of the Atlas and Morphology of its Transverse Process" (Jour. Anat. and Phys.) "On Tertiary Occipital Condyle" (Ibid.) And "On the Anatomical Changes Induced at the Elbow by Luxation Backwards of the Head of the Radius in Early Life" (Glas. Med. Jour.) By all who knew him, Dr. Allen is held in high esteem for his ability and enthusiasm in his work, and the modesty of his disposition. His claims to the chair are of high order, and should they carry such weight as to prefer him to the office the University of Glasgow will lose a great favourite.

THE CONVICT FERGUSON.—There is at present lying in the prison of Glasgow, a man under sentence of death. Efforts, and we think humane and highly proper efforts, are being made to save his life, for the following very weighty reasons. The culprit was at one time unquestionably insane. He was admitted into Gartnavel Asylum in 1874, and his distinct insanity at that time was testified to at the trial by such a competent authority as Dr. Blair. He was subject, it was brought out at the trial to "convulsion fits," "during which he had to be held down, and on one occasion he bit his tongue." Dr. Robertson, of the City Parochial Asylum, an admitted authority on the subject of insanity, and a highly educated and judicious physician, signed the medical certificate on which Ferguson was admitted into Gartnavel; while at the trial he expressed the opinion that the insanity was due to intemperance, and of a temporary nature, he admitted that the symptoms of insanity then exhibited were "not the most characteristic symptoms of *delirium tremens*." Dr. G. R. Mather considered the prisoner at the same period "a dan-

gerous lunatic," and that the symptoms referred to were "characteristic of insanity as distinguished from *delirium tremens*." The insanity of this unfortunate man is further testified to by Dr. David Walker, Dr. Beaton, and Dr. Thomas Johnson, all gentlemen to whose opinion deference is due. In passing sentence of death Lord Deas said, "Apart from the fact that you are a weak-minded person—partly from the habit of drinking, and partly it may be from some other causes, &c. . . . the Crown will be aware of the fact that I suggested that more lenient verdict (manslaughter) to the jury." The prisoner's conduct during the trial was hardly that of a sane man. Altogether this is a case in which the exercise of the clemency of the Crown seems imperative. With legal technicalities and duties we do not profess to be conversant, but we consider the frequent conflict between the legal and medical professions as to what constitutes insanity, an unfortunate one; and apart entirely from promptings of humanity, it is but reasonable to believe that medical men are better judges of the factors of an unsound mind than the highest lawyers in the land. The following episode in this trial, as reported in the papers, strikes us strangely:—"Lord Deas—Have you any doubt that the prisoner was capable of knowing that murder was contrary to the law of the land? Witness, (Dr. Sutherland) I have no doubt. Lord Deas—I should think not." What inference would the jury draw from this, before the medical men for the defence were examined? It by no means follows that there is no recovery from insanity, but in the case of Ferguson, there are the strongest grounds for doubting his sanity when he murdered his unfortunate wife. If ever then, there was a case for the exercise of the clemency of the Crown, this is one, and we trust that the moral sense of a large city, profuse in its professions of Christianity, will not be shocked by the execution of such an one. We must remember that the bones of the murdered Docherty, and his heart-broken father, to whom death, at least, extended compassion, still proclaim from the grave that the upward of humanity is not through blood retribution, but through education and loving kindness.

PROFESSIONAL ADVERTISING.—The following advertisement has been appearing for some weeks in the *Huntly* (Aberdeenshire) *Express*:—

"JAMES DOW SAINTER.
CONSULTING SURGEON.

F.R.C.S., EDINBURGH; M.R.C.S., ENGLAND; L.R.C.P.,
LONDON; and L.S.A., LONDON.

Address—No 1 Duke Street, Huntly.

Hours—10 a.m. to 4 p.m. daily."

Mr. James Dow Sainter evidently wants looking after by the gentlemen who proposed him "as a fit and proper person" for the "Fellowship Distinction" of the Edinburgh College of Surgeons.

ILLNESS OF SIR ROBERT CHRISTISON.—We regret to learn that this venerable and distinguished member of the profession is so seriously ill that only a few of his most intimate friends are allowed to see him. Professor MacLagen is in attendance on Sir Robert.

MIDWIFERY FOR MIDWIVES. (a)

WHEREVER women are permitted by the State to undertake the duties of an obstetrician, in however restricted a sense, there ought to be no necessity for impressing the urgent necessity that such attendants should possess at least a rudimentary acquaintance with the science and art of midwifery; and yet how few even of "certificated"

(a) "Midwifery for Midwives." Translated from the German by J. E. Burton, L.R.C.P. Lond. Churchills. 1880.

midwives in this country can lay any real claim to be considered more than fortunate empiricists in respect to the cases they attend? And this, it must be urged, is in great part due to the lack of manuals for the instruction of women intending to become midwives.

Although Dr. Fancourt Barnes' "Handbook for Midwives," published about 1879, is useful and trustworthy, it contains too little of the actual knowledge required; but the "Official Handbook of Midwifery for Prussian Midwives," of which Mr. Burton has rendered a most excellent English translation, leaves nothing to be desired in this respect. It describes all connected with the physiology, anatomy, and complications of labour, and gives such directions as will enable an intelligent woman to acquit herself with credit under even difficult circumstances; and it further insists on skilled professional aid being at once summoned in every case of anticipated danger. For students and practitioners, moreover, the work will be useful as showing the extent to which a well-educated midwife may be trusted, and also it may be in explaining the smaller details of treatment of children, which Englishmen as yet are but little skilled in. Mr. Burton has done his part of the labour with signal success, and we trust the time may not be far distant when the State will demand an acquaintance with the contents of this little manual from every candidate for a certificate to practise as a midwife.

Correspondence.

THE HARVEIAN LECTURES ON MENSTRUATION AND ITS DERANGEMENTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As my Harveian lecture will shortly be published in a separate form, with some additions, in which the mechanical views of Dr. Graily Hewitt will be more fully considered than I had time for in these lectures; and as, moreover, the abstract from which he quotes as having appeared in your journal was not written by, or known to me, I trust he will not consider me wanting in respect or courtesy if I decline at present to reply to his letter or enter into controversy until the full text appears, when I shall have much pleasure in accepting any challenge he may offer either as regards the anatomy, physiology, pathology, or therapeutics which I have brought forward in these lectures.

I would, however, beg permission to make one remark, viz., that I accept Dr. Graily Hewitt as quite as good an authority as Klob, Thomas, or any other he may quote, so that he need not trouble himself by any reference to them, for the matter between us is not to be settled by any quotation of names either for or against—it is a question of anatomical and physiological fact; not a matter of opinion; least of all imagination. I am quite prepared and anxious to discuss it with Dr. Graily Hewitt in your columns or elsewhere, alone, or in company, as he may prefer. But so far as I presumably am concerned, no amount of names that he may bring forward, will weigh one atom with me more than his own, if as much, on this question, which I regard as specially his.

Your obedient servant,

ALFRED MEADOWS.

George Street, Hanover Square.

NOTES ON VACCINATION AND RE-VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am much obliged to Dr. Sharpey for his kind criticism of my paper on the above subject in your journal of the 2nd November last.

I did not try Bryce's test in any of those cases reported, I used the term "successful" to those cases which had a well marked vesicle resembling very closely the vesicle of primary vaccination.

To all intents and purposes these were successful cases of re-vaccination, whether we call them true pocks or spurious pocks, for no other pock could be produced in the previously vaccinated subject. I had one or two examples of vesicles that could not have been distinguished from the vesicles of primary vaccination by the naked eye, and these appeared

to run the usual course, but I cannot speak to the subsequent pitting, characteristic of the primary cicatrix, probably I should find this absent.

I suppose a true Hunterian chancre is never seen *twice* at different periods, and in the same subject.

Yours truly,

WILLIAM BERRY, M.R.C.S. Eng.

Wigan, Jan. 6, 1882.

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.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, can now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

DR. THORWOOD will please receive our best thanks.

DR. HAYWARD.—We hope to refer to the subject in our next.

DR. M. S.—The objection is a very narrow-minded one, and unworthy an educated man.

AN INQUIRER.—The substance referred to has not come under our notice; we will make inquiries and report results.

AN EDINBURGH STUDENT should write to the Editor of the *Students' Journal*, who will doubtless satisfy his curiosity.

DR. ADAMS.—It is not the first time the same distinguished physician has opposed himself to the weight of professional opinion. The result, however, shows that whatever influence he may have exerted in the past his voice counts for little now.

PUZZLED.—The case is a simple one; urticaria.

G. A. B.—When the article first appeared there were only three in London. Since that time, however, several others have made their appearance, and soon we may expect they will be commonly found in all institutions where they can be turned to good account.

JAOK.—It is only with great difficulty we have been able to arrive at your real meaning. Your caution is wholly uncalled for; no one is likely to be interested in your proceedings, and we can offer you no prospects of a position such as you so modestly declare your competency to fill.

L'ESTOMAC.—They have been translated by Dr. Saundby, of Birmingham.

AN ASPIRANT.—Your "first attempt" at versification is not particularly successful. We are sorry to discourage you, but you are evidently not "a horn poet;" students will certainly stand a better chance of remembering these dry details with the usual vehicles at their disposal than with the use of disjointed and non-rhythmical lines.

A LADY STUDENT may rely on our willingness to do all in our power to assist the attempt she is engaged in. The letter shall be forwarded.

DR. HAYES.—An amended Scale of Medicines and Medical Stores for Merchant Ships, dated November, 1881, has just been issued by the Board of Trade, which is intended to supersede the Scale hitherto in force. You can get it by application in the regular way.

FARMAR AND SEALEY FUND.

To the Editor of the *MEDICAL PRESS AND CIRCULAR*.

SIR,—With reference to my letter which you kindly inserted in the *Medical Press and Circular* of October 19th last, in which I mentioned the fact of a subscription being in progress for a testimonial to Corporal Farmar, V.C., and Private Sealey, of the Army Hospital Corps, for their gallant conduct at the disaster of Majuba Hill, and gave a short account of the wounds by which they had been disabled for further military service, I have now the pleasure to state that £170 have been subscribed, and that this amount, equally divided, has been presented to the two men by the Director-General of the Army Medical Department. The sum named includes a generous donation of twenty-five guineas from the family of the late Surgeon London, A.M.D., under whose directions Corporal Farmar and Private Sealey were carrying on their duties at the time that lamented young medical officer received his mortal wound. The presentation has been notified by a circular from the Director-General to the officers and men of the Army Medical Department.

I am, Sir, your obedient servant.

THOS. LONGMORE, S.G.I., H.P.,

Professor of Military Surgery.

Netley, Jan. 8, 1882.

A MEMBER OF CONGRESS.—The volumes have been issued during the last few days. The Hon. Sec., Sir Wm. MacCormac, will doubtless supply you with the information you need.

PROFESSOR MARSHALL, F.R.S., will deliver a lecture at the Brompton Consumption Hospital on Monday next, at 3 p.m. "On Diseases of the Chest-walls requiring Surgical Treatment." Members of the profession will be admitted thereto on presentation of card.

ST. JOHN AMBULANCE ASSOCIATION.

To the Editor of the *MEDICAL PRESS AND CIRCULAR*.

SIR,—I am requested by the Central Executive Committee of the St. John Ambulance Association to acquaint you, and through you the profession, that a meeting of representatives from the different

London hospitals, the medical staff of this Association, and of divisional police surgeons will be held at the offices of the Association, St. John's Gate, Clerkenwell, on the afternoon of Monday, the 16th of January, at half-past four o'clock, to consider a system of placing ambulance stations in telegraphic communication with the hospitals of the metropolis, and the best means of wheeled transport.

I have the honour to be, Sir,

Your obedient servant,

EDMUND A. H. LECHMERE, Chairman.

MR. MURRAY (Edinburgh).—We fully appreciate the difficulties with which students have to contend, but fear our columns are hardly suitable for the insertion of the papers suggested. However, if you will send us a specimen we will consider the matter and advise you.

DR. PANTALEONI (Rome).—It will afford us much pleasure to accede to your request.

R. S. M.—We have purposely avoided expressing an opinion while the case is *sub judice*.

MEETINGS OF THE SOCIETIES.

THE OBSTETRICAL SOCIETY OF EDINBURGH.—This (Wednesday) evening, at 8 o'clock, Prof. Simpson, "Case of Basilia."—Dr. Murray, "Cases of Complicated Labour."—Dr. W. J. Kennedy, "Case of Pregnancy at the age of 62."

THE ROYAL INSTITUTION.—Tuesday, Jan. 17, at 3 p.m., Prof. J. G. McKendrick, "On the Mechanism of the Senses."

Vacancies.

Cumberland Asylum.—Assistant Medical Superintendent. Salary, £100, with board. Applications to Dr. Campbell, The Asylum, Garlands, Carlisle.

Drogheda Union, Duleek Dispensary.—Medical Officer. Salary, £110, and £20 as Medical Officer of Health. Election, Jan. 23.

Huddersfield Infirmary.—Senior and Junior House Surgeons. Salaries, £20 and £40 respectively, with board. Applications to the Hon. Sec. before Jan. 21.

Lincoln County Hospital.—House Surgeon. Salary, £100, with board. Applications to the Secretary before Jan. 16, of whom also further particulars can be obtained.

Monmouth Union.—District Medical Officer. Salary, £40, with the usual extra fees. Applications to the Clerk at the Union Office, Monmouth, Wales, by Jan. 18.

Royal Surrey County Hospital.—House Surgeon. Salary, £75, with board. Applications to the Secretary, Town Hall, Guildford, before Jan. 30.

St. Asaph Union.—Medical Officer for the Llanfairvalhalarn District. Salary, £88, with the usual extras. Applications to the Clerk, Union Offices, St. Asaph, Flintshire, by Jan. 20.

St. Marylebone General Dispensary.—Obstetric Physician. Honorary. Also a House Surgeon. Salary, 100 guineas per annum. Applications to the Secretary by Jan. 16.

Sussex County Lunatic Asylum, Hayward's Heath.—Junior Assistant Medical Officer. Salary, £100, with board. Applications to the Medical Superintendent by Jan. 18.

Appointments.

BERNAYS, H. L., M.R.C.S., Medical Officer of Health for Charlton.

BROWN, M. L., M.B., Assistant Medical Officer of the Male Department of the Middlesex County Lunatic Asylum, Colney Hatch.

CURRIE, J., M.D. Glas., L.R.C.S. Ed., Medical Officer for the Berry Pomeroy District of the Totes Union.

DALTON, C. G., M.R.C.S., Medical Officer for the Second and the Eleventh Districts of the Lincoln Union.

DAVIES, D. A., M.B. Lond., M.R.C.S., Physician to the Swansea Hospital.

DREWITT, F. G. D., M.B. Oxon., M.R.C.P. Lond., Assistant Physician to the Victoria Hospital for Sick Children.

FITZGERALD, G. H., M.D., Medical Officer to the Workhouse and District of Ponteland.

SHEPPARD, C. E., M.D. Lond., Resident Assistant Physician and Medical Registrar to St. Thomas's Hospital.

Births.

AVELING.—Jan. 6, at 14 Portland Place, Lower Clapton, the wife of Charles T. Aveling, M.D., of a son.

CROLY.—Jan. 1, at 7 Merrion Square North, Dublin, the wife of Surgeon Croly, F.R.C.S., of a son.

DOLAN.—Dec. 31, at Horton House, Halifax, the wife of T. M. Dolan, F.R.C.S. Ed., of a son.

HAYES.—Jan. 6, at 32 Merrion Square South, Dublin, the wife of Richard A. Hayes, M.D., of a son.

NESBITT.—Jan. 4, at 34 Cambridge Place, Hyde Park, London, the wife of Dawson Nesbitt, M.D., of a daughter.

Deaths.

BENTLEY.—Jan. 2, at 27 Moyné Road, Ranelagh, co. Dublin, Thomas H. Bentley, M.D. in his 74th year.

DASHWOOD.—Dec. 28, at Putney, J. Dashwood, M.R.C.S., formerly of Wellington Street, Southwark, aged 78.

GORE.—Jan. 2, at Tunbridge Wells, Henry John Gore, M.D., in his 85th year.

HAMILTON.—At Dundrum, co. Dublin, Wm. E. Hamilton M.D., late Medical Officer of Carney Dispensary, aged 83.

LODGE.—Dec. 24, at his residence, 33 Shaw Street, Liverpool, Robert T. Lodge, M.D., aged 62.

FRATER.—Jan. 2, at 90 Malson Dieu Road, Dover, Augustus Frater, M.D., late of Woolwich, aged 70.

SWYER.—Dec. 31, at 25 Mile End Road, E. E. Swyer, M.D., aged 59.

TURNER.—Jan. 8, at Aahurat, Clapham Common, Roger Turner, M.D., late of Petworth, Essex, aged 76.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 18, 1882

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CLINICAL LECTURE

ON

IMPERFECT INVOLUTION OF THE UTERUS AND ITS CONSEQUENCES.

By LOMBE ATHILL, M.D., F.R.C.P.,
Master of the Rotunda Hospital, Dublin.

SUBINVOLUTION of the uterus is the primary cause of very many of the ailments from which women suffer. In the first instance, it is frequently the cause of profuse menstruation; that this should be so is easily understood, for not only is the quantity of blood supplied to the uterus unduly great when this condition exists, but also the mucous membrane lining its cavity frequently becomes unhealthy; then it is the most common of all the causes that produce retroflexion of the uterus, and, at a later date, it predisposes to, if it be not the actual cause of, chronic metritis and hypertrophy of the uterus, while it markedly favours the occurrence of granular erosion of the cervix and of endometritis. I must, therefore, dwell at some length on so important a subject.

When we speak of subinvolution of the uterus, we mean that the process by which the womb regains its original size subsequent to delivery, or abortion, has been from some cause retarded or arrested; this process has been termed involution, and when it is incomplete we talk of the uterus as being in a condition of imperfect involution, or more commonly, of subinvolution.

The involution of the uterus should be completed within a few weeks after the date of delivery. It is one of the most remarkable phenomena which occur in the human body. The uterus, immediately before the expulsion of the fœtus, measures about fourteen inches in length, and weighs twenty-five ounces, often, indeed, even more. Immediately after, its size is diminished to considerably less than one-half its former bulk, its weight being propor-

tionally reduced; while, if the process proceed regularly and unchecked by any cause, the womb will, after the lapse of five or six weeks, be less than three inches in length, and weigh but two ounces. The first step in this process is, that the supply of blood to the uterus is checked, and the circulation of blood through that organ interrupted, by the contraction of the muscular fibres of the uterus, a process which commences the moment labour terminates, and goes on in a more or less painless manner for some days subsequently; while, at the same time fatty degeneration and disintegration of tissue, on the one hand, and absorption on the other, rapidly complete the work of reducing the uterus to its normal size, and restoring its compactness of tissue.

But you can easily understand that numerous causes may interrupt this process; thus, in weakly, debilitated women, the uterine contractions may not be sufficiently powerful to check the blood supply, consequently the nutrition of the organ may continue almost as active as previous to delivery, and accordingly the uterus will remain in a state which may be considered as one of permanent congestion terminating in hypertrophy. Instances of this are very numerous. A similar result may follow in a healthy muscular woman if she leave the recumbent posture too soon after delivery, and, as many of the lower orders do, return to her ordinary occupations, long before the uterus has regained its normal size. Again, pelvic inflammation in any of its varieties is a common cause, interrupting and often arresting the involution of the uterus. Subinvolution may follow on abortion, even when it occurs in the early months of pregnancy, a fact you should not overlook; indeed, my experience leads me to think it is more likely to occur after abortion than after labour at the full term.

The reason why this should be so is easily understood. At the termination of the full term of gestation the uterus is prepared to undergo a process of fatty degeneration and absorption; in fact, this process seems in some cases to commence concurrently with, if not actually prior to, the first symptoms of labour, and it is the natural termination to parturition, the growth of the organ having ceased some time previously, but in cases of abortion not only is the

uterus not prepared for the process by which the increase in its size is reduced, but it is called in to undergo this reduction while in a state of rapid growth. The ovum being expelled the growth of the uterus always ceases, but very frequently no attempt is made by Nature to reduce the size of the organ, and this is specially marked when a woman has aborted several times in succession.

The principles which should guide you in the treatment of subinvolution of the uterus are alike in all cases, but the actual method you will follow, and the agents you will employ in carrying out these principles, will necessarily vary in each case. As it is recent, or of long standing, complicated by the existence of congestion, of inflammation, or of hypertrophy of the uterus, its appendages or the neighbouring viscera, or by the presence of granular erosion, retroflexion of the fundus, &c.

Subinvolution of the uterus is of such common occurrence, and is met with under such varied conditions, both as regards duration, complication, and symptoms, that it would be impossible for me to enumerate all the phases it presents, or to mention all the points of interest connected with this condition, you must, by watching the cases under treatment in the wards of this hospital and in the out-patient department, endeavour to make yourself familiar with these, but you will find that all these may be roughly divided into three classes, each class being, in point of fact, a different stage of one and the same affection, it being of course understood that many cases will be met with holding a more or less intermediate position between one or other of these classes.

1st. We have those in which the affection is of recent date, menstruation being profuse, the uterus being soft and engorged, as well as large, the os and cervical canal being patulous, the vagina often being tender and inflamed.

2nd. Cases of longer standing, in which the extreme softness of the uterus no longer exists, though induration has not as yet occurred, there is generally copious uterine catarrh, with more or less erosion of the lips of the os uteri, menstruation being, as a rule, profuse.

3rd. Still more chronic cases, in which hypertrophy of the whole organ, and especially of the fundus, has taken place, with induration of the cervix, the fundus, which is frequently retroflexed, is tender to the touch, and sexual intercourse consequently often painful. Menstruation sometimes continues to be profuse, but very often, as time elapses, becomes scanty.

(1). The cases comprised in the first class—namely, those of recent origin, do not come under observation nearly so frequently as do the others. If women do not make a good recovery after parturition they generally think that their sufferings are due to mere debility, and that time will set them right; they may be nursing, though unfit to do so, and menstruation may not have as yet regularly recurred; the pain in the back, the copious leucorrhœa, and the inability to walk may not be deemed of sufficient importance to demand special treatment; but still, a considerable number of women do, from time to time, come under observation within two or three months after their confinements, in whom the uterus will be found to be enlarged, soft, and congested, the cervical canal patulous, and pouring out a copious muco-purulent discharge. The soft and heavy body is very liable to bend backward, and in time to become permanently retroflexed. In such cases the indications for treatment are clear. The distended blood-vessels of the uterus should be relieved by the abstraction of blood, its muscular fibres should be stimulated to contract by applications made to the interior of the uterus, and by the exhibition of ergot, strychnia, &c. The fundus, if retroflexed, should be supported and retained in as nearly as normal a position as possible by means of a pessary, and, at the same time, every effort should be made to invigorate the general health. It is in such cases as these that postural treatment, judiciously carried out, is often of so much value. Menstruation, if profuse, must be restrained, even if for that pur-

pose plugging the vagina becomes necessary. Should the woman be nursing she should be made to wean the child.

It is a very hazardous proceeding to apply leeches to the cervix in these recent cases; their application would almost certainly be followed by dangerous hæmorrhage, but blood should be extracted from the uterus at short intervals by puncturing the cervix with a sharp lancet-pointed knife, by which means the quantity taken can be regulated to the greatest nicety. When the cervix is very soft and congested puncturing has to be done with care, otherwise profuse bleeding may occur. The point of the knife should not, in the first instance, penetrate to a greater depth than about the 1-8th of an inch, if blood does not flow sufficiently freely another somewhat deeper puncture may be made. The quantity of blood taken at one time should be small—from half-an-ounce to an ounce is quite sufficient to relieve the local congestion; sometimes even a lesser quantity suffices, but the operation must be repeated at short intervals of two or three days. Should the bleeding be at all profuse it can at any moment be restrained by placing against the os uteri a small pledget of cotton to which a piece of string should be affixed, so that the patient can remove it herself after a few hours. By adopting this precaution you may feel perfectly sure that no undue loss of blood will occur; indeed, if the patient be seen in your own consulting rooms, or in the out-patient department of an hospital, it is generally wise to adopt this precaution before dismissing her.

Various agents are used for the purpose of stimulating the uterus to contract and of lessening the irritability of the intra-uterine mucous membrane, all of these must, to produce any satisfactory effect, be applied to the interior of the uterus, and, indeed, be carried up to the fundus; those most commonly employed are—(1) carbolic acid; (2) tincture of iodine; (3) iodine dissolved in carbolic acid (a preparation to which the name of iodised phenol has been given); (4) nitric acid; and (5) the solid nitrate of silver. I give them in the order in which I recommend their employment.

In recent cases of subinvolution I seldom employ any agent except carbolic acid, it is mild in its effects, seldom causes much pain, and, with care, is quite safe. Let me here give you one rule from which there should be no exception—namely, never apply carbolic acid or any other agent to the cavity of the uterus unless the os internum is sufficiently patulous to permit of the easy passage of the probe through it. If you neglect the observance of this rule you will certainly get into trouble. Carbolic acid, tincture of iodine, or the iodised phenol should be applied about every third or fourth day, and if much congestion be present the cervix can be punctured immediately upon the application being made. This will have the double effect of relieving pain should the carbolic acid have caused any, and by lessening the congestion facilitate the contraction of the muscular fibres of the uterus. Carbolic acid applied to the surface of the uterus makes a superficial slough; in fact, it blisters gently the intra-uterine surface. At the moment of application some pain is usually felt, but this rapidly dies away, and, indeed, it often relieves previously existing pain, specially when that is due to hyperæsthesia of the uterus. Nitric acid or the nitrate of silver are not suitable in recent cases.

I have already said that postural treatment is of much value in cases of subinvolution. By postural treatment, I mean the keeping the patient mainly in the recumbent position, and thus preventing the vessels of the uterus and its appendages from becoming unduly distended with blood. But this method can be carried too far. A patient should never be confined to bed, or even to a couch, for such a length of time as to injure her general health. Consequently, I advise you to allow your patients to take a moderate amount of exercise in the open air daily. Walking for a short time is probably the best kind of exercise she can have, but she must not stand about, and the moment the walk is over let her lie down; if she be unable to walk, or that it causes pain, driving in an

easy carriage or Bath-chair must be tried, in fact, the patient should lie almost constantly, except when taking exercise. But many patients cannot, or will not, lay up; you must then content yourself with pointing out how injurious standing or sitting upright for a length of time is, warning the patient at the same time that she will retard her recovery by so doing. As already mentioned, the fundus is frequently flexed in these cases; when this is so, a properly adapted pessary not only often relieves pain, but materially aid our other treatment.

(2.) The condition I have described being overlooked, or neglected, the affection passes into another stage. The uterus is no longer unduly soft, but feels firm to the touch, both the body and cervix being enlarged, and the fundus very frequently retroflected, pressure on any part of the organ with the finger causes pain; in fact, hyperæsthesia of the uterus exists, and this explains two symptoms, one or both of which are now commonly present—namely, the distress which walking so commonly causes, and the pain the patient often suffers during sexual intercourse. Menstruation still, in far the majority of cases, continues to be unduly profuse, while, on looking through the speculum, more or less extensive erosion of the lips of the os uteri will generally be observed. Copious uterine catarrh is also nearly always present.

Here, as in the former case, you have to direct your attention to the lessening of congestion and the reduction in size of the enlarged uterus, and to the relief of pain; but your task is now much more difficult, you will often find it hard to obtain sufficient blood by puncturing the cervix, though this generally can be effected by making the knife penetrate to a greater depth, the hot water vaginal douche sometimes acts exceedingly well in these cases, and its use should never be omitted. The application of carbolic acid, or better, the iodised phenol is still needed, and in some obstinate cases nitric acid should be employed. But none of these agents are to be used till the tenderness of the uterus is lessened, and any symptoms of inflammation which exist removed; in fact, you are now dealing with a state of chronic inflammation, the result of neglected subinvolution of the uterus. I must, however, defer till a future occasion entering into details of the treatment you should adopt under these altered circumstances.

(3.) The third class comprises those cases which have passed into a still more advanced stage. The walls of the uterus are thickened and hypertrophied, though the actual depth of the uterine cavity, as proved by the use of the sound, may be less than previously. The fundus and cervix are still generally tender to the touch; and if the body has been flexed in the early stage, the flexion is now incurable. Menstruation in the majority of cases, instead of being profuse, now appears in diminished quantities, though in a few the flow is still excessive. The patient nearly always complains that walking causes distress, and of a sense of fulness in the pelvis, and a distressing feeling as though the uterus were prolapsed. In fact, you have hypertrophy, with hyperæsthesia of the whole uterus, associated with which there is an unhealthy condition of the intra-uterine mucous membrane. The heavy uterus sinks low in the pelvis, and presses on the viscera, and its natural supports being now wanted, it receives a jar from every motion. Here you have to deal with one of the most troublesome and difficult forms of uterine diseases which it is possible to conceive, and one which will tax all the resources at your command to the utmost.

Local blood-letting now is of comparatively little value, but it may be tried. The action of carbolic acid is too feeble to produce much effect on the hardened uterus. Iodised phenol will do better; but even that agent, strong though it be, is generally insufficient. So, too, is even nitric acid. On the whole, I think in these cases that the solid nitrate of silver introduced into the cavity of the uterus is the most efficient agent. Still I employ it very seldom, and only have recourse to it in those cases in which, menstruation being profuse, the other agents I have mentioned have proved inefficient.

The free use of the thermo-cautery sometimes is of great use in these chronic cases. Pessaries, in general, seldom suit them. Often they cannot be borne. The one I have found most beneficial in relieving the distressing bearing-down sensation, is Salt's watch spring pessary. The chief objection to it is, that being covered with soft rubber, it is acted on by the vaginal secretions, and rapidly becomes coated with a deposit, and consequently must be removed at short intervals for the purpose of being cleansed.

The sufferings endured by patients whose cases have passed into the third stage I have just described are often great and, unfortunately, lasting. I have known young women under thirty years of age to become permanent invalids, with little hope before them of obtaining relief from their sufferings. Time sometimes does much; and if the patient can rest she may gradually improve, but among those who have to exert themselves this seldom occurs.

In thus sketching the outline of the stages through which the uterus passes when its involution has been defectively performed, you must not suppose that there is any well-defined division between them. One passes imperceptibly into the other, and numerous modifications of the symptoms and conditions I have described are daily to be met with, as well as many complications from irritation or inflammation of the neighbouring viscera, especially of the bladder, while the digestive functions nearly always become imperfect. Nor are you to suppose that all this long train of symptoms sets in always at once, or dates necessarily from the most recent pregnancy. On the contrary, it often commences long previously; perhaps after the patient's first or second labour, involution of the uterus was imperfectly performed; still the organ remained sufficiently healthy to permit of pregnancy again occurring, and of utero-gestation proceeding to the end of the full term, then labour occurring, unless great care be taken—and sometimes even with the greatest care—involution is still more imperfect than before, and so the case proceeds, till the uterus, unfitted for the office it should perform, allows of the escape of the immature ovum, and a bad miscarriage or premature labour occurring, all the patient's sufferings are laid down to it, whereas the evil had commenced a long time previously.

In dealing with weakly, delicate women, it is sometimes impossible to prevent the occurrence of defective involution after parturition, but these cases are the exceptions; and without doubt all the troubles and sufferings I have described are in general preventible, and such of you as are engaged in the practice of midwifery, should inculcate on your patients the absolute necessity which exists for their giving the uterus time to recover itself after childbirth, and you should point out to them the risks they run if they neglect your advice. This is clearly your duty, and it is a duty which should never be neglected.

CLINICAL LECTURES ON SYMPTOMS.

Delivered in the Wards of the Hospital.

By FREDERICK T. ROBERTS, M.D., B.S., F.R.C.P.,
Professor of Materia Medica and Therapeutics at University
College; Physician and Professor of Clinical Medicine at
University College Hospital, &c.

LECTURE V.—ON LOCAL SYMPTOMS.

IN order to give you some comprehensive notion of the local symptoms with which you are likely to meet in different combinations, I have arranged them, like the general symptoms, in certain groups, which we will now briefly consider.

I. ORDINARY MORBID SENSATIONS.—These are of very variable nature, including, in addition to local pain and tenderness, such feelings as mere discomfort, weight,

tightness, fulness, dragging, heat or burning, coldness, and many others. They may be associated with different structures, and are not specially connected with any one of them, although by attention to their situation, intensity, characters, and other points, they may usually be referred to some particular organ or structure, or may even indicate a particular disease. These local sensations often require careful investigation, and it must be borne in mind that they by no means necessarily correspond in situation to that of the disease upon which they depend, frequently being referred to a region more or less remote from that of the morbid condition which causes them.

II. PECULIAR SENSATIONS.—Certain systems and organs have peculiar feelings associated with them, some of which are present in the healthy condition, but are liable to be modified in disease, while others are only developed in different morbid states. These not uncommonly constitute important local symptoms, and ought always to be considered independently of the sensations referred to in the previous group, although there is no absolute line of demarcation between them, for the sensations now under consideration may also be of a painful character. The special senses afford the most prominent illustration, each of which has its own peculiar sensation, affected in various ways in disease. The nervous system has also particular sensations connected with itself, such as vertigo or giddiness; and these are also manifested in the skin and certain mucous surfaces by numbness or loss of sensibility, tingling, itching, creeping, exalted sensibility, and other feelings. There are various sensations met with in nervous affections, which cannot be defined or described. Abnormal sensations may further be associated with movements, as in the case of nervous motor disorders; palpitation of the heart; the pulsation of aneurisms; movements in the abdomen, affecting the stomach, intestines, or uterus; and retraction of the testes. In relation to the alimentary canal, we find the special sensations connected with deglutition; those of appetite and thirst, very often affected; nausea; and those associated with defecation. The respiratory organs afford an illustration in the feelings belonging to different forms of dyspnoea; the urinary apparatus in those connected with the act of micturition.

III. EXTERNAL OBJECTIVE SYMPTOMS.—I would include under this group all local phenomena connected with structures that are superficial or easily accessible to the observer in ordinary examination, so that they can be seen or handled, and thus these symptoms are determined usually with ease and complete certainty. Many of them are at once evident, while others have to be ascertained by more or less careful investigation, bordering in some instances upon what might be fairly termed skilled physical examination. I would therefore impress upon you the fact that some of these symptoms, although so obvious and readily recognised when looked for, require attention and practice on your part in order to do this in a satisfactory manner. This part of clinical examination belongs both to medical and surgical practice, and you will learn more and fuller details regarding these symptoms from the instruction you receive in the surgical wards and classes. It will suffice if I indicate the parts with which they are associated, and the nature of the phenomena which you have to take into consideration. The structures to which you have to attend in this connection are:—

1. The skin and subcutaneous tissue generally.
2. The face and head, especially the lips and mouth, the nose, the eyes and their appendages, and the ears.
3. The hair in different parts of the body.
4. The bones, periosteum, joints, and muscles of the limbs, and of other parts that are accessible to examination.
5. Certain glandular organs, namely, the external lymphatic glands; the thyroid; the salivary glands, especially the parotid; and the testes.

6. The superficial veins and lymphatics; and the arteries of the limbs, as well as others that are within reach of ordinary examination.

Now, in pointing out the objective clinical phenomena that may be found associated with these different structures, it will be at once understood that I do not mean that each of them presents all the symptoms mentioned, and a little consideration will enable you to understand which of these symptoms you may expect in connection with each several part. They may be arranged thus:—

1. Local increased heat or coldness, evident to the touch, or ascertained by the thermometer. This class of phenomena is of course only noticed in superficial parts.

2. Change of colour, especially abnormal redness, which is of very common occurrence in connection with the skin and mucous surfaces. The altered colour may, however, be revealed by pallor or whiteness, blueness or lividity, pigmentation, &c. In this relation change of colour of the hair may be mentioned.

3. Tumefaction, swelling, or enlargement. This is a symptom very frequently met with, and it may be associated with almost all the structures enumerated. It often requires careful investigation, not only as to its situation and degree, but also as to the sensation it affords to palpation, such as pitting, fluctuation, a brawny feel, or more or less hardness. Swelling or enlargement constitutes one of the most important symptoms of external abscesses, tumours, and other obvious morbid conditions; as well as of many diseases of the features, of bones and joints, of the external glandular organs, and of the vessels. Not uncommonly it is accompanied with marked deformity, especially in the case of the joints. Local oedema or dropsy of the subcutaneous cellular tissue is an important cause of superficial swelling.

4. On the other hand, there may be more or less local diminution in bulk or wasting, requiring attention as a prominent symptom. This may be noticed, for example, in connection with the skin, bones, muscles, joints, and glands. Atrophy or loss of the hair may also be alluded to here.

5. Without entering into particulars, it will be sufficient to mention the following external symptoms, which are of common occurrence, namely, diminution or excess of normal secretions, especially of the sweat, giving rise to local abnormal dryness or moistness of the skin; deposits on surfaces; morbid discharges and hæmorrhages; ulcerations, gangrene, and allied conditions; cutaneous eruptions of various kinds; and the presence of animal or vegetable parasites.

6. Changes affecting the mobility of parts. These may be produced by many forms of swelling or enlargement, but they are of chief consequence in relation to joints. When these structures are diseased, their movements, both active and passive, are often more or less seriously interfered with; on the other hand, occasionally their passive movements are too easily effected.

7. The objective sensations brought out by the more careful examination of diseased external parts, especially by manipulation, affords often most valuable clinical signs. This part of the subject belongs more especially to surgery, and I will content myself with mentioning the creaking or crackling sensations, or even sounds, elicited in the movement of certain diseased joints; the feeling of adhesion of the skin to underlying structures, and the pulsation of aneurism.

(To be continued.)

DR. GEORGE H. KIDD has been nominated President of the Dublin Branch of the British Medical Association for the ensuing year, and will deliver an address at the annual meeting to be held on the 25th instant.

THE LAWS WHICH GOVERN THE EXCITING AGENTS OF EPIDEMIC, ENDEMIC, AND INFECTIOUS DISEASES.—No 1.

By JOHN GROVE, M.D.

THE germ theory of disease is now attracting the attention of scientific men, as well as physicians, witness the latest conclusions of Prof. Tyndall on "Floating Matter in the Air." It has survived its period of infancy, it is now in its adolescence, and seems destined to enjoy a healthy, long, and useful life.

As one of the pioneers, and perhaps, one of the early workers, on the germ theory, it is a pleasure to see the enthusiasm with which this theory has been received. When in 1842, 1847, and 1849, I wrote about the Laws of Disease, the majority of the profession did not seem disposed to admit my theories, though I had the support of some of the best minds and the most thoughtful of that period.

Retired from the active work of practice, enjoying the *otium cum dignitate*, which fairly belongs to one who has borne the heat and burden of medical practice in our great metropolis, I feel that the time has come for me to review what I did so far back as 1849, and to show the young members of my profession, that even in those days there existed some knowledge of the germ theory, that the work of the present day was largely foreshadowed. Except perhaps Dr. Farr and a few others, not many of my *confreres* survive. A few modern writers have kindly mentioned my name in connection with the germ theory.

The following paper was one of my earliest contributions on the subject, it is as true now as it was in 1849 :

"There is no science in which a correct definition of words is of so much importance as that of medicine. "Words," said a late divine, "are an amazing barrier to the reception of truth." These remarks have a peculiar bearing on the state of our knowledge of epidemic diseases. When the pestilence of 1839 was sweeping away Her Majesty's subjects, the reproach of indecision and diversity of opinion among the medical profession was unhappily but too well merited. If we analyse the cause of all this, it will be found, not so much in the deficiency of our actual knowledge, as in the uncertainty of the terms and expressions made use of in the endeavour to impart that knowledge.

A student (and I believe we are all students on this subject) has barely entered on the investigation of pestilential diseases before he is arrested in his progress for a definition of miasms, mephitic vapours, exhalations, emanations, morbid secretions, effluvia, specific secretions, virus, animal poisons, and many other terms equally vague and unsatisfactory. Then come the words "infection" and "contagion," and here he finds confusion and discord enough to damp the energies of the most ardent spirit in its anxious search after truth. The great bulk of those who endeavour to fathom this subject, generally abandon it in despair; but occasionally one spirit more ventures than the rest essays to put in order the heterogeneous materials he finds scattered in works on medicine, chemistry, and history in particular, and those on science generally.

With this introduction I now proceed to the further elucidation of that view which holds, that all pestilential and infectious diseases are due to the existence and development of some form of matter endowed with the properties of life.

It is customary with the expounders of new or but partially received theories, to make outrageous efforts to demolish the arguments and pervert the facts of all those who, with contrary opinions, have come before them. Truth, however, is like light, and speaks for itself. We do not want to be told the mode by which the electric light is produced to discover the murky figure our otherwise luminous gas presents in the company of its antagonist.

Before plunging into the troubled water, it becomes necessary to say something of disease in the ordinary acceptance of the term.

The human body in a state of health is composed of a definite number of elements or forms of matter, combined in a wonderful and mysterious manner by the physical forces inherent in their ultimate particles, (a) It is to a disturbance of the equilibrium of these forces, or, in other words, to a derangement of their normal operation, that disease must primarily be referred. Reveillé (Paris) said: "However numerous the causes of disease may be in appearance, they may yet be reduced to three principal ones—wounds, poisons, and moral or physical organic super-excitement;" and he was not very far from the mark. A more simple view still may, however, be taken under the terms matter and force, or any compound word which shall convey their combined signification. Liebig thus defines disease:—"Disease occurs when the sum of vital force which tends to neutralise all causes of disturbance, is weaker than the acting cause of disturbance." "We study the complex in the simple, and only from the intuition of the lower can we safely proceed to the intellection of the higher degrees."—*Coleridge*, p. 41. These observations and quotations are made for the purpose of reducing the elements of our knowledge to their simplest form, and most concise expression. We have then to consider of matter and the physical forces in relation to each other; but, as our present inquiry is confined entirely to the consideration of pestilential diseases, it is quite unnecessary to pursue in detail the elementary principles of disease. It is sufficient to enunciate a law, if it be a primary law, to render clear and manifest all subsidiary or supplementary laws. We know, for instance, that living beings multiply by the faculty inherent in them of reproducing beings similar to themselves. But, though this faculty is common to all, there are subsidiary laws regulating the mode of reproduction or generation, which are readily comprehended when the primary law is understood.

Thus, having stated the primary law of disease to be a disturbance of those forces which in health keep the human fabric with all its functions in equilibrio, we have to interpret those laws which are specially concerned in the production of epidemic diseases.

Without further preliminary let us take three diseases which are acknowledged to merit the epithet epidemic. The disease I will mention is one that attacks the vegetable creation, and is known by the name of the vine mildew; this disease prevailed extensively in the years 1849 and 1850. The second I shall refer to, is that known as the epidemic apthous disease of cattle. And the third, that known as measles among the human species.

1st. The vine mildew is a parasitic vegetation, so generally known as not to need description here. Those who are familiar with its microscopic appearances, cannot fail to trace and understand how powerful must be its influence in causing a disturbance of the healthy functions of the plant upon which it becomes extensively developed. The leaves and leaf-stalks, the fruit and fruit-stalks may be alike equally covered with this seeming eruption. Dr. Lindley describes its habitat as on the leaves and green parts of vines, and as destroying the functions of the skin of the parts it attacks; but the dark skin of the forced grape becomes equally affected with the leaves and green parts, and the premature shrivelling of the diseased grape would seem to indicate an appropriation of its juices by the parasite. This disease manifestly depends on the development of the spores of the oidium, and their rapid and extensive faculty of reproduction. In this instance of disease, the force or power of

(a) Since writing this paper, I have read the Review of Carpenter, "On the Mutual Relation of the Vital and Physical Forces." I have, further on, as an explanation of the use of the term, "physical forces" inherent in particles of matter, suggested the comparison between the vital force and light. That the former bears a similar relation to the physical forces which light does to the rays of the spectrum.

growth in the cidium is superior to that of the tissues of the vine on which they grow. It is on the same principle that the muscardine, or silkworm disease, occurs. The parasite *Botrytis Bassiana*, when communicated naturally or by inoculation to the silkworm, exercises a force of vital action beyond that of the victim's tissues; in fact it would appear that this process must be regarded in the light of cellular endosmosis, for the germ of disease is a simple cell, and were it not to overcome the cellular force of the insect, it would obtain no sustenance; for it can hardly be conceived, that the animal is destroyed by the mechanical pressure exerted by the extension of the parasitic growth. Taking this view of the matter, we arrive at the law discovered by Dutrochet, the law of endosmosis and exosmosis, by which the vitalised cell-wall maintains a communication with the cells of the insect's body; it is, therefore, most certain, that if there were not predominating vital force in the cell-wall of the parasite over that of the insect, the latter would remain intact, and the former would fail to increase and multiply.

We are now conducted to that property of all living beings, the power of reproduction. It may be thus expressed,—as the faculty of self-multiplication.

In this faculty we recognise a wide difference between organised, or living bodies, and inorganic matter, with its relation to the physical forces, or even the physical forces themselves, for wherever inorganic matter increases, it is by addition or *ab extra*, as in crystallisation. In the development of the physical forces, as heat, light, electricity, and chemical affinity, it has been shown by Professor Grove, that as they are correlative, each convertible into the other, so they are only modes of force, and that for the communication of this force from one body to another there must be a subtraction from the one and addition to the other; and that in the act, the one has lost exactly what the other has gained.

Now, the vital force of a plant not only increases its own force, but multiplies it indefinitely, in new and independent existences, which again repeat the process, these again continuing in a constant and uninterrupted line. Whatever be the form of matter endowed with life, it has definite relations and characteristics, and a specific sphere of action or destiny. It is by the relations and characteristics of matter and force that we are able to comprehend their nature and properties.

If we require to convert the one into its elements, or to resolve it into other forms, or if we desire to direct or control the other, our efforts would be fruitless unless we possessed some knowledge of the objects we wish to bring under our subjection; thus, whatever may be the exciting cause of epidemic diseases, it is equally important that we should hold some rational opinion on the subject. At present, I have only mentioned the vine mildew as an epidemic disease of vegetation; but there is a great variety of similar or analogous affections due also to the development and reproduction of parasitic vegetation which I have already referred to.

I will now allude to the second form of epidemic disease mentioned, viz., the epidemic aphthous disease of cattle. In the years 1839, 1840, and 1841, this epizootic prevailed extensively in England and Scotland, in France, and other portions of the Continent. The reports both foreign and domestic, concerning the affection are given with abundant detail, great truthfulness, and much simplicity. The reader cannot fail to notice the almost unvarying testimony given in favour of the highly infectious nature and extensive propagation of the disease-producing agent. It is enough to say, that the common reports show the indisputable fact, that the cattle-markets formed foci of infection; there, diseased and healthy animals were mingled together; the healthy often fell ill before they arrived at the farms of their new masters; there they tainted the pastures and contaminated the stalls; the cow-leech who examined their mouths was frequently observed to have given the disease to other stock, and on other farms, by the infectious matter attaching to his person or his clothes. Indeed, the extension of the disease by infection, and the multiplication of the matter

of infection, were proved beyond all doubt. Further, the disease could be propagated by inoculation. Here I would impress the necessity for observing the analogy between this affection and the epidemic disease of the vines. In using the word *analogy*, let me state the true and proper meaning of the term: "It is the sameness of the end with the difference of the means."

All plants and animals breathe; the same end is accomplished, however, by different means; the stomata of plants, the spiracula in insects, the gills of fish, and the lungs of man, are analogous organs.

The epidemic cause, whatever it be, has for its end extensive disturbance of the economy of all those living beings on which its influence is exerted, and the conversion of other matter into a condition capable of exercising the same power; in other words, its end is reproductive.

Dr. Sutherland, in his Report on the Cholera, cannot avoid touching on this peculiarity. He says, "It appears as if some peculiar organic matter, which constitutes the essence of the epidemic, when brought in contact with other organic matter proceeding from living bodies or from decomposition, has the power of so changing the condition of the latter as to impress it with poisonous qualities of a peculiar kind similar to its own." And this is doubtless the fact; but, as far as our present knowledge extends, we have no means of explaining the process by which matter impresses other matter with properties similar to its own, except we assume that such matter possesses the property of life.

The observations made on the epidemic diseases of cattle apply equally to the third disease I have mentioned for comment, viz., measles. I shall, therefore, here only allude to the fact, that measles, or rather that which causes the affection, may be multiplied, either by inoculating with the blood, or the serum from the vesicles of a diseased individual, which is truly by contagion; or multiplication may occur by the transmission of the infectious matter by a variety of means from place to place, or from one person to another.

Thus it appears, that, in the three diseases selected, there is a reproductive faculty in the matter which engenders them; and that, during the development of this faculty, a force or power is exercised on the vital fluids and tissues of plants and animals superior to that force, or those forces which sustain them in health and vigour. That this law applies, with certain modifications, to all pestilential and epidemic disease will be made manifest in the sequel.

If, then, it be true, that the matter which causes epidemic disease has the power of reproducing its kind, it follows of necessity that that matter should be subject to the same laws as all living beings; and if we take reproduction as the primary law, the germs of disease in their relation to the material world ought to show an obedience to the same subsidiary laws which govern and affect the germs of plants and animals.

We find that all living beings produce their kind, to which we give the term "reproduction." I place this therefore, as a primary law, and consider all other laws as secondary. The secondary laws I divide into objective and subjective, using these words in their English sense.

Under the objective laws I regard—

1. The diffusion or dispersion of germs.
2. Their static existence.
3. Duration of active existence.
4. Period of development.
5. Intermittent reproduction.

Under the subjective laws I regard—

1. Seasons of activity.
2. Climatic influence.
3. Relation to latitude.
4. Subjection to physical forces.
5. Influence of locality.

(To be continued.)

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, JANUARY 13TH.

The President, JOSEPH LISTER, F.R.S., in the Chair.

ADJOURNED DISCUSSION ON MYXŒDEMA.

Dr. HERON described the case of a man who that day had come under his notice at Victoria Park Hospital, and whom he had brought for exhibition before the Society. This patient was a publican, but not a drunkard, *æt.* 54, subject to gout. At 20 years old had had typhus, and suffered since from palpitation. His appearance was peculiar, suggesting albuminuria. The face was pallid; eyelids puffy; teeth well worn; arteries thick and stringy; hands and feet puffy, pitting on pressure; left ventricle of heart enlarged. The urine contained *no* albumen, and there was *no* retinitis. (Patient was shown).

Dr. GOODHART wished to draw attention to a case mentioned by Dr. Mahomed, which, during life, had exhibited the characteristic features of myxœdema, but examination of which, after death, did not confirm this view of its nature. The brain was peculiar and india-rubber-like; the heart was diseased; but there were no other unusual conditions of the viscera, and as to the true significance to be attached to the condition of the brain, Dr. Goodhart was in doubt. The connective tissue throughout the body was pervaded by jelly, which, on being analysed by Dr. Stevenson, was found *not* to contain mucin in any abnormal amount. It was true the state of the brain showed some departure from the normal, but microscopic examination of the tissues demonstrated a freedom from disease. The nervous symptoms in this case were entirely due to generalised conditions, and it proved that clinical states, agreeing closely in their characters, may be produced by widely-varying causes. Dr. Goodhart could not agree that chronic œdema alone would produce a condition of tissues in which mucin would be largely developed. Dr. ORD's theory of a peculiar cell degeneration offered an interesting study, but there was danger to be feared from the too active spirit of pathological speculation prevalent in late years. He considered that cell proliferation had been too readily rejected in favour of degeneration as a probable cause of the conditions noticed. He quite agreed that in the future many different states, now widely separated in systematic descriptions, might be allied under a single descriptive head, but, notwithstanding, he could not think that myxœdema would ever come to be generally regarded as a form of chronic Bright's disease, as maintained by Dr. Mahomed.

Dr. MARCET also dissented from Dr. Mahomed's view, for reasons thus epitomised—the disease is commoner among women, and rare among men; the skin presents an appearance very unlike mere œdema; albuminuria, when it occurs, only sets in late in the course of the disease; the nervous symptoms are peculiar in myxœdema, including dulled intellect, and sensibility (hence termed cretinoid). It was necessary to determine the pathology or essence of the disease, and from post-mortem appearances it had been made out that this was primarily associated with malnutrition, whence malformation, rather than degeneration of tissues, ensued. The truth of this could be further supported by chemical analysis, by which it had been proved that the tissues comprised only partially-formed material, consisting of phosphoric acid, potash, and albumen. Had degeneration been in process, the products would consist of fully formed materials, but this was not the case. Mucin was not correctly regarded as characteristic of myxœdema. Dr. Dickinson described a substance, in all respects resembling mucin, formed by the action of dilute hydrochloric acid on muscular tissues, and in this connection it would be of interest to test various parts of the bodies of myxœdematous patients, with a view to discovering in them traces of de-alkalised fibrin. Another interesting feature was the condition of the urine, which, in these patients, had been described as containing less urea than usual. This, however, would have no great importance, as significative of the disease, since it varied with the amount and nature of food, exercise, &c., &c. Estimation of the chlorine in the urine, however, might

afford very valuable assistance towards determining the nature of the disease, since it undoubtedly diminished in quantity in ordinary œdema. The respiratory process likewise offered a means of diagnosis of considerable value; temperature was always reduced in myxœdema, and the cause of this required to be determined.

Dr. F. TAYLER recorded the history of a private patient, the wife of a clergyman, who presented all the usual symptoms of myxœdema. She was very deaf, and had cramp-like pains in her thighs; patellar-tendon reflex was normal; menstruation regular, but discharge increased in amount. Patient had two children, and dated oncoming of the disease from birth of youngest child, two years ago. Her father was insane, and confined in a lunatic asylum. Her mother was a slim and active woman up to 52 years of age, when she began to grow stout, and died at 62 from general decay, but, from the description given of her condition, little doubt could be felt that she was the subject of myxœdema. Jaborandi in the case of the living patient had restored sensation to the hands, and stimulated the perspiratory secretion.

Dr. W. B. HADDEN explained that the symptomatology of myxœdema might be summed up thus (1) retardation of intellectual functions; (2) slowed bodily movement; (3) reduced temperature; (4) condition of urine; (5) mucoid state of skin; (6) condition of thyroid gland. He suggested it might be due to affection of the sympathetic nervous system, this theory fitting in with various symptoms of the disease. He had recently examined different parts of the sympathetic system in a case which died in St. Thomas's Hospital, and found lesions in it, and in the medulla.

Dr. SEYMOUR TAYLOR considered that safe theorising could only commence in the post-mortem room. The facts there revealed ought not to be quoted to explain preconceived ideas of disease. He had himself made sections of the spinal cord and brain of myxœdematous patients. He found them persons subject to mental worry, and in the first descriptions they had even been called cretinoids, as an indication of their mental weakness. He wished to know with what form of Bright's disease myxœdema could be associated, none appearing to him at all to resemble it. He would not advance a theory of the myxœdematous condition, feeling that there was not sufficient evidence to found it upon. He believed, however, that the lesion of chief importance would be found to be in the nervous centres.

Dr. DYCE DUCKWORTH thought, in regard to Dr. Mahomed's suggestions, that the Society would most satisfactorily discuss clinical rather than pathological phenomena. On the former grounds he was unable to accept Dr. Mahomed's conclusions, and he agreed with Dr. Goodhart that similar conditions might be productive of very different morbid changes. He thought the condition of the urine sufficed to separate myxœdema from Bright's disease, and it would be really remarkable to find that there existed a form of chronic Bright's disease of which so few instances have been recorded. Dr. Mahomed's views, however, had been invaluably serviceable in awakening discussion on the subject.

Dr. ORD agreed with Dr. Duckworth, and in respect to clinical features remarked that myxœdema was more common in women, and that albuminuria was never existent in early stages of the disease, not being always found later on even. The integuments were pervaded by a thick growth; there was no perspiration; hair scanty and ill-nourished; body temperature low; thyroid gland diminished in size; a remarkable train of nervous symptoms, speech, thought, and movement being all retarded, while not being really *imperfect*. No loss or exaggeration of patellar reflex. Complications arose as disease progressed. Patient became unreasoning, suspicious, finally passing to stages of dementia and coma; in some cases debility and uræmia induced death. The pathological conditions thus far made out included altered connective tissue *throughout the body*, it being swollen, richer in nuclei, with prominent fibrillar elements, and rich in mucin. All formed tissues underwent atrophy, as in the hair bulbs, sebaceous and sudoriparous glands, heart, liver, kidney, central nervous organs, &c. The elastic and transparent tissue showed abundant overgrowth. The opinion at first sight suggested, viz., that cases of myxœdema might be instances of Bright's disease without albuminuria, was negated by fuller study of the symptoms. Dr. Mahomed would extend the signification of Bright's disease to include the myxœ-

dematous condition, thus amplifying Gull and Sutton's views regarding arterio-capillary fibrosis. The fact that in certain cases of myxœdema renal changes, as in Bright's disease, had been set up, raised the question as to the real meaning of the latter term, which might, indeed, be extended to almost interminable lengths. Dr. Ord went at length into the task of contesting the points raised by Dr. Mahomed, the result being, however, to bring him (Dr. Ord) into agreement with previous speakers in the same connection. Dr. Hadden's theory, Dr. Ord continued, raised the whole question of the trophic function of the sympathetic system, of which, it had to be said, evidence sufficient was not forthcoming. Dr. Goodhart's views were approved by Dr. Ord, whom Dr. Marcet had anticipated with respect to the chemistry of the tissues. The question of heredity of myxœdema had been raised for the first time by Dr. Tayler. In conclusion, Dr. Ord said that though he had freely criticised the theories of others, he was not himself prepared to offer one which should afford explanations of all the phenomena discussed.

OBSTETRICAL SOCIETY OF EDINBURGH.

The Society met on Wednesday, January 11th, at eight o'clock p.m.

Professor SIMPSON, President, in the Chair.

Dr. Cappie exhibited a specimen showing the "Interlacement and curious knotting of the umbilical cords in a case of twins." One child died soon after birth, the other is still alive.

Dr. Waugh also exhibited an "Umbilical cord of considerable length with a knot on it."

Dr. Croom exhibited an "Acardiac fetus in a case of twins." Also a set of Dr. Emmet's instruments for performing colporrhaphy.

Dr. Simpson exhibited a "Three months fetus with a dorsal cyst," and a case of "Exomphalos," which is to be the subject of a paper at the next meeting of the society.

A NEW INSTRUMENT FOR CRUSHING THE HEAD OF THE FŒTUS.

Professor SIMPSON read the history of a case of basilyasis, an operation for crushing the base of the cranium by an instrument invented by himself and called a basilyst. The instrument consists of two blades the one fitting into the other and terminating in a gimlet-like point which it is intended to screw into the base of the cranium and which, when fixed, destroys the part by separating the blades. The instrument can be applied to different parts of the cranium the ultimate result being the same. The advantages claimed for this instrument over those now in use for crushing the head of the fetus, are that the base of the skull is more effectually destroyed, and that the instrument working within the head of the fetus is not so likely to injure the maternal parts. The case described was the first in which the Professor had had the opportunity of trying the instrument, and the success which had attended his efforts were such as to induce him to lay the results before the society.

Dr. P. YOUNG thought that the instrument was based on the most scientific principles, and believed that its advantages would be greatly appreciated, for it was the base of the cranium which was the most unyielding, and which gave the greatest trouble in cases when it was found necessary to break up the cranium. He should certainly use the basilyst at the first opportunity.

Dr. HALLIDAY CROOM related the history of a case where he had used the instrument, but with indifferent success owing, he thought to the use of Professor Simpson's earlier model, the screw of which was blunter than the one now before the Society. He also thought that the instrument would be most useful in those cases where the head had become fixed in the pelvis. In some positions of the fetus he also feared that there might be some difficulty experienced in fixing the screw in the base of the cranium. Professor Simpson briefly replied.

Dr. PETER YOUNG gave the history of a

CASE OF VAGINAL ENTEROCELE ILLUSTRATED BY A DIAGRAM.

It appeared that during labour, which was slowly progressing, the patient felt some pain in the pelvis, which did not appear natural to her, and sent for Dr. Young, who, on exami-

nation, felt a soft tumour in the posterior vaginal wall, pressing into the vagina. Suspecting the nature of the tumour attempts were made at reduction, which was readily effected, and the patient was subsequently easily delivered. The recumbent position was maintained for some weeks after delivery. On going out one day the enterocele returned, but was, as before, easily reduced, she, however, subsequently took cold, suffered from a severe attack of pelvic peritonitis, from which she, with difficulty, ultimately recovered with a radical cure of the enterocele, from the gluing together of the peritoneal surfaces in Douglas' pouch. The literature of the subject was then discussed, and the diagnosis, and best methods of treatment suggested.

Professor SIMPSON thanked Dr. Young for his valuable communication to the Society, at the same time stating that he had never met with such a case; his knowledge of them being only derived from books.

Dr. CROOM held that, in anteversion of the uterus there was always more or less of intestation in Douglas' pouch.

Dr. R. MILNE MURRAY then read the history of a—
DIFFICULT FACE CASE, COMPLICATED WITH SHOULDER DYSTOCIA FROM AN UNUSUAL POSITION OF THE ARMS, illustrated with diagrams and photographs.

Appended to the notice of his case was the following note:—"It is hoped that the Fellows who have had cases of Arrested Face, will either give their experience at the meeting personally, or send a note of them, in the tabular form at page 3 of the Billet, to Dr. Hart, 65 Frederick Street, Edinburgh. If a sufficient number of cases be given, the result will be drawn up and printed as part of the Discussion."

The child was born dead with its arms pinioned as it were behind its back, and probably causing the difficulty in the delivery. As the hour was late the discussion was adjourned to a future meeting together with the following papers:—

Case illustrating the Importance of Accurate Pelvimetry, with Description of a New Method. By Dr. Wm. Turner, Civil Hospital, Gibraltar.

Case of Pregnancy in a Woman at the Age of Sixty-two. By Dr. W. J. Kennedy, Penicuik.

Case of Exomphalos, where the Intestines of the Fœtus Presented during Labour; with Specimen. By Professor Simpson.

Special.

THE "MEDICAL PRESS AND CIRCULAR" REPORT ON THE SMOKE ABATEMENT EXHIBITION.

No. I.

THE subject of smoke prevention is one which should commend itself to all. To medical men it should be especially acceptable. Those of our profession who live in or near large towns must see almost daily cases of bronchial or pulmonary disease aggravated, if not produced, by the soot-laden atmosphere in which the patients spend their lives. The post-mortem table reveals the fact that in all adult lungs a varying amount of solid carbon is found in the form of particles which have been inhaled. Every one, in fact, possesses a "miner's lung" on a small scale. All of our readers presumably possess fireplaces, and are therefore doing their share of adding to the smoke around them. Those of them who live in or near London would find both pleasure and profit in a visit to South Kensington. Not only are numerous appliances to be there seen for the prevention or consumption of smoke, but ventilation, lighting, and warming are all incidentally illustrated.

In the following brief account of the exhibits, more especial attention will be directed to those which possess some hygienic advantage.

OPEN FIRE GRATES.—All the smokeless fire grates exhibited may be divided into two classes—(1) in which the fire is such that no smoke is produced; (2) in which the smoke is allowed to form, but afterwards heated so strongly as to ignite, and convert the solid particles of carbon into the oxides of carbon (carbonic acid and carbon monoxide—chiefly the former). The first method is easily adopted by burning a smokeless fuel, such as charcoal, coke, gas, anthracite coal,

or some patent fuel. Charcoal is not in much favour in this country, although extensively used on the Continent. Coke will not readily light or burn alone, but with gas, on Dr. Siemen's plan, it can readily be lighted, and the gas can then be turned out, only to be relit when needed to brighten up the fire. Grates on this principle are exhibited by Mr. Hammond, of Charing Cross, Messrs. Waddell & Main, of Glasgow, Messrs. G. Wright & Co., of Queen Victoria Street, The Dawson Economic Gas Company, Limited, of Westminster, Messrs. H. and C. Davis & Co., of Camberwell, and Messrs. S. Leoni & Co., of the Strand. The principle can easily be adapted to ordinary grates. Of asbestos gas fires there is a great variety to be seen in action.

Numerous varieties of anthracite coal are exhibited by different companies, together with grates to burn the same. It may as well be stated that anthracite can be burnt in any ordinary grate with a fair draught. Vertical bars are preferable, it is said, but it is not really material. If the fire is lit with ordinary coal, not the slightest difficulty need be experienced in burning anthracite throughout the day. With care it is even possible to use it in lighting a fire.

Specimens of patent smokeless fuel are exhibited by the Bristol Patent Coke Company, Dynevor Coal Company, Eiford Colliery Company, Graigais Merthyr Company, and Messrs. J. Hall & Co., of London.

The same end is also attained with ordinary coal either by lighting it at the top, or feeding it from the side, back, or below, so as to compel the smoke from the fresh fuel to travel upwards through the red hot coals on the upper surface, where perfect combustion ensues, and only clear colourless gases pass up the chimney.

Messrs. Edwards & Son, Great Marlborough Street, exhibit a grate in which the fire is lighted at the top, and allowed to burn downwards, a sufficient supply of coal for the day having been previously placed in the grate. A movable iron blind conceals the unburnt mass of black coal. This grate is, therefore, smokeless. It is also slow combustion and ventilating, a chamber for introducing warmed fresh air into the room being constructed behind the fire.

Mr. H. T. Grainger, of Camberwell, has on view a grate in which the fire burns downwards, and is therefore smokeless. It may as well be remarked, *en passant*, that the principle of lighting the fire at the top and letting it burn downwards can easily be adopted in any grate. The fire will be smokeless until fresh coal is put on at the top.

Mr. T. Goodchild, architect, of Duke Street, Adelphi, exhibits diagrams of an economic, smoke-consuming, open fire grate. The fire is lighted at the top and burns downwards. There is a blower to regulate the draught, and the space beneath the fire is closed in with an air-tight ash-pan, thus rendering it a slow combustion grate.

Dr. Joseph Moore, of Thornton Heath, exhibits a grate in which the draught is downwards through the fire, so as to be smokeless; but in addition there is a small grated opening into the chimney in the usual position of the register, so as to allow the lighter portion of the fumes to rise directly into the chimney. The fire is fed in the usual way. The inventor claims that by his arrangement no more air is supplied to the fire than is actually needed for combustion, and thus the heat is retained in the room and draught prevented. The grate is also ventilating.

In both Saxon Snell's revolving fire grate exhibited by Messrs. Potter & Sons, of Oxford Street, and the Leopold reversible grate, brought out by Messrs. Rosser & Russell, of Charing Cross, the coal is supplied in the usual way, and, by using the poker as a lever, the fire-box is then reversed, so as to bring the fresh coal underneath.

Messrs. Martin's (of Blackfriars Road) fire grate has movable sides, which can (one or both) be drawn away from the fire, thus leaving a vacant space, in which coal is put. The side plate is then brought into position again, thus thrusting the fresh coal into the centre of the fire.

Mr. Hoole of Sheffield, exhibits a grate with side chambers, from which the fire is charged by a lateral movement of the poker.

Engert's fire grate has what is termed a coking box at the back, which is charged before lighting the fire, and the coal brought forward into the fire as required by moving forward an iron plate at the back by means of a screw arrangement, which can be worked by inserting the end of the poker in some holes in front of the bars, and using it as a lever.

Mr. E. R. Hollands exhibits a grate which is fed underneath. McMillan's undergrate coaling apparatus effects the same

end. It has the advantage that it can be applied to existing grates or kitchen ranges.

Mr. G. A. Spencer has a similar appliance.

Messrs. Brown & Green, of Bishopsgate Street, exhibit both a register grate and a kitchener, which are made smoke consuming by using an under coaling arrangement, consisting of a little trough, which is filled with coal and then thrust up into the fire.

Melville's patent shovel, invented by Mr. W. S. Melville, of Frederick Place, Mile End, E., is a most ingenious contrivance. It is a sort of box, which is opened, charged with coal, thrust into the fire between the bottom bars, and its contents discharged. All this is very easily accomplished by means of a mechanism which would be tedious to describe, but which is very simple in practice. The shovel can be had in different sizes to suit the varying sizes of the spaces between the bars in various grates, and has the merit of being cheap.

Several register grates are shown in which the fire is lighted in the ordinary way, and after it has burnt up, and the up current in the chimney is thoroughly established, the register door is closed, and the smoke compelled to travel downwards through the fire, and thence through a special flue into the chimney. With this plan it is obvious that there must be some smoke on first lighting the fire, and until the draught is sufficiently established to close the register door.

Messrs. Archibald Smith & Co., of Leicester Square, exhibit what they term the "wonderful" grate, inasmuch as the fire can be made to last forty hours without attention. A curved reservoir holds the coal, which falls down into the fire as required. It can be recharged while the fire is alight. It is also made as a ventilating grate in one size. The inventors claim that it will burn coal, coke, cinders, or anthracite.

Captain Clarke, of Taunton, exhibits a grate and range, in both of which the same principle of smoke consumption is adopted. The fire grate projects so as to radiate as much heat as possible into the room, and there is an air chamber around the grate for introducing warm fresh air.

Ingram's Kais Kapnos grate, made by Messrs. Clark, Bunnett, & Co., of Rathbone Place, is constructed on the same principle. It is made both ventilating and non-ventilating, or, as the inventor prefers to term it, "hygiastic" and "non-hygiastic."

The originators of the modern slow combustion grates, viz., the Derwent Foundry Company, exhibit a grate in which the same idea is used, and which is also a ventilator.

In all the grates on this principle the fire can be burnt in the ordinary way by simply leaving the ordinary register door open.

The principle of burning the smoke after it is formed is illustrated in a great variety of grates, stoves, and kitcheners.

Messrs. Barnard, Bishop, & Barnard exhibit a modification of their well-known Norwich slow combustion grate, which they term "The Glow." From an air chamber at the back of the fire a jet of highly-heated air plays on the smoke, and ignites it just above the fire.

The Coalbrookdale Company have a grate on view in which the same end is attained by passing the smoke through a chamber formed of fire-brick, and sub-divided by small partitions of the same material. This chamber becoming strongly heated, perfect combustion is assured.

The "controlled combustion" principle advocated by this company consists in having the bottom of the grate formed of a firebrick slab, perforated with several conical apertures, the larger end of the cone being downwards. The space between this slab and the hearth is closed by an ashpan, in the front of which are dampers. The combustion can thus be regulated, and it is claimed that the conical shape of the apertures facilitates the falling through of the ashes, and (when the damper is open) quickens the draught.

Messrs. Feetham & Co., of Clifford Street, have a novelty in the form of a smoke consuming dog grate. The opening into the chimney is small, and at the back; and a current of heated air is brought into the fire at the back. The same firm also have a smoke consuming kitchen range.

Mr. R. H. Griffin, of Guildford Street, has on view a ventilating and smoke consuming open fire grate. The smoke is burnt by delivering jets of heated air into, around, and over the fire.

Mr. S. Johnson, of Wood Green, exhibits diagrams of a smokeless dog stove.

The Sunderland open fire grate exhibited by Mr. Herbert Lea, of Warwick Street, has a chamber behind, into which, on

lighting the fire, the smoke is drawn through apertures in the back of the grate, and there burnt, the ordinary register being closed. When the fire has burnt up, and smoke has ceased, the opening into this chamber is closed by a valve, and the ordinary register opened, when the fumes pass up through it as in ordinary grates. On feeding the fire with fresh coal, the valves are again arranged so as to draw the smoke back until there is again a clear red fire.

Messrs. Musgrave and Co., of New Bond Street, exhibit their new "Ulster" grate in which the smoke is consumed by a blast of hot air passing in at the back. This is a slow combustion grate, and will burn for 12 hours or more without replenishing, as it has a receptacle for coal above and behind the fire, which is filled up in the morning, and from whence the coal sinks down gradually into the fire as required. This grate is also provided with a blower, in which there are numerous perforations arranged to form a design. This permits the fire to be seen, even when the blower is in use.

Mr. T. E. Parker, of Battersea Park, exhibits an open fire grate which consumes its own smoke.

The Radiator Range Company, of Cannon Street, display a grate which is smoke consuming, and also ventilating. The grate projects boldly into the room, and above it is a miniature dome to catch any little smoke that might arise from it. The smoke passes backwards into a back chamber, where it becomes ignited by meeting with a current of heated air. All the space between the fire and the mantelpiece being closed in, no air can rush up the chimney except what passes through the fire, and draughts in the room are thereby lessened. Pure warm air is introduced into the apartment from an air chamber behind the smoke flue.

Messrs. Steel & Garland have on view the "Kensington Smoke Consuming Grate," in which the smoke is similarly burnt by a blast of hot air. On first lighting, the smoke is allowed to ascend the chimney in the usual way, but when the draught is set up the register door is closed, and the smoke drawn back into a smoke flue, where it is converted into flame before passing up into the chimney. Behind the smoke flue again is a warm-air chamber, so that this grate is, like a few others, both slow combustion, smoke consuming, and ventilating. The specimens shown at South Kensington would adorn any room.

The Wavish Patent Fuel Economiser Company, of Cannon Street, exhibit a little appliance for lessening smoke termed the "Wavish Coal Economiser." This simply consists of a piece of wrought iron plate made to the size of the bottom of the grate, and rising through it a small cylinder open below, and perforated with small holes all round, but closed at its upper end. The bottom plate checks the combustion, while through the central cylinder air passes up, and is discharged in a highly heated state into the centre of the fire through the side holes, thus tending to perfect combustion. The invention can be applied to any ordinary grate.

Mr. J. G. Gray, of Forest Lane, also exhibits a little invention to reduce smoke, consisting of an open-grated false bottom, which is set obliquely in the grate. The fire is thus lessened below, but is thrown forward, while combustion is rendered more complete by the current of warm air which plays on the fire from behind.

Mr. J. T. Reeve, of Little Marylebone Street, exhibits a grate to which what he terms the "Calpean" smoke consumer is applied. This is simply a small fire-brick chamber placed at the back of the grate, with apertures leading to the fire in front and the chimney above. This is filled with metallic shavings. As all other outlet to the chimney is closed, all the fumes are compelled to travel through the apparatus on their way to the chimney. As they do so they impart their heat to the small shavings of metal which fill the box, and the latter, finally becoming red-hot, ignite the smoke. The apparatus can be adapted for existing grates at a small cost.

Before proceeding to consider ranges, stoves, and gas appliances, it will be as well to briefly describe some of the open fire grates which possess merits, but are not smoke consuming. We propose drawing attention to this class in our next.

AUGUSTUS C.J.

(To be continued.)

THE funds of the Belfast Royal Hospital have been increased by donations from Sir Edward Coey of 500 guineas, and Mr. Joseph Richardson, £50.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 18, 1882.

ANOTHER GUY'S DISASTER.

FOR a time deceitful calm has reigned with respect to the conduct of affairs at Guy's Hospital; those, however, familiar with the characteristic features of management of its internal details have failed to be convinced that any real improvement has been possible under a *regime* condemned by universal assent of all competent judges. How justly founded such distrust has been the history of last week abundantly shows; and once more we are brought face to face with the calamitous consequences attendant on that fatal want of judgment shown in permitting a continuance of defects declared at the outset of all the troubles to be capable and likely causes of irremediable mischief. It were useless to recapitulate once more the dreary catalogue of errors and disasters which lend such sinister interest to the chronicle of Guy's Hospital for the two preceding years. Again and again, as each new sin of omission and commission has been heralded to the world by the unavoidable publicity its results have secured to it, have warnings and protests been uttered from every quarter in which authority rightly reigns; but all in vain, as, apparently infatuated by a spirit of determined resistance to every suggestion of amendment, the responsible agents of Guy's ruin have persisted in the course mapped out in the imagination that has thus far led them astray. Harsh criticism, indeed, of acts thus suicidal in their tendency, has seemingly been fruitful only in multiplying them; unsparing disapprobation has followed each fresh departure from order, but notwithstanding, an in-

attentive ear has been constantly turned toward advice tendered without response, and Guy's is once more a reproach to medicine, and a bye-word among men. It may seem unduly severe thus to characterise an act which has been described as "misadventure" by an intelligent coroner's jury; but we must, at the same time, remember that the weight of censure contained in a recommendation to employ papers of distinctive colour for wrapping up poisonous drugs, comes with unusual significance from a body in whose hands lay power to impose a much greater penalty than that inflicted. It may be that Guy's is not the only hospital in which morphia is dispensed to the wards in similar coverings to those in which quinine is inclosed; but we venture to assert that in no similar institution within the metropolitan district is the administration of a character to permit indiscriminate mingling of deadly poisons and normal remedies in a common receptacle, by the regular ward attendants. It is the miserable system in vogue at the devoted transpontine charity, whereby the functions of the medical staff are in great part usurped by unprofessional hands, that deserves to be credited with this last misfortune, as it has been rightly blamed in turn with all those preceding it. Apart from those special considerations which lend importance to the names whereby the ward attendants are called—considerations, be it said, which it requires a special education to appreciate—there is absolutely nothing that can be urged in defence of a plan which practically leaves the lives of many patients to the chance workings of a woman's imagination.

In this last instance of "error," a female patient, on the high road to convalescence from typhoid fever, was suddenly poisoned by the accidental substitution of ten grains of hydrochlorate of morphia for a quinine powder ordered by the physician in charge of the case. Inquiry into the circumstances attending the death was, of course, instituted, and evidence was tendered in explanation of the fact that such a lamentable mistake could have been committed. Apart from the facts then revealed, pointing to the nature of the ordinary duties imposed upon the nurses; it is sufficiently startling to those accustomed to see the rigid caution exerted in regard to medicines at most hospitals, to hear that a quantity of morphia like that given to the patient, should, on any account, be entrusted to even the superior ward servant of the hospital. So long as women are permitted to hold the position of authority they assume at Guy's under the rule of those who have inaugurated the "new" system there, so long will the public continue to be shocked and scandalised from time to time by such occurrences as the melancholy one recorded last week. It is worse than foolish, it is criminal to pretend blindness in respect of the real cause of these constant departures from the usual current of events; and so long as no determined and successful attempt is made to restore order and safety to the management of a great charity like Guy's,—so long, that is as nothing is done to check the manifest tendency to disaster,—so long will the public continue to contribute its occasional victim of mismanagement.

Once before we have reluctantly given expression to the opinion that reform in this matter must be looked

for from without rather than through the medical profession, and now again we are constrained to utter the same warning. Things at Guy's Hospital are radically and seriously bad. A condition of affairs that admits the possibility even of such a catastrophe as that just recorded, is intolerable; and since the responsible authorities are unwilling to stir, or incapable of moving, for the purpose of bringing about much needed changes, then it is high time the duty should be assumed by an able and efficient extraneous power. We have no wish to waste words in condemning individuals just now; perhaps the profession will think with us that enough in this way has already been done; but, unhesitatingly, we do condemn a system of management so rotten as the internal administration of Guy's is proved to be, and we demand its reform as a public necessity.

DISORDERS OF THE MIND.

THE trustees of the Combe Trust are, indeed, fortunate in having secured the services of Dr. Yellowlees, who lectured under their auspices to a large and appreciative audience in Glasgow, on the 12th ult., and whose teachings certainly tend to perpetuate much of what was best and most useful in the work of Combe. Dr. Yellowlees is, of course, specially qualified to deal with the subject on which he discoursed. A leader in his own department of medical practice, the head of the largest, and one of the most admirably conducted, of the Scotch chartered asylums, and at one time medical superintendent of a public asylum in Wales, he has had ample and varied opportunities of becoming acquainted with all the phases of insanity, and that these opportunities have not been thrown away upon him, his writings, and the estimation in which he is held by his professional brethren, alike testify. But Dr. Yellowlees has other qualifications for a successful public lecturer, besides an intimate knowledge of his own subject. He has a rare command of language, and of apt illustration, a genial nature and quick sympathies which win the hearts of his audience, and a just appreciation of the range and limits of a popular exposition of a scientific subject. It sometimes happens that an accomplished specialist fails when attempting to expound popularly the results of his studies, just by reason of their profundity and minuteness which lead him to overshoot the comprehension of those who listen to them, making no allowance for the ignorance of outsiders and their unpreparedness to rise at once to the level of specialistic insight. But Dr. Yellowlees falls into no blunder of this kind. He never loses sight of the fact that in dealing with a topic like mental disease, he must be rudimentary if he is to be understood and instructive. He does not endeavour to make medical psychologists of his auditors, but with a just estimate of the way in which he can be of most service to them, he gives them such a general outline of mental disorders as ought to be known to all cultivated people. He warns them against a number of pernicious fallacies about the nature of insanity and its treatment, that are still in circulation, and he points out the most beaten and frequented of those highways that lead to the citadel of madness, and affords valuable hints as to how they may be avoided,

Dr. Yellowlees' lecture will doubtless be published in a separate form, so we need not attempt to summarise it, nor reproduce any section of it. We may, however, indicate its scope, and refer to a few points of peculiar interest which it includes.

After some prefatory remarks on the interest of his subject, and the spirit in which it should be approached, Dr. Yellowlees proceeds to trace the history of mental diseases from those primitive times when they could scarcely be said to exist, through the civilisation of Greece and Rome, when they were regarded as divine or demoniacal possession through the mediæval period when they fell under the care of the religious orders, through more modern epochs, when they were treated as if they were crimes, down to the present day, when they are regarded with enlightened humanity. In a generous eulogium on the pioneers of the present gentle and rational method of dealing with the insane, he showed how recently the beneficent changes which they inaugurated, were brought about, recalling instances that had fallen under his own observation, in which lunatics were kept chained up like wild animals. Adopting the main features of the classification of Griesenger, Dr. Yellowlees classed the various phases of disordered mind under morbid depression, morbid exaltation, morbid perversion, and morbid enfeeblement, and then went on to speak with some elaboration of the causes which produced these mind disturbances. Three things, he said, exhausted the brain—work, worry, and excesses. Few brains failed from over-work; many were ruined by the want of work. But worry was a very different thing. That meant, not work merely, but work, which, in spite of every effort, could not be satisfactorily accomplished, or which was accompanied by incessant agitation and distress. Worry was the disease of the present day, and ruined many a noble life, and to it Dr. Yellowlees felt inclined to attribute that actual increase of insanity which is, he has no doubt, going on. No doubt the apparent is much greater than the real increase of insanity, but when the apparent increase attributable to the recognition as lunatics now, of a great many persons who would not formerly have been so regarded, was allowed for, there remained a real increase to be ascribed to worry, and the excessive indulgence of animal passion and intemperance. Intemperance was one of the most fruitful causes of insanity, not only by directly poisoning the brain, and so originating organic disease, but indirectly by establishing and transmitting a tendency to nervous disease. Dr. Yellowlees' statement on this subject no doubt represents the current belief, and probably also the real state of the facts, but as regards the latter part of it, touching on the hereditary effects of intemperance, we would observe in passing that trustworthy statistical evidence is still wanting. It seems likely that the intemperance of the parent may entail insanity on his offspring, and striking instances have been adduced of the occurrence of a variety of neurotic diseases in the children of drunkards, but, on the other hand, cases might be quoted of families that have remained perfectly healthy throughout life, being born to habitually intemperate parents, and it is, of course, obvious that other diseased conditions and tendencies that are known to descend from one generation to another may co-exist with intemperance,

and be really accountable for instances of inherited neurotic disease that are attributed to intemperance. What is required is statistics showing the proportion in which the children of drunkards are affected by nervous diseases, in contrast with the proportion in which the children of unquestionably sober people are affected by them. And in such statistics insane drunkards should not be included, understanding by insane drunkards, those in whom intemperance is not a vice but a symptom of disorder of the brain. It is certain that the lapse into habits of debauchery of a previously sedate and abstemious man is sometimes the first symptom of an attack of insanity, and where this is so, it would be obviously unfair to trace the insanity of children to the intemperance, and not to the vice or degeneration of the nerve centres, of which the intemperance was itself an expression.

As an instance of the effect of sorrow and distress on the mind, Dr. Yellowlees mentioned that the failure of the City of Glasgow Bank sent two patients to his asylum, and as an illustration of the manner in which errors and prejudices connected with insanity are kept alive, he referred to a play performed in a Glasgow theatre in the course of the present season. The manager of the theatre applied to him for the loan of a strait-jacket, as it was absolutely required in the representation of the piece. He had the pleasure of telling the incredulous messenger of the manager that there was no strait-jacket, either old or new, in Gartnavel Asylum, and that the teaching of the play was mischievous and untrue. Unhappily it is not only in Glasgow that the stage is made the vehicle for the propagation of false and ridiculous notions, as to the treatment of insanity and the present condition of the insane. Not long ago we had produced at Drury Lane a silly melodrama, styled "The World," in which the lunacy laws were travestied, and asylums libelled or burlesqued in the most shameful and shameless manner. The ignorance of the author of the play of the law of lunacy and of asylum management, was truly marvellous, and so too was the way in which he packed his egregious misrepresentations together. But such distorted and preposterous pictures, or daubs we should perhaps call them, are not as Dr. Yellowlees says, without their injurious effects. Like the fabrications of the novelists who introduce lunatic asylums into their plots, and the tirades of half-cured lunatics, they are believed by those who know no better, and asylums are still looked upon by many as the homes of the blackest iniquities. The best way to counteract such erroneous notions is to throw asylums open to public inspection more and more, so that just ideas as to their organisation and discipline may be widely disseminated. And another way of creating sounder ideas than now prevail on asylum administration is by securing the delivery of lectures such as that which we have been noticing. Dr. Yellowlees' address proves that the Glasgow Asylum at any rate is presided over by a man of great ability and kindly sentiments. It breathes practical philanthropy throughout, and finishes with an earnest declaration that it is requisite for the highest health of the mind that man should have something outside himself to live for, and by, and that the fear of the Lord is not only the beginning of wisdom, but the essential condition

of that calm, trustful, and hopeful spirit which is the best safeguard against mental overthrow.

Notes on Current Topics.

Very Peculiar People.

THE sect of persons known as "Peculiar" People has suffered a blow by the committal on Friday last of one of their body on a charge of manslaughter. This victim of barbarian zeal is the father of a family, one of the members of which, a boy aged eight years, died of confluent small-pox, without any attempt having been made by the parents to procure medical aid on his behalf. At the inquest necessitated by the refusal of the authorities to grant a certificate of burial in the absence of medical testimony as to the cause of death, certain curious and instructive evidence was tendered by the witnesses called. Occasionally in the past the public conscience has been scandalised by outrageous contraventions of all ordinary sanitary regulations by individuals claiming to belong to the "elect," who in their supreme contempt for ordinary customs of civilised life have actively endeavoured to inflict disease and death on their surroundings. Thus, too, in the present instance, the wife of the accused man declared to the coroner that while her son was lying ill of confluent small-pox her husband and nephew were "out and about as usual," and in reply to the inquiry whether her creed authorised the murdering of a whole street full of people, she confidently replied, "there is no fear of that." In this simple confession there is surely enough to convince any unprejudiced observer that the miserable wretches who style themselves "Peculiar" deserve more justly to be entitled imbecile. Much as we may respect the trust and resignation that so distinctly mark the character of the truly devout and religious, there is something widely different from this in the behaviour of the ignorant fanatics who are now brought into conflict with "the world." Arrogance, ignorance, and idiocy are manifestly exhibited in the performances of the "Peculiar;" and with this the certainty that they are permitted to persist in their special observances at the critical expense of ordinary citizens, is the best proof of a necessity for their being compelled to conform, at least outwardly, to the usual rules of civilised existence. It is gratifying, therefore, to find that the unhappy child-victim's father is charged with the manslaughter of his son; and we may hope that ere long the Peculiar People will arrive at the conclusion that it is wiser and better to trust in medical skill to cure their sick and maimed than in the superstitious ceremony of "laying on of hands," however that may be associated with unlimited faith in extraneous powers.

Blind Opposition.

DISGUSTED as every sensible reader of the *Hull and Eastern Counties Herald* must be with its outrageous opposition to scientific evidence in support of criminal charges, they must still be unfeignedly amused at the utter stupidity displayed in an article which recently appeared in the

paper, commenting on the inquest held on the victim in the Wimbledon poisoning case. It was almost to be expected, however, that anti-vivisectionists would seize on the admission made by experts in respect to the mode in which these inquiries into the nature of the poison employed were made; and the sacrifice of the few insignificant animals involved in these proceedings has called forth a howl of execration from the *Hull and Eastern Counties Herald's* anti-science contributor. We cannot forbear to quote from the inimitably ignorant tirade of this writer the following imposing exhibition of fogged comprehension. It need only be added that the succeeding paragraph in the article quotes Dr. Mason Good to prove that "this great law in connection with the variability of gastric juice is a *direct protest against such unscientific experiments.*" The italics here and in the subjoined passage are our own. "By an universal and unerring law, every animal is provided with a differently-constituted apparatus for the assimilation of its aliment, and the fluids employed for digestion vary continually in the same species down to each individual type. *This point has not been overlooked by physiologists.*" To say that the brilliant writer of the article has been the first to appreciate that which he thus formulates, is unnecessary. Nor need it be said that such understanding omniscience is a common attribute of the anti-vivisectioning mind. Sickening cant and blasphemous nonsense are such strong weapons in the hands of non-scientific fanatics that we are not surprised to find it invoked, as usual, in this instance, and the following is a fair sample of the kind of argument employed in such connection: "The giver of all things has conferred on every creature down to the meanest organisation a relish for the kind of food best adapted to appease hunger and sustain life, and this inclination to select proper aliment is clearly to avoid whatever is hurtful. To feed defenceless animals therefore by stratagem or by force on substances foreign to their requirements, and calculated to induce painful sensations, is altogether repugnant and unjustifiable." This is on a par with the proceedings of a staunch upholder of anti-vivisection who recently was meted out well-deserved punishment for maltreating an animal in his possession, notwithstanding his assertion that he annually subscribed £20 to the Society that strives to impede the progress of knowledge in this country. It is impossible, of course, to inform such stupendous ignorance as is exhibited by persons of mental calibre like that shown by average anti-vivisectioners, but we may hope, by entering on a patient and determined crusade against prejudice and fanaticism, so to educate the public mind that it shall cease to pay heed to the empty vapourings of senseless bigots, while it hearkens to the voice of science declaring the utility of its own works.

MR. SPENCER WELLS, F.R.C.S., Vice-President of the Royal College of Surgeons of England, has been appointed to deliver the next annual Hunterian Oration at the College. Mr. Charles Hawkins, F.R.C.S., Government Inspector of Anatomical Schools, and a former member of the Council of the Royal College of Surgeons of England, has presented an interesting and valuable collection of surgical instruments to the Museum of the College.

Fashions in Therapeutics.

DR. J. W. HAYWARD, in an address on this subject, gives an instructive and entertaining account of the changes and theories by which the treatment of disease has from time to time been influenced. We do not purpose now to do more than allude to the address, hoping to give it more extended notice in a subsequent issue. We cannot, however, refrain from quoting the closing sentence, which is as follows: "The best preventive of all these fashions and habits is constant familiarity with the *Materia Medica* and *Repertory*; a constant appeal to the *Repertory* will do very much towards keeping us out of all fashions and habits." Who will not endorse this statement?

The Sale of Poisons.

No doubt public opinion is ripening as to the necessity for more restrictions in regard to the sale of poisons. Several of the leading newspapers in commenting on some of the facts brought forward in the trial of Dr. Lamson have expressed astonishment that a poison like aconitia should be obtainable by so simple a process as that of a signature by a person alleging himself to be on the Medical Register. The Coroner who presided over the investigation into this case made a comment to that effect during the inquiry on Tuesday week. Mr. St. John Wontner, who was engaged in the case on behalf of the Public Prosecutor, is reported to have said that the Act applying to the sale of poisons would no doubt be amended next session. This statement is of importance, as, no doubt, Mr. Wontner did not make that remark without sincerity. There are other indications that the subject is attracting attention.

Sham Doctors.

A MAN named George Middleton, who is described as a surgeon, has been sentenced to twelve months' imprisonment at the Plymouth Police Court for obtaining money under false pretences. His name does not appear in this year's "Medical Directory."

AGAIN, another man, named William Yelverton Davenport, also described as a surgeon, was convicted of perjury at the Central Criminal Court on Thursday, and was sentenced to twelve months' imprisonment with hard labour. We cannot find his name in the "Directory," so it is only fair to conclude that he also is not a qualified medical man. The *Students' Journal* very properly says: "It is most unjust to the profession that such fellows should be described as medical men in the daily papers, when they have no legal claim to the position. The profession has enough to contend with from its own black sheep without being obliged to father the misdeeds of every ruffian who has at some time or other had the honour of dispensing a bottle of medicine."

DR. CONWAY, in the *Virginia Medical Monthly*, reports a case of a boy who had been forced to inhale the "perfume" of the skunk by his school-fellows as a practical joke, and was rendered totally unconscious, with relaxation of the muscular system, for over an hour. A little whisky was given him and friction applied. When roused he suffered no inconvenient results except a slight headache.

Our Services to the Cause of Poor-law Medical Officers.

WE have received a pamphlet issued by the Poor-law Medical Officers' Association, setting forth the services rendered to Poor-law medical officers by a certain medical journal during the past year. A great many of the legitimate claims of contemporary medical journals has never been one of our failings, but we do think this special pleading, in favour of one journal, is not likely to advance the interests of the association, or to find favour with the bulk of Poor-law medical officers. Their sense of fairness will make them feel that their claims have not been neglected by the other medical journals; even gratitude, which has been defined as a sense of favours to come, will prompt some of them to admit that the action of the council of the Poor-law Medical Officers' Association has been in the highest degree impolitic. The association is wanting funds, subscribers are falling off; we do not now wonder at this. We do not insist upon our services to the Poor-law medical officers, or repeat the various annotations which have appeared in the *Medical Press and Circular* relative to their interests. The Irish Poor-law Medical Service appreciates our work. We have for years published a special supplement, giving news interesting to that important branch of the public service. The English service will continue to receive our support, in spite of this mistake on the part of the Association, a mistake, which, to some extent, seems to have been prompted by the egotism of one of the officials of the Poor-law Medical Officers' Association.

General Practitioners and the Medical Commission.

THE Medical Commission having concluded their sittings their report will appear in due time. Many eminent men have been examined—representatives of universities, colleges, societies, even herbalists. We have been struck by the fact that no one was examined who represented the views of the largest body of medical men in the country—the general practitioners. As Artemus Ward might have asked, we ask.—If not, why not? What can Sir W. Greatgun, or Sir Simeon High Science know about the requirements of this large class, of their grievances, or their ambitions. To work as a general practitioner is an education in itself. It is now too late to remedy this. But the general practitioners may learn a useful lesson. They are not organised as a body. If they had leaders they would have been to the fore, and they would have been officially represented. We shall be told they are organised. There is a grand body called the British Medical Association. They have a provincial journal, published in London. We venture to think that the provincial members of this high sounding Association are finding out that this journal is a Metropolitan one, and that the provinces play but a minor part in connection with it. They will have to look to other journals for support of their views, claims, and aspirations. There is a growing feeling in the country against this centralisation policy. The *Journal* does not befriend the provinces. Another subject of importance to the general practitioner is that of unqualified assistants, a proper subject for investigation by the Medical Commissioners. We have not

heard that any evidence was received on this point. There are, we believe, about 2,000 unqualified medical assistants. Surely, something must have been said for, or against, their employment. Evidence on both sides ought to have been submitted. Again, we say, the general practitioners have missed an opportunity.

Dublin Corporate Disinfection.

THE above heading does *not* mean that the Dublin Corporation has been disinfected, but refers to the arrangements for stamping out contagion, provided—or supposed to be provided—by the said body. We want to know whether it is true that the disinfecting chamber of the Dublin urban sanitary authority has been itself on the sick list, and incapable of transacting business for nearly a month, and that, during that period, the citizens have been obliged to nurse their contagion-laden clothing and bed-gear in any way they could? As corroboration of this rumour we note that, in the monthly report of the Medical Superintendent Officer of Health for the city, it is stated that, in the four weeks ending December 31st, the disinfecting chamber was used by *nine* persons only, which, considering that the city is in the middle of a measles epidemic, is incomprehensible.

We do not suppose that the Town Council can keep the chamber from going out of order, but we do imagine that greater expedition might have been used in the repairs, and that its restoration might, with energy, have been effected in a few days.

The Metropolitan Water Supply.

DR. FRANKLAND, F.R.S., issues a very sorry report of the London water supply during the past month. The water sent out by the West Middlesex and Southwark Companies for consumption by their customers, he tells us, was "much polluted with organic matter," while that of the Grand Junction and Lambeth Companies contained "moving organisms, and was of worse quality than any supplied since March last." We can quite bear out Dr. Frankland's statement, so far as the latter company's water is concerned, having had specimens of the water drawn from a cistern on the premises of a large employer of labour submitted to us for examination. We found that it abounded in circomonas and organic matters, animal and vegetable, prejudicial to health.

The extenuating plea so often put in for the companies by the water examiner, that the cistern of their consumers is the chief source of the contamination reported, had no existence, for the supply was on the constant system, and the specimens represented the actual condition of the water as supplied by the company to its customers. A sharp controversy has again taken place in the columns of the *Times* on the water supply of London, and we fail to see why it should as regularly subside, leaving the companies in undisturbed possession of their monopoly, and Londoners, their compulsory customers, doomed to buy and drink their dirty solution of "organic matter and moving organisms" for a further indefinite period, and at an increased rate, without any kind of redress.

Society of Medical Officers of Health, Dublin.

At the annual general meeting of the Society, which was held at the Royal College of Surgeons, on Wednesday, the 11th of January, 1882, a paper was read by Dr. Delahoyde, on "The Water Carriage System of Filth Removal: Is it Advisable that its General Adoption in Dublin should be made Compulsory?" Afterwards a discussion took place. Mr. Young, superintendent of city cleansing, was present also, who said that "he thought the trough closet applicable to houses containing a number of families and the ordinary water-closet suitable for small houses. There were erected in Dublin model water-closets and ashpits which cost about £12. These facilitated the removal of waste matter, but the cost was rather high for the smaller class of dwellings." The Society then proceeded to the election of officers, when the following members were elected to serve as officers of the Society for the year 1882:—President, Dr. Darby; Committee, Drs. Chapman, Delahoyde, C. F. Moore, Nowlan, Purcell, Speedy; Hon. Sec., Dr. Pollock; Hon. Treasurer, Dr. Cameron. It was moved by Dr. Chapman, and seconded by Dr. Darby, "That the best thanks be given to Dr. Cameron for the interest he has taken in the Society during the past two years while acting as president."

The annual dinner will take place on Saturday, the 21st inst., at 7 o'clock, at the Shelbourne Hotel.

Fallibility of Government Analysts.

A SIGNIFICANT case came recently before the Marylebone magistrates on November 30. It will be remembered that the Act provides, when the public analyst's decision is disputed, the part of the original sample shall be submitted to the Somerset House chemists, whose decisions were intended to be final.

Many disputed cases have been referred to the Somerset House chemists, but till the present no analyst has had the courage for an act which at first sight looks like tilting at a windmill.

In the case we have referred to Dr. Blyth certified that a sample of bread contained 4·7 grains of alum to the pound. The Somerset House authorities declared it "free from alum." Properly speaking, according to the Act, the case should have ended here with a verdict for the defendant, but the pertinacity of the prosecutor's solicitor persuaded the magistrate to allow Dr. Blyth to be heard in support of his certificate. Dr. Blyth stated that for some time he had made a special study of bread and flour analysis, and was able, by his improved processes, to detect the presence of alum in bread with greater accuracy and certainty than had ever been done before. The gentlemen at Somerset House might have used one of the older methods of analysis. The magistrate said that it was absurd to expect him to decide between such parties, and adjourned the case *sine die*; either party could bring it on again if they wished.

Laceration of the Cervix Uteri.

In the *New York Obstetrical Review*, Dr. Rohé, of Baltimore, relates two cases that have come under his observation, in which the occurrence of false labour-pains, of considerable severity, and persisting for a length of time before labour actually began, seemed to him to be due to the presence of laceration of the cervix. With a single exception, he remarks, authors make no mention of the relations between the two conditions. The exception noted is Goodell, who in his "Text-book of Gynæcology," relates a case in which pregnancy took place twice in a patient with lacerated cervix, and in which the labour was painful and difficult each time, the patient being confined to bed by her suffering for a month previous to the termination of the labour. The only other reference to the influence of lacerated cervix upon the course of labour, which he has found in literature, is confined to cases of dystocia due to cicatricial contraction of the cervix. This was not present in the two cases reported.

A Fortune in a Sauce.

MR. JUSTICE CHITTY had before him on December 21, at the Rolls Court, Lincoln's Inn, a motion on behalf of Messrs. Goodall, Backhouse & Co., druggists and dry-salters, of Leeds, to restrain Messrs. William Smith & Co., who carry on business as sauce and pickle manufacturers, at Morley, near Leeds, for infringing the plaintiffs' trade-mark, bearing the words "Yorkshire Relish." It was stated that the plaintiffs had been making the relish for more than seventeen years, had registered the trade-mark, and were now selling for the home market and for export about 5,000,000 bottles of it in the course of the year. There was no appearance on the part of the defendants, and his lordship granted an injunction.

The late Dr. Harvey, of Dublin.

THERE was a large attendance at a meeting of this gentleman's lay and professional friends held last week at the King and Queen's College of Physicians in Ireland, and summoned to consider the suggestion that a memorial to him should be established. In the absence of the President, the Vice-President of the College, Dr. J. W. Moore, was moved to the chair. Dr. Robert McDonnell, F.R.S., moved, and Mr. R. W. Boyle, J.P., seconded, the following resolution, which was unanimously agreed to: "That, in recognition of the eminent scientific ability of the late Dr. Reuben J. Harvey, and of his services to the advancement of the study of physiology, and to the improvement of medical education, a fund be now raised to establish a memorial to him." The appointment of a committee to carry out this object was moved by Dr. Banks, Regius Professor of Physic in the University of Dublin, and seconded by Dr. Cruise. The committee consists of the following gentleman, with power to add to their number:—Dr. Apjohn, Dr. Athill, Dr. Banks, Dr. Barton, Dr. Bennett, Mr. R. W. Boyle, J.P.; Dr. Corley, Dr. Cruise, Dr. C. E. Fitzgerald, Mr. G. F. Fitzgerald, F.T.C.D.; Dr. Gordon, Rev. Dr. Haughton, Dr. Kidd, Dr. James Little, Mr. Nicholas Lynch, Dr. Lyons, M.P., Dr. Robert McDonnell, Dr. MacDowel, Dr. J. W. Moore, Dr. Ormsby, Rev. Canon Travers Smith, B.D.; Professor

Gerald F. Yeo, with as Honorary Secretaries, Professor E. P. Wright, and Dr. C. J. Nixon. Other resolutions were proposed and seconded by Rev. Canon Travers Smith, B.D., Professor Thornley Soker, Dr. Apjohn, Jacob, Wharton, and Atkins. A subscription list was opened, and the sum of £100 was subscribed in the room. The Treasurers appointed are George F. Duffey, M.D., 30 Fitzwilliam Place, Dublin, and R. W. Boyle, J.P., 35 College Green, Dublin, to whom contributions to the fund may be sent.

At a meeting of the students of the Carmichael College on the 13th inst., it was unanimously decided to erect a tablet to his memory in the College. A subscription list was opened for that purpose. Mr. J. A. Scott being appointed treasurer, and Mr. S. D. Chandler, secretary.

At a recent meeting of the Council of the Medical Society of the College of Physicians in Ireland, the following resolution was unanimously adopted:—"That the Council of the Medical Society of the King and Queen's College of Physicians, Ireland, desire to place on record their profound regret at the death of Dr. Reuben Harvey, a Member of Council, and their sense of the loss which the Dublin School of Medicine has sustained by his demise, and that a copy of this resolution be submitted to the Honorary Secretary at the next meeting of the Society."

The Registrar General's Returns.

A NEW departure has been made this year in the publication of the vital statistics of large towns. Hitherto, only those having populations of over 100,000 inhabitants were included in the returns; henceforth, all those municipal boroughs in which the enumerated population in April last exceeded 70,000 persons will appear. The towns of Croydon, and of West Ham, though each has a population exceeding this limit, do not appear in the list, but are not really omitted from the return, as they form part of Greater London. Last week the rates of mortality in these towns per 1,000 of their population were—Halifax 13, Blackburn, Birkenhead, Huddersfield, 18, Edinburgh, 19, Derby, Bradford, Bristol, 20, Plymouth, Leicester, 21, Newcastle-on-Tyne, Sheffield, Sunderland, 22, Norwich, Birmingham, London, 24, Hull, Manchester, Portsmouth, Cardiff, 25, Glasgow, Oldham, Bolton, 26, Leeds, Wolverhampton, 27, Nottingham 28, Brighton 30, Salford, Liverpool, 31, Preston and Dublin, 36.

The highest death-rates per 1,000 from scarlet fever were 6.2 in Hull, 3.0 in Nottingham, and 2.4 in Brighton; from whooping-cough, 2.6 in Salford, 2.4 in Brighton, and 1.7 in Bradford; from measles, 5.3 in Preston, 2.6 in Leeds, 2.3 in Salford, and 1.8 in Liverpool; and from "fever," 1.4 in Plymouth, and 1.2 in Portsmouth. In Hull 19 more fatal cases of scarlet fever were recorded, raising the number recorded within this borough since the beginning of July to 661. The 49 deaths from diphtheria included 13 in London, 14 in Portsmouth, 12 in Glasgow, and 3 in Birmingham. Small-pox caused 22 more deaths last week in London and its suburban districts, one in Nottingham, one in Oldham, one in Bolton, and one in Leeds.

The Alleged Conspiracy at Sunderland.

THE trial of Dr. Abrath and Michael M'Mann, who stand committed upon charges of conspiracy to defraud the North-Eastern Railway Company, will take place at the Durham Assizes, which commence to-day (Wednesday), and is expected to occupy several days. We understand that Mr. Day, Q.C. (specially retained), will appear for Dr. Abrath, and Mr. C. R. M'Clymont will defend M'Mann. Mr. Digby Seymour, Q.C., Mr. Waddy, Q.C., and Mr. Walton will prosecute on behalf of the North-Eastern Railway Company. A good deal of evidence in favour of the defendants, which did not come out at the magisterial investigation, will be adduced before Judge Mathew and a special jury, when full justice is sure to be done in the case.

A WIDOW, named Hort, of Islington, died on December 26 from the effects of a bottle of whisky taken to destroy life. She was habitually temperate.

THE *Daily News* publishes the following from its Naples correspondent—The sudden departure of an Italian despatch boat Capera with several eminent physicians on board has raised great anxiety for Garibaldi's health.

As additional accommodation is urgently required at the Gloucester County Lunatic Asylum, it has been resolved to proceed at once with the erection of a new block, which will afford additional accommodation for about 300 beds.

We understand that the committee of the Religious Tract Society have just sent a parcel of Christmas and New Year's cards to hospitals and infirmaries in almost every county in the United Kingdom, and also to a large number of workhouses, asylums, and charitable institutions in London and the provinces.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official weekly returns, as follows:—Calcutta 37, Bombay 29, Madras 39, Paris 33, Geneva 16, Brussels 22, Amsterdam 28, Rotterdam 23, The Hague 20, Copenhagen 25, Stockholm 19, Christiania 29, St. Petersburg 49, Berlin 24, Hamburg 25, Dresden 28, Breslau 32, Munich 31, Vienna 29, Prague 27, Naples 29, Turin 20, Alexandria 38, New York 29, Brooklyn 24, Philadelphia 20, Baltimore 27. No returns were received from Rome, Lisbon, Venice, or Buda-Pesth.

THE *Avenir de la Mayenne* reports the extraordinary fact of six persons, forming one family, suddenly going mad. This family, which lived at Andonille, Mayenne, is composed of Pierre Lochin, aged sixty-four; his wife, about the same age; two sons, and two daughters, whose ages range between thirty and twenty-four. All these persons are afflicted with the same hallucination. They believe that they have been poisoned by witches, and that the Devil has concealed himself in their clothes. These poor maniacs have just been taken to the Asylum of La Roche Gaudin; but for some time previously they are said to have prowled about the country during the night, in the scantiest of clothing.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

HEALTH OF EDINBURGH.—For the week ending with Saturday, the 7th inst., the death-rate of Edinburgh was 19 per 1,000, the deaths amounting to 83. There were only 5 zymotic deaths reported, none of which occurred in the southern suburbs.

MORTALITY IN GLASGOW.—The deaths in Glasgow for the week ending with Saturday, the 7th inst., were at the rate of 27 per 1,000 per annum, against 27 in the preceding week, and 31, 27, and 32 in the corresponding periods of 1831, 1880, and 1879.

GLASGOW HEALTH LECTURES.—In referring to this volume of lectures just published, our contemporary, the *Glasgow Herald*, very properly remarks, "We have one fault to find. We do not think that the lecture intended solely for, and delivered exclusively to, females, should have been printed in a volume intended for general circulation." This is exactly our contention, and we are glad to find so powerful an organ of lay opinion adopting the view so strongly urged in these columns.

MATRICULATION AT THE UNIVERSITY OF EDINBURGH.—The returns for the past year have now been made up, and again present a satisfactory increase. The aggregate number of students on the register and in residence during the past year was 3,237. The returns for the three previous years were as follow:—In 1878 the students in residence were 2,617; in 1879, 2,856; and in 1880, 3,172. The students are divided between the different faculties in the following proportions:—In the Faculty of Arts there are 1,047 students; in the Faculty of Divinity, 94; in the Faculty of Law, 458; and in the Faculty of Medicine, 1,638. The percentage composition is therefore—in Faculty of Arts, 32.3 per cent.; Faculty of Divinity, 3 per cent.; Faculty of Law, 14.2 per cent.; Faculty of Medicine, 50 per cent. The numbers and successful development of the Medical School is steadily kept up by the wide and increasing range of supply of students, to which India, our colonies, and even foreign countries, largely contribute. The entries in the register show that of the 1,638 students enrolled in the faculty, Scotland contributes 638, or about 39 per cent.; England 585, or 35.7 per cent.; Ireland 30, or 1.8 per cent. India 120, or 7.3 per cent.; the colonies, 202, or 12.3 per cent.; and foreign countries 63, or 3.8 per cent.

EDINBURGH UNIVERSITY—CHAIR OF GEOLOGY.—The Queen has been pleased to approve of the appointment of Mr. James Geikie to the Professorship of Geology and Mineralogy in the University of Edinburgh, on the resignation of Professor Archibald Geikie. The resignation of Professor Geikie will not, however, take effect till May, when he will have terminated his present course of lectures.

SIR ROBERT CHRISTISON.—We regret to say that Sir Robert Christison still remains in a very weak and prostrate condition, and little hopes are now entertained as to his ultimate recovery. Sir Robert was born in 1797, so that he is three years older than the present century. He was for fifty-five years a Professor in the University of Edinburgh, and it was only in 1877 that a severe attack of illness warned him to desist, and compelled him to seek renewed health in retirement.

THE CHAIR OF NATURAL HISTORY.—Pending the refusal or acceptance of this chair by Mr. Balfour, F.R.S., active

canvassing is still going on by the other candidates. Among these is Dr. Andrew Wilson, a lecturer on botany, zoology, and other kindred subjects, to most of the young ladies' schools of Edinburgh. It is fortunate for the University that a lady is not the Secretary of State, or Dr. Andrew Wilson might owe a professorship, as he does a doctorate, to the influence of the softer sex.

Correspondence.

THE ETHICS OF HOMŒOPATHY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your paper of this date, under the above heading, you say:—"The law of similars and the administration of infinitesimals have been publicly disclaimed officially in our columns by a Vice-President of the Homœopathic Society."

Will you permit me to say that, as this quotation must refer to myself, I must beg to state that you entirely misrepresent my views and statements?

I have always believed and written exactly contrary to the statements you attribute to me. In the Drs. Wyld and Richardson letter, which appeared in the *Times* and *Lancet* some years ago, and in my letter to your journal, my statements were these:—

"I believe, with Hippocrates, that some diseases are best treated by contraries and some by similars. I further believe that the law of similars is the most widely applicable of all the laws of healing. Lastly, I believe in the action of infinitesimals, although, if tangible doses of medicine are as effectual as infinitesimals, it may be, in deference to opinion, advisable to prefer the use of tangible doses."

Finally, I epitomised my views thus:—

"Medicine being a progressive art and science, it is competent for any legally-qualified medical practitioner to use any system he believes to be best for his patients. Nor should the adoption of any system of medicine exclude any legally-qualified practitioner from the first professional intercourse, provided he does not trade on a distinctive name, nor unprofessionally advertise his mode of practice."

Your obedient servant,

GEORGE WYLD, M.D.

12 Great Cumberland Place, Hyde Park,
11th Jan., 1882.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I do not know what foundation you have for your assertion that "the two essential peculiarities of Hahnemann's doctrine—the law of similars, and the administration of infinitesimals—have been publicly disclaimed officially in our own columns by the vice-president of the Homœopathic Society." You are probably not aware that the British Homœopathic Society elects one president and two vice-presidents every year, and that the vice-presidents only hold their office for one year. Moreover, neither the president nor vice-presidents have any authorisation from the Society to disclaim officially anything pertaining to homœopathy, far less the main principle of homœopathy—the law of similars—and if any former vice-president has done this, his act is purely *officious* and not *official* at all, and were he to do such a thing, he would thereby contravene the obligation he voluntarily incurs on being admitted a member of the Society, as he subscribes a formal obligation to "advance, to the utmost of his power, the doctrines and practice of homœopathy," and the "law of similars" is the very foundation of the doctrines and practice of homœopathy.

Moreover, so far from the "assumption or acceptance of a designation implying the adoption of a special mode of treatment" (to use the words of the resolution passed by the College of Physicians,) being part of the "Ethics of Homœopathy," the rules of the British Homœopathic Society, which is the only recognised arbiter of ethics among the practitioners of homœopathy, pronounces the penalty of expulsion against any member who shall announce or publish his mode of practice, and refuses to admit to its membership any person who

shall even announce on his door-plate or visiting card, his mode of practice.

It is utterly incorrect to accuse medical men who have studied, and who practise the homœopathic method in cases suitable for it, of "trading upon such designations." We have not assumed the designation of "homœopath;" and if we are so called by writers and speakers, we consider this to be done for the sake of brevity, and to avoid circumlocution, just as we speak collectively of the opponents of homœopathy as "allopaths;" but in no other sense do we or they accept these designations. We only acknowledge ourselves to be physicians and surgeons, graduates of this or that university, or members of this or that college. We cannot, nor do we wish to conceal that, as a rule, we practise the homœopathic method when we prescribe medicine; but the treatment of diseases includes many things besides prescribing drugs, and we are not behind our so-called orthodox colleagues in availing ourselves of all the other means and appliances which we consider useful for the cure of disease.

As the resolution of the College of Physicians was ostensibly aimed at those who have adopted Hahnemann's reform, it has completely missed its mark; for the resolution it passed with such wonderful unanimity is merely a paraphrase of the rule of the British Homœopathic Society above alluded to, without the penalty attached to breaking their rule by the latter body.

If the College had wished to pronounce a formal condemnation of homœopathy and its practitioners, they should have adopted Dr. Bucknill's amendment, which declared that "no competent medical man can honestly practise the so-called homœopathic system." But the adoption of this amendment, though it expressed what most of those present would have liked to say, would have been attended by some inconveniences; for it so happens that a considerable number of the licentiates and members of the College do "practise the so-called homœopathic system," and to imply that these gentlemen were not competent, would be to condemn themselves for admitting incompetent members; and to impugn their honesty whilst admitting their competence, might have brought the College itself into dangerous proximity with the law of libel. But as the fussy meeting of the College, like the mountain in labour, must bring forth something, they were fain to produce this ridiculous mouse, to wit, a resolution that passes entirely over our heads, and could only hit some of their own members, who, as so-called "specialists," trade upon designations "implying the adoption of special modes of treatment," such as aurists, oculists, obstetricians, electricians, Mont-Doreans, and the like.

As to the resolution being a denunciation of consultations with those who hold to the homœopathic therapeutic rule, I think you are mistaken in supposing it to be so, for though, no doubt, several of the speakers denounced such consultations, the proposer of the resolution must have felt that any such denunciation "is opposed to those principles of the freedom and dignity of the profession which should govern the relations of its members to each other and to the public;" as his resolution has it.

I fully agree with Sir W. Jenner when he says that such consultations could not be for the advantage of the patient. Like him, I profess that my wish and intention is "to do good to the patient," and I should not think I could do him any good, but only harm, by exchanging what I believe to be my better method for the worse method of a so-called orthodox consultant. So when I or my patients think it desirable to have a consultation, I always call in one who is conversant with what I consider the better method. For purposes of diagnosis, or an opinion as to the advisability of a change of climate, or other hygienic measures, I do not see why physicians who practise different systems of therapeutics should not meet, but I cannot say that my attempts to get consultations with the representatives of orthodoxy on such matters, have been very encouraging. Probably, they entertain different ideas of the "principles of the freedom and dignity of the profession which should govern," &c., to what I do.

I have never found any difficulty in obtaining the co-operation of eminent surgeons when surgical aid was required, until a few months ago, when Mr. Lister suddenly refused professional intercourse with me in the case of a patient with a dislocated arm, to whom I had called him in.

Surely, Sir, our practice is not so "unscientific" as you endeavour to persuade your readers that it is, or your side, which you, of course, consider the scientific one, would not borrow so extensively from ours. I need only mention a few of your borrowings:—Aconite in inflammatory fever (Ringer); belladonna in erysipelas (Liston); inflammatory sore throat

(Ringer); ipecacuanha in vomiting (Ringer); corrosive sublimate in dysentery (Ringer); drosera in whooping-cough (Murrell). I could mention dozens more, but I will only add the latest specimen from the current number of the *Practitioner*:—sulphide of calcium in strumous ophthalmia (Snell). All these remedies for these diseases have been in constant use by our side for the last fifty years at least, but have only lately been discovered (?) by your side. You say that we have given up the practice, and only retain the name of homœopathy; to me it appears that your side have adopted the practice while dropping the name of homœopathy, for, with the exception of Liston, none of the above-named practitioners have acknowledged the source of their remedies. They have smuggled our property into their camp, taking care to efface the "homœopathic label." When our side resort to a non-homœopathic remedy, we do so openly and avowedly, and I may say regretfully, as that is an acknowledgment that we do not know a homœopathic remedy for that particular case. When your side "convey" homœopathic remedies into their practice they carefully conceal their origin, and make believe that their treatment is strictly orthodox, and the outcome of pure science.

I am, yours, &c.,

53 Montagu Square,
12th Jan., 1882.

R. E. DUDGEON, M.D.

"THE DENTAL DIPLOMA TRADE."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The trenchant observations made in your last issue on this subject deserve the most serious consideration, not only from the Royal College of Surgeons of Ireland and other licensing bodies, but also from every member of repute in the dental profession.

These observations will, I hope, rouse so much attention to the matter as may stave off dangers that, in the present state of things, threaten not only the dental profession as such, but also the very reputation of the College itself.

I do not attach so much importance to the rescinding of the rule laid down by the College—namely, that after October, 1881, no dentist should be admitted to examination who did not go through the regular curriculum. For there are, I am aware, many respectable men who were in the practice of dentistry long antecedent to the passing of the Act, who, from one cause or another, were prevented from taking advantage of the two years' grace, though it may have been their desire to have done so. That such should now be compelled to fall back upon the curriculum, after a long day of practice, as the only means of obtaining the *imprimature* of the College, might be considered harsh, if not unjust.

I think little of the relaxation of the rule when it is designed to meet in a professional and friendly spirit the wishes of these persons, if in the obtainment of the College diploma neither its reputation nor the efficiency and reputation of the profession suffer. But if it be rescinded and the doors of the College kept open for an indefinite period, other than the means hitherto adopted must be resorted to in order to prevent unworthy applicants from admission to examination.

I have studied carefully the *modus operandi* by which admission has been obtained, and I am fully convinced that it is, and must ever be, defective, especially so in regard to the dental profession, which is only yet in a state of transition.

The recommendation of two surgeons and two dentists of repute—the rule at present in operation—must be in many cases a deceptive passport. Such introductions have been, and can be, obtained from both surgeons and dentists by many persons who have no claim, by practice or otherwise, to admittance to the examinations.

A glaring instance of this kind occurred at one of the examinations. A person presented himself armed with the necessary forms, went in and passed, and I found after, as I suspected at the time, that this person was no other than a notorious quack doctor, which quackery he continued to practise until he was positively criminated.

Taking this view, I venture to think that continuing the examinations cannot fairly be objected to, but proper precautions and stringent measures are absolutely necessary to ensure eligibility of candidates. To discontinue the examinations would simply mean to drive candidates from Dublin to Edinburgh or Glasgow. This would certainly be no advantage to the candidates or the public; and it would be as certainly a disadvantage to our distinguished Irish institution.

The great drawback, then, as I see it, is not in the con-

tinuance of the examinations beyond the period originally set down, but in the mode by which candidates are admitted.

How then, it may be asked, should they be admitted? Not on the recommendations of doctors or dentists, but, as I would venture to point out, on the official authority of some recognised association or body interested in the dignity and well-being of the profession, and therefore bound to inquire into the antecedents of the persons before recommending them.

You, Sir, in your pointed comment, hint, I apprehend, at the adoption of some such course. You say, "The British Dental Association is able to take care of itself, and we have confidence that it will do so." Taking care of itself means, I believe, taking care of the interests of the profession; and when I mention that the Association is formed on the same lines as the British Medical Association, I think that there could be no better medium for recommending suitable persons to the College.

Hoping that the *Medical Press and Circular* will not lose sight of this important question,

I remain, Sir, yours faithfully,

JOHN O'DUFFY, L.D.S.R.C.S.I.

58 Rutland Square West, Dublin,
Jan. 12th, 1882.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—There is a statement made in an article under the above heading in your issue of the 11th inst., which I cannot allow to pass unnoticed, and which I trust, with your accustomed fairness, you will allow me to contradict. The writer states "at present the Colleges of Surgeons of Edinburgh and Dublin, and the Faculty of Physicians of Glasgow are doing a roaring business in dental diplomas." Now, sir, so far as the College of Surgeons of Edinburgh is concerned, the above statement is simply not true, as I proceed to show. Since the institution of the dental diploma in 1879, the number of diplomas granted are as follows:—1879, 14, 1880, 4, 1881, 19, which numbers do not certainly show a roaring business. I am far from inclined to defend all the acts of the College, or support the method by which examiners elect themselves year after year, but I can honestly say that a more competent board of examiners in Dental Surgery there does not exist, and although under certain regulations some students are admitted to examination *sine curriculo*, I know as a fact, that there is no modification of the examination to suit them.

I am, yours, &c.,

H. AUBREY HUSBAND.

Edinburgh, 11th Jan., 1882.

ALCOHOLIC CONVULSIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR—Your Northern correspondent in the current number of the *Medical Press* quotes part of the report of my evidence in the case of the recent trial for murder in this city, and invites me to give a fuller account of my views on the subject of alcoholic convulsions. Let me say in the first instance, that the words quoted were for the most part not mine, but those of the Crown counsel, who used them in the form of a question which was put to me. As reported, the exact significance of my reply is not conveyed.

With respect to the convulsions, or epilepsy as it is commonly called, due to the intemperate use of alcohol, two forms are to be clearly distinguished from each other. There is first, epileptiform fits which result directly from a recent debauch, and occur at no other time. This is the kind to which the wretched man referred to was subject; on several occasions he had severe convulsive seizures, but they all occurred after, even to him, excessive indulgence in drink. Then there is the form which is not infrequently met with in chronic alcoholism; the fits may happen when the individual is not taking more than his usual potations, and also when he has been abstaining entirely for a time.

Though the two kinds of fits are not to be distinguished by the phenomena of the seizures, and are both due to the same agent, they are really essentially different. The former, those directly induced by recent excess, are the immediate product of the circulation in the brain of blood poisoned by alcohol, and are analogous to the convulsions of renal disease; both being caused by a toxic agent in the blood at the time o

their occurrence. The latter class, those that arise during comparative or complete abstinence from alcohol, are the fruit of actual disease in the brain; a habit of system no doubt originally springing from, but now independent of, the toxic cause has been established; the fits are no longer epileptiform, they are epileptic.

In these remarks I have confined myself strictly to the relation of the alcohol to the seizures, and have refrained from referring to the influence of other causes in their induction.

Yours, &c.,

ALEX. ROBERTSON, M.D.

Towns Hospital and Asylum, Glasgow,
12th January, 1882.

COTTAGE HOSPITALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am dispensary medical officer to a large country district. There is no hospital within reasonable distance, and a resident gentleman would like to assist in getting up a cottage hospital. Will you please allow me to ask, through your paper, for some practical hints in the starting of such an institution, or the experience of any one connected with such in this country?

Yours, &c.,

W. F. S.

THE CARBOLIC CRAZE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In reference to your note on the above subject, may I venture to refer to a case which recently occurred in my practice, and of which I fail to see any other explanation, than by attributing the most beneficial effects to "Listerian" dressings.

The patient, a lady, is over 80 years of age. She had a large ulcer, larger than a man's hand, on her right leg. This ulcer, when I first saw her, she had had for nearly three years in spite of assiduous care and attention. Dressings of every imaginable kind had been employed; lotions of carbolic acid very largely. At the time I saw it, the ulcer was very deep, with hard gangrenous-looking edges, and was covered with a mass of fungus and decayed granulations that gave it all the appearance of being a surface of green pile velvet. For six months longer every dressing I could think of had a fair trial. The fungus was cauterised down. Iodoform, carbolic acid, chloride of zinc lotion, permanganate of potash, iodine, and pressure, were all tried in turn, with no result. The ulcer was as large as ever, as painful as ever, and as foul as ever. On the 18th of July last I dressed it for the first time by Lister's method, under the spray. It was subsequently dressed eight times in the same way, and on the 8th of August I had the satisfaction of seeing a clean, healthy granulating sore, and the satisfactory line of advancing epidermal tissue. Having once got the sore into a thoroughly healthy condition, which two and a half years of assiduous treatment by other means had failed to do, I resorted once more to the use of simple carbolic lotion to wash the sore within, and a dressing of sulphate of zinc lotion. The middle of last month saw the ulcer healed to the size of my thumb-nail, all pain and discomfort gone, and the old lady better in health than she had been for years past. Unfortunately, other mischief set in, and she now lies seriously ill again, but from a totally different cause.

My reason in writing this is to ask, if Lister's dressings are so useless, what is the explanation of the obstinate resistance of this ulcer to all attention and treatment, and of its rapid purification and amendment under a few Listerian dressings?

Yours, &c.,

Kineton, Warwick.

KENNETH W. MILLICAN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Although I may be set down as one of those "incapable of forming correct judgment," yet I must protest against the paragraph in your number of Jan. 3, 1882. "Carthago est delenda," insulting as it is to the many humble practitioners like myself who have, from time to time, furnished short articles, illustrative of their experience in antiseptic surgery, accusing us of being influenced by a desire of "a chance of advertising."

I will not defend myself further than to say, that in any statement I ever made on the subject, I had no object but that of inducing others to inquire, and having inquired, to practice what I believe to be one of the greatest advances made in practical surgery during the current century. Any fair-minded man who has visited Mr. Lister's *clinique*, must be convinced also, that he is perfectly earnest and honest in all he says and does, and I do not envy the man who can be led to throw suspicion on his motives.

As to the utility of his mode of practice, I remember a young surgeon, now amongst the leading men of Dublin, making to me, at the Leeds meeting of the British Medical Association, remarks similar in bearing to those in your journal which I object to. Time has made him one of the most earnest in supporting and successful in carrying out Mr. Lister's principles and practice.

I hear similar remarks made by men who have never seen the measures advised by Mr. Lister put in practice, and I have often been amused at the practice of others, who applying a loose piece of lint dipped in carbolised oil to a wound expect the same success as follows the complete manipulation of the true antiseptic surgeon; but, the real cause of all this is, that which too often leads even those convinced of the truth of the principle, to neglect them, viz., the extra trouble involved in carrying out the process.

At all events we are not where we were before this "carbolic craze," became the fashion. It is a mistake to think and say, that Mr. Lister confines his ideas to carbolic acid—his principle is antisepticism. He finds the use of carbolic acid the most convenient method of carrying it out, he ties no man to his mode of action, and I am persuaded that the great success following in the practice of those hospitals where Listerism is repudiated, is due to improvements which are corollaries or deductions from what the great antiseptic surgeon has taught, even though it be only cleanliness and ventilation.

Your obedient servant,

JAMES MARTIN.

Wood View, Portlaw.

INTERNATIONAL MEDICAL CONGRESS.

ACTING under the powers delegated to them at the final meeting of the Congress, the executive committee of the late Congress have addressed an invitation to Professors Hannover and Panum, Vice-Presidents of the Congress, to arrange for holding the next International Congress in 1884 at Copenhagen. This invitation has been promptly and cordially accepted, and the next International Congress will accordingly be held in the year 1884, in Copenhagen.

DR. QUINLAN, Physician to St. Vincent's Hospital, Dublin, has been appointed Consulting Physician to the Dublin Dental Hospital.

By an oversight which we regret, the name of Dr. P. S. Abraham, Curator of the Museums of the Royal College of Surgeons in Ireland, was omitted from the list of candidates for the Professorship of Practical Anatomy in the College, published by us last week.

THE Registrar-General for Ireland announces that in accordance with advances which have taken place in medical science and nomenclature, it has become necessary slightly to modify the classification hitherto in use for statistical purposes. This modification will not materially alter the relation of the various groups of diseases to one another, and for all practical purposes the numbers tabulated under the new system are fairly comparable with those included under similar denominations in the classification of Dr. Farr, hitherto made use of in the returns published by the General Register Office.

UNIVERSITY OF ABERDEEN.—CHAIR OF PATHOLOGY.

OWING to the munificent gift (£10,000) of Sir Erasmus Wilson, a want long felt in the University of Aberdeen has been supplied, and the medical school may be said to be now complete. The University of Aberdeen has of late been showing signs of great vitality. We, therefore, congratulate the University on this addition to its strength. All that now remains is to select a competent man to fill the new chair.

THE HEALTH OF DUBLIN.

ACCORDING to the report just issued by Dr. Charles A. Cameron, Superintendent Medical Officer of Health for Dublin, the death-rate within the Dublin registration area (population 348,525) during the four weeks ending the 31st December was 33·47 per 1,000 persons living.

The rate within the City (population, 249,486) was 37·75 per 1,000.

The rate from the seven principle zymotics, in the whole district, was 4·85 per 1,000. In the city the rate was 6·3.

The admissions of patients affected with typhus fever showed a great falling off, as compared with preceding months. The admissions of typhoid fever patients increased slightly, and the admissions of persons affected with scarlet fever decreased largely, as compared with the preceding month. There was a very large increase in the admissions of children suffering from measles.

The high death-rate of December was caused nearly altogether by two causes—an epidemic of measles, and a large number of cases of bronchitis. Out of the total of 120 deaths caused by the seven principal zymotic diseases, no fewer than 101 were the result of measles. 28 children died from this malady in the North Dublin Union. Every effort has been made to arrest the spread of the epidemic; so far as it was possible the patients were removed to hospital, and the rooms which they inhabited were disinfected and thoroughly cleansed. When the patients slept upon straw beds or mattresses, these latter were burned at the Corporation disinfecting place, and replaced by new ones. This high morality from diseases of the respiratory organs was no doubt due to the very low temperature of a portion of the month. A serious outbreak of typhoid fever occurred in the Kildare Place Training Schools, which on investigation, I found was due partly to extremely defective sewerage arrangements, but chiefly to the use of drinking water from a cistern which was contaminated with sewage emanations.

Literature.

SOME RECENT WORKS ON CHEMISTRY.

(1) "A Dictionary of Chemistry and the Allied Branches of other Sciences." By Henry Watts, B.A., F.R.S., F.C.S., Editor of the *Journal of the Chemical Society*, assisted by eminent contributors. Third Supplement. Part II. London: Longman and Co.

(2) "Elements of Chemistry, Theoretical and Practical." By W. A. Miller, M.D., D.C.L., LL.D. Revised, and in

great part re-written, by Henry E. Armstrong, Ph.D., F.R.S., Sec. Chem. Soc., and Charles E. Groves, F.C.S., Sec. Inst. Chem. Part 3. "Chemistry of Carbon Compounds or Organic Chemistry." Section 1. Fifth Edition. London: Longman and Co.

(3) "Adolph Strecker's Short Text-book of Organic Chemistry." By Dr. Johannes Wialeceus, Professor of Chemistry in the University of Würzburg. Translated and Edited with extensive additions by W. R. Hodgkinson, Ph.D., and A. J. Greenaway, F.I.C. London: Kegan, Paul and Co.

(4) "A Treatise on Chemistry." By H. E. Roscoe, F.R.S., and C. Schorlemmer, F.R.S., Professors of Chemistry in the Victoria University, Owens College, Manchester. Vol 3. "Organic Chemistry." Part 1. London: Macmillan and Co.

(5) "Annals of Chemical Medicine, including the application of Chemistry to Physiology, Therapeutics, Pharmacy, Toxicology, and Hygiene." Vol 2. By J. L. W. Thudichum, M.D. London: Longman and Co. 1881.

(1) To Mr. Watts, more than any other English scientific writer, the thanks of students of chemistry are due for valuable contributions to chemical literature. The chief work of his life, however, is undoubtedly the great Dictionary of Chemistry which bears his name. It is close upon twenty years since this work was commenced, and now we have to chronicle the appearance of the final supplement. This volume, of large 8vo. size, and more than 2,000 pages, completes the record of chemical discovery down to the end of 1878, including the more important discoveries of 1879 and 1880. The work on the whole is a most admirable compilation, and contains, besides, original articles of great value. If Mr. Watts proposes to abandon it now, we trust it is because he fancies that he can, with the aid of the able staff of abstractors of the Chemical Society, render their *Journal*, which he edits, an efficient substitute. Should Mr. Watts still possess the will to undertake such a task, there is no similar undertaking which would do so much service to science, as a thorough re-editing of this vast work, so as to incorporate the appendices into the body of the work, and render the whole a just representative of modern chemistry. Failing this, an index to the original work and its four volumes of supplements would be exceedingly useful.

Although the chief responsibility in carrying out this work falls upon Mr. Watts, we find that he has received assistance from a few scientific friends who have contributed monographs. Thus Professor G. C. Foster has written an essay, bristling with mathematical formulae, upon Thermodynamics. Professor Thorpe, of Leeds, furnishes a most valuable memoir on specific volume, embodying the researches for which was recently awarded the Longstaff medal of the Chemical Society as the best research during the previous five years. Mr. Warrington, the conscientious experimenter at Mr. Lawes's experimental farm at Rothamsted, shows in his article on Nitrification how there is reason to believe that the formation of nitrates and nitrites in the soil is but one more of the many natural processes in which the active agents are really minute organisms or "germs" (in this instance, apparently one that falls within Cohn's definition of a *micrococcus*).

In spectroscopic analysis much interesting work has been done. Captain Abney has opened a new field by his discovery of the possibility of photographing the ultra-red of the spectrum, whilst simultaneously, Professors Hartley and Huntingdon, by photographs in the ultra-violet, have shown how the composition of organic liquids may be ascertained by their absorption spectra. Higgins, Vogel, and Draper continue to work with success on the visible parts of the spectrum; and Messrs. Liveing and Dewar, having also turned their attention in this direction, have come somewhat into conflict with Mr. Lockyer, whose bold speculations are still inadequately supported by experiment.

Although the work abounds in novel facts, much that is given in this supplement may appear trivial to such as cannot see the purpose underlying their investigation; but it is astonishing how valuable these meaningless discoveries become when the key is known. It requires a special education to understand the researches which Professor Baeyer, of Munich, has published during several years past, yet anyone can estimate their importance now he has succeeded, by the knowledge thus gained, in making indigo artificially from coal-tar products, at such a price, too, that for some purposes it can compete with the natural dye. There are hundreds of other problems of importance that

are gradually solving themselves as facts accumulate; and chemists and science generally are deeply indebted to men like Mr. Watts, by whom the necessary materials are brought together.

Organic Chemistry, although a branch of the science which has made more progress than any other, is not the most studied in this country. Hence, where the difficulties are greatest, the incentives to writing a thorough work are least. Simultaneously, however, several chemists have been working to supply this need, and as a result, not one only, but three good works on Organic Chemistry have been recently issued. We have not space to review these important works with the completeness their merits deserve, but the following brief summaries will indicate their chief peculiarities:—

(2) The new edition of the Third Volume of Miller's "Elements of Chemistry," on "Organic Chemistry," is prepared by Professor Armstrong and Mr. C. E. Groves. The opening chapters are reproduced with scarcely a modification from the last edition, and thus compare but poorly with the corresponding pages of the works mentioned below, which introduce recent material. In the succeeding chapters we get ably written original matter, but it bears evidence of the time it has been in hand. In the latter half of the work, however, the facts are, on the whole, accurate and recent, and the theories skilfully handled. In the present volume, the hydrocarbons, alcohols, ethers, aldehydes, paraffinoid acids are treated of. In the next volume, the works will be completed—a consummation which, it is to be hoped, will not be long delayed.

(3) The Strecker-Wieslecken "Organic Chemistry" is a well-known German work, which Messrs. Hodgkinson and Greenaway have translated and edited. There is somewhat of a Teutonic flavour about some of the English in this book, but the information itself is trustworthy, and just such as the working student will require. It is expressed, too, in a terse way, which admits of a good deal being condensed into a short space. The work treats only of "pure science." The practical applications are scarcely, if at all, alluded to. It is complete in one volume, and therefore by no means so large as the works with which we are comparing it; considering, however, that it consists of nearly eight hundred large pages, it seems a somewhat of a misnomer to retain the title of "Small Text Book," which distinguished the original work of Professor Strecker.

(4) Roscoe and Schorlemmer's "Organic Chemistry" far outstrips all competitors in the costly way it has been brought out. The book is printed in large type, and on excellent paper, and is illustrated by numerous well-out wood engravings. This work is also distinguished from those previously mentioned by the fact that names and references are introduced on every available occasion, so that the treatise not only records the present state of our knowledge, but gives also an historical account of how that knowledge has been acquired. Another characteristic is the amount of attention paid to the details of "applied" organic chemistry. This scheme renders the work so bulky that only the hydrocarbons and their derivatives are discussed in this volume, and two others at least will be required to complete the undertaking.

(5) Dr. Thudichum's "Annals of Chemical Medicine," vol. 2, contains, like its predecessor, accounts reproduced *in extenso* of the Editor's own researches—consisting of papers on the non-phosphorised groups of nitrogenised principles of the brain; anaesthesia by volatile alkaloids, as illustrated by opium smoking; the isomers of cholic acid of the ox; besides summaries of the investigations of other workers upon the subjects mentioned in the title of the book. These summaries are perhaps more attractive than the uncondensed papers, for they bring together, in comparison, the work of observers, many of them continental, whose publications would otherwise be beyond the range of many of our readers.

There are, in all, twenty-two subjects touched on, many of which are of considerable value. We think, however, that the Editor would have better exercised his discretion by omitting altogether from his work the article entitled "On modern text-books as impediments to the progress of animal chemistry (a deduction)." The only books therein alluded to are Mr. Kingzett's "Animal Chemistry," and Dr. Gamgee's "Chemical Physiology of the Animal Body," and the elaborate onslaught on Dr. Gamgee's work renders it but too evident which way the writer desires the "deduction" to

be drawn. The whole article appears to us quite out of place in a work like this, especially when one considers how many facts of value might have been recorded in the same space.

The existence in the brain of a definite principle called "protagon" by Liebreich has been confirmed by Drs. Gamgee and Blankinhorn, and denied by Dr. Thudichum with equal confidence. Believing that "even the proposers and backers of 'protagon' themselves are reluctantly constrained by this time to look upon it as an exploded fallacy," Dr. Thudichum says in his preface he "feels no longer called upon to participate in any further discussion on this matter." Nevertheless, he permits reference to "a kind of chemico-theoretical 'super' on the physiological stage, viz., 'protagon,' to be made in the article above mentioned.

Dr. Thudichum refers to the estimation of sugar in two interesting articles, one treating on its estimation by the polariscope, the other by the "cupric test." In the latter, he says, after quoting one of Dr. Pavy's experiments. "This behaviour would show that, if in Bernard's experiments ammonia had any share, all the results of this author obtained by the method indicated are affected by a considerable quantitative error. But, as already stated, the solution of ammonia in Bernard's process is not yet proved."

In the above statements the Editor, we fancy, entirely misapprehends Dr. Pavy's position. This gentleman has already demonstrated by experiment the inaccuracy of Bernard's process; and this fact holds good whether he can or cannot prove his assertion that it is generated ammonia, and not organic matter, that holds in solution the suboxide formed by the reduction of the cupric tartrate.

Considering the difficulties medical men experience in following the modern chemical nomenclature which meets with general acceptance among chemists, we think it a pity the Editor should have further embarrassed his readers by words like "chemolysis," "quantation," "molecule" (for molecule), and so forth.

From what we have said it will be gathered that all the works we have mentioned are meritorious productions, and their comparative value will depend on the requirements of the reader.

Literary Notes and Gossip.

THERE have been but few changes in the medical journals of this country during the past year. The four old-established weeklies still maintain their position. Of new journals, one, the *Specialist*, did not long survive its birth, ceasing with the old year. Considering the small field at his disposal, the editor, Dr. Junius Hardwicke, of Sheffield, strove well and ably at his uphill task, but failed, as we predicted, for lack of adequate support, and a broader field. Another new journal, the *Medical News*, was started towards the end of last year, and is still in existence. These are the only journalistic changes at home to chronicle for 1882.

OF 1882 it is of course too early to speak, but if the present affords in any way an index of what is to follow, the year will indeed be prolific in journalistic ventures. First, we come to the *Students' Journal and Hospital Gazette*. After nine years existence as a fortnightly, the editor states that, "Owing to the increased number of medical students, and the demands made upon its space for matter of interest to that body, it has been decided to issue the journal weekly instead of fortnightly, and to reduce its price one half, from fourpence to twopence." This is one reason for the alteration, but we imagine the more cogent factor was the starting of another student's organ, and the editor and publishers of the original journal were determined not to be beaten on their own ground. Whatever be the cause, the *Students' Journal* has proved a valuable medium of intercommunication, and an aid to the student in times past, and we cordially wish it success in its new departure.

ANOTHER new feature in journalism is the starting this month of the *Midland Medical Miscellany*, by Messrs. Richardson and Co., the well-known manufacturing chemists of Leicester. For workmanship and general appearance this new monthly leaves nothing to be desired. But it does not seriously appeal to the profession for support, nor to us for criticism; it is a trade organ composed of fifty-two pages of

he advertisements and price lists of the firm, with sixteen pages of literary matter, and a portrait and biography of Dr. Janford Thomas. Having so recently (January 4th) expressed our views on the subject of "contemporary biography," we can hardly be expected to approve of this department of the new publication. On the other hand, when the editor essays "therapeutic notes" and gleanings from the medical and scientific journals, he is on genial ground, and has exercised considerable acumen in his selections.

BESIDE the journals before mentioned, the *American Journal of Obstetrics* starts a monthly supplement in order to bridge over the period between its regularly quarterly issues. This journal is in great demand on the other side of the Atlantic, and we doubt not will be favourably received in this country, now that English editorial and publishing co-operation has been secured. Three other new medical journals have also come to hand—all from America. The *Colorado Medical Journal*, a monthly, edited by Dr. W. H. Warn. The *New England Medical Monthly*, edited by Dr. W. C. Wile, and the *North Western Lancet*, a semi-monthly, edited by Dr. Jay Owens. These initiatory numbers seem well up to date, and contain much interesting matter; but in declining to increase our already over large "Exchange List," we beg our editors will not take it as a want of courtesy, but want of opportunity, to scan more than forty-two journals.

THE Neapolitan Medical School has, of late years, made great progress. It was well represented in London at the Congress. A *vide mecum* of the work of the school by Prof. Franco is announced, which will not fail to interest all who have visited the lovely city of the south, or have watched the progress of science in the University. A clinical journal has been successfully carried on during the last four years, and the *International Medical Journal*, published at Naples, has been conducted with great ability.

ITALIAN medical literature has lately been enriched by numerous translations of standard works from English and German; but original memoirs are also rapidly accumulating. Prof. Lemmola's works, as also those of Corradi, Palladino, Cantini, Palasciano, Caselli, Tomaselli, Paochiotti, and others are well-known to a number of their English confreres. Dr. Novaro has published at Turin his case of extirpation of the larynx. Dr. Cozzolino has, in the press, a monograph on *Ozæna*.

ALTHOUGH a preliminary education is now essential, and, in all cases, comprises Latin, "The Latin Grammar of Pharmacy," by Joseph Ince, F.C.S. (Baillière, Tindall, and Cox), will be found useful to many medical students, for it brings together, in a small compass, the rules which should be observed in writing, and, of course, in construing prescriptions. It gives *seriatim* the parts of speech, illustrating each by examples taken from words constantly occurring in prescriptions. A short syntax follows, with suggestions for reading prescriptions, tables of abbreviations, and a copious vocabulary. We have so often seen students non-plussed by the little peculiarities of medical latin that we are sure Mr. Ince's grammar will obtain a ready sale.

AT the meeting of the Council of the Royal College of Surgeons of England on Thursday last, five dissertations on "The Pathology and Surgical Treatment of Diseases of the Hip-joint" were received in competition for the Jacksonian Prize. These will, of course, have to be considered by a committee in the usual way before any award is made. At the same meeting it was also decided to print the second part of the catalogue of Osteology of the Vertebrata.

FOUR volumes, containing the papers read, and the discussions held, at meetings of the late International Medical Congress, have been issued within the last few days, and form an enduring memorial of the greatest meeting of the profession ever witnessed. The work in its completed form is an imposing and invaluable collection of monographs and speeches, and he influence it will exert on the future progress of science is difficult to estimate.

A BOOK which has passed so rapidly into a second edition as has Dr. Farquharson's "Guide to Therapeutics" (Smith, Elder, and Co.), hardly requires detailed criticism. This book is now well-known to students and practitioners, and

deserves the success it has met with. It has been thoroughly revised and brought up to a level with the most recent therapeutical knowledge.

"A TREATISE on Salt" (Baillière, Tindall, and Cox), is a novelty. Dr. Boddy has certainly opened out an unexplored mine, so that we have a thoroughly original piece of work treated in a pleasant, interesting, readable, but scientific manner, so as to fit it not only for the medical, but the general reader. The importance of salt is generally recognised, but few have thought it played such a wide part in the economy of nature. We have pleasure in recommending Dr. Boddy's little work to our readers.

WE have before us a numerous array of almanacs for 1882, from the three-foot placard for the wall, to the tiny time-reminder for the vest pocket; but the only one of special medical interest amongst them is Richards' Medical Almanac, which the author styles an "Epitome of Medicine." A quotation from this novel little publication will suffice to explain its contents. Thus: "August 1, 1602, Harvey became a Doctor of Medicine. He expounded the circulation of the blood, 1616. In 1628 he published his discovery. He died in London, 1657."

A REAL novelty in magazine literature has this year been introduced in *Cassell's Magazine*, under the title of the "Family Parliament." The discussions are exciting the liveliest interest, and a new debate, we see, is to be opened in the February number on the question, "Are Early Marriages Unthrifty?" The debates are open to all readers of *Cassell's Magazine*.

AN unfortunate controversy regarding literary work is now going on in the columns of the *Lancet*, between Dr. Cassells, of Glasgow, and Mr. W. B. Hemming, of Notting Hill. It is well known that Professor Politzer, of Vienna, has been, for some time past, engaged on an exhaustive work on the ear, and as there were many candidates for permission to make an English translation, Politzer yielded to the request of a former pupil, Dr. Cassells. Thereupon the late Mr. Douglas Hemming (whose obituary we published on Dec. 14th), an excellent German scholar, proffered his services to assist in the translation, and an arrangement was, we understand, made between him and Dr. Cassells. Subsequently Dr. Cassells elected to do the whole translation himself, and returned Mr. Hemming his portion of the work. We cannot, therefore, but think that it is a somewhat ungracious act on the part of Dr. Cassells to question the accuracy of a paragraph in an obituary notice, after accepting the assistance of the deceased gentleman, even though he did not make use of work which Mr. Douglas Hemming undoubtedly performed in accordance with a mutual agreement.

NEW BOOKS AND NEW EDITIONS.—The following have been received for review: Schematic Anatomy, by W. P. Mears, M.B. Leprosy in British Guiana, by J. D. Hillis, F.R.C.S. On Diseases and Injuries of the Eye, by J. R. Wolfe, M.D. Descriptive Catalogue of Specimens Illustrating Surgical Pathology in University College Museum. Scrofula and its Gland Diseases, by F. Treves, F.R.C.S. Only a Twelve-month, or the County Asylum. Elements of Pharmacy, Materia Medica, and Therapeutics, by William Whitla, M.D. Braithwaite's Half-yearly Retrospect of Medicine, Vol. LXXXIV. Transactions of the International Medical Congress, Vols. I. II. III. IV. Statistical Report of the Health of the Navy for 1880. Report upon the Broadmoor Criminal Lunatic Asylum for 1880. Report on the Sanitary Condition of Wandsworth during 1880. Religio Medici, by Sir Thomas Brown, edited by W. A. Greenhill, M.D. Antiseptic Surgery, by W. Watson Cheyne, F.R.C.S. Science and Culture, by Thomas Henry Huxley, F.R.S. "Transactions of the Pathological Society of London." Vol. XXXII.

NOTICES TO CORRESPONDENTS.

ALL 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.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, can now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

DR. BUCHANAN (Glasgow).—We hope to find space for the correspondence "On Protected and Unprotected Small-pox" in our next.

DR. PEIRSON is thanked for his good wishes, and for the information contained in his letter.

DR. A. N. BELL.—Sorry we cannot further add to our Exchange List.

MR. FLETCHER.—An explanation of the circumstance referred to will be found on reference to our "Literary Notes" column, present number.

A SUFFERER.—We do not prescribe in these columns; as you appear to have been fleeced of your all by the quacks, we would advise you to present yourself as an out-patient at the nearest hospital.

VACCINATION.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I shall feel obliged by your answering the following queries at your earliest convenience:—

1st. If a poor woman brings her child from an adjoining district to my dispensary, or to my house for vaccination, is it illegal to vaccinate the said child? and am I, on registering the result of the vaccination and forwarding the usual certificate, to the registrar in whose district the birth occurred, entitled to the usual vaccination fee?

Yours truly, H. D.

[1. It is not illegal to vaccinate any child brought to you for that purpose; but, probably, your question is meant to be—is it illegal to charge the guardians for such vaccination? The dispensary regulations require you to vaccinate all persons who may come to you for that purpose at the dispensary, and it is your duty to return each case in your report (Form H.) which you vaccinated in your capacity as dispensary medical officer, and have not received a fee for. Under the 6th section of the Vaccination Amendment Act of 1879 you are entitled to 2s. for every person successfully vaccinated, and every person re-vaccinated by you within your dispensary district.—ED.]

MIDWIFERY.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—What would be the etiquette in the following case: If the wife of a dispensary doctor comes up from the country on a visit to her friends in my district and labour sets in suddenly, and I am called in to attend her by her husband (the case being a serious one), and having paid the usual number of visits, &c., am I entitled to my fee or not? Is it the custom of medical men to take fees for attendance on the wives of their professional brethren?

Yours, &c., E. B.

[It is customary not to take a fee for attendance of any kind on any member of a brother medical man's family. Your professional brother will doubtless do as much for you.—ED.]

MR. MURRAY (Edinburgh) is referred to the notice in our last issue, page 40.

AMBULANCE.—A meeting was held at the suggestion of the Central Executive Committee of the St. John Ambulance Association on Monday at St. John's Gate, Clerkenwell, to consider the desirableness of placing those metropolitan police-stations where the Order of St. John litters are established in telegraphic communication with the various hospitals, and further to consider the best description of wheeled transport available for town use. Major Duncan mentioned that at seventy-five of the metropolitan police-stations there were now St. John wheel ambulance litters. A motion was carried on the proposition of Dr. K. Owen, "That in the opinion of this meeting it is desirable that a system of street ambulances should be organised in London." Two other resolutions were carried—viz: "To offer a prize for the best design of horse ambulance, it being considered that the hand ambulance supplied to the police-stations was already perfect;" and "To place all metropolitan police-stations in electrical communication for ambulance purposes with the hospitals, and with one another."

DR. G.—1. No reply has yet been received. **2.** The review is held over for want of space.

DR. J. O. F.—Proof will be sent in due course. You will receive a private note before insertion.

MEETINGS OF THE SOCIETIES.

- HARVEIAN SOCIETY.**—Thursday, Jan. 19th, at 8 p.m. Election of Officers.—9 p.m. President's Address.—Conversations.
- ROYAL INSTITUTION.**—Friday, Jan. 20th, at 9 p.m., Dr. Wm. Huggins, "On Comets."
- ROYAL INSTITUTION.**—Saturday, Jan. 21st, at 8 p.m., Prof. E. Paner, "On Louis van Beethoven."
- ROYAL INSTITUTION.**—Tuesday, Jan. 24th, at 8 p.m., Prof. John G. McKendrick, "On the Mechanism of the Senses."

Vacancies.

- Carnarvonshire and Anglesey Infirmary.**—House Surgeon. Acquaintance with the Welsh language is required. Salary, £100, with board. Applications to be sent to the Secretary on or before Feb. 11.
- Charing Cross Hospital.**—Assistant Physician. Applications to the Secretary on or before Jan. 28.
- General Hospital, Birmingham.**—Assistant Surgeon. Applications must be sent to the House Governor on or before Jan. 30.

Great Western Railway.—Medical Officer. Salary, £600. Applications to be addressed to the Secretary, and must be delivered at the Paddington Station, London, not later than Jan. 28. (See Advt.)

Mercer's Hospital, Dublin.—Resident Medical Officer and Apothecary. Applications to be sent to Mr. James Shaw, at the Hospital. (See Advt.)

Royal Cornwall Infirmary.—House Surgeon. Salary, £120. Applications to be sent to the Secretary, Royal Cornwall, Infirmary, Truro, before Jan. 25.

Royal Surrey County Hospital.—House Surgeon. Salary, £75, with board. Applications to the Secretary, Town Hall, Guildford, before Jan. 30.

St. Asaph Union.—Medical Officer for the Llanfalfthalarn District. Salary, £81, with the usual extras. Applications to the Clerk, Union Offices, St. Asaph, Flintshire, by Jan. 25.

St. Olave's Union.—Resident Assistant Medical Officer and Dispenser. Salary, £100. Applications must reach the Clerk not later than Jan. 20.

West Herts Infirmary, Hemel Hempstead.—House Surgeon and Dispenser. Salary, £100, with board, &c. Applications to be forwarded to the Secretary on or before Feb. 1.

Wolverhampton and Staffordshire General Hospital.—Honorary Physician. Applications to be sent to the Secretary not later than Jan. 30.

Births.

- BROWN.**—Jan. 12, at 17 Hartington Place, Eastbourne, the wife of Chas. Brown, M.D., of a son, prematurely.
- MAYBERRY.**—Jan. 8, at Riversdale, Kenmare co. Kerry, the wife of Francis George Mayberry, M.B., M.Ch. T.C.D., of a daughter.
- O'BRIEN.**—Jan. 13, at Stoke, Devonport, the wife of Surgeon-Major Hy. O'Brien, M.R., A.M.D., of a daughter.
- SHACKLETON.**—Jan. 9, at Tandraee, the wife of Edmond Shackleton, M.D., of a son.

Marriages.

MARSHALL—PRICE.—Jan. 11, at St. Mary's, Brecon, Joseph Marshall, M.B.T.C.D., second son of the late Joseph Marshall, M.R.C.S.E., of Dromore, co. Tyrone, to Jessie Sarah, eldest daughter of the late Rev. Howel Price, rector of Llanytrithyd.

Deaths.

- BAIRD.**—Jan. 10, after a few days' illness, at 7 Camden Crescent, Dover, Andrew Wood Baird, M.D., M.R.C.P. Edin. and Lond., Physician to Dover Hospital.
- EDGCOMBE.**—Jan. 10, at Upper Norwood, James Edgcombe, M.D. St. And., aged 76.
- HALLOWS.**—Jan. 4, at Canterbury, P. Blackwood Hallows, F.R.C.S., in his 81st year.
- PURDON.**—Jan. 8, at Belfast, Charles D. Purdon, M.D. Dub., aged 63.
- SOUTH.**—Jan. 8, John Flint South, F.R.C.S.E., of Blackheath Park, in his 85th year.
- TAYLOR.**—Jan. 7, at St. George, Guernsey, after a few days' illness, Joseph Marmaduke Taylor, Surgeon-Major, late Royal Horse Guards, eldest surviving son of the late Joseph Henry Taylor, Lieutenant 9th Light Infantry, of Hillbrook House, Castleknock, co. Dublin, and of Graigue, co. Tipperary.
- WILLIAMSON.**—Jan. 6, at Florence, of typhoid fever, Robert Isherwood Williamson, F.R.C.S., M.A., M.B., and Radcliffe Travelling Fellow in the University of Oxford, aged 20.

CRUELTY TO ANIMALS.

The Dublin Society for Prevention of above, APPEAL for Help to extend their labours.

Cases detected since 1st January, 1881 (as many as during the week of last year):—

Horses	..	..	..	..	315
Donkeys	..	..	..	..	30
Mules	..	..	..	..	..
Cattle	..	..	..	..	11
Fowl	..	..	..	..	23
Pigs	..	..	..	..	5
Goat	..	..	..	..	1
Dog	..	..	..	..	1

Total .. 389

The Society's Officers have no pecuniary interest whatever in Prosecutions, Convictions, or Fines.

WATER TROUBLES.

The Committee wish to Erect Two Fountains, much needed in the city, and hope the humane public will lend their assistance with funds.

Any notice of Cruelty cases, or Donations will be thankfully received by GEORGE RYALL, Secretary, Office, 36 Westmoreland Street, T. F. BRADY, Esq., Hon. Secretary, 11 Percy Place; or WM. PERKIN, Esq., Treasurer, 60 Lower Sackville Street.

MIDWIFE in a DISPENSARY DISTRICT.—A FULLY-QUALIFIED NURSE, Experienced and Active seeks an Appointment as above. Can be highly recommended by the Dublin Editor of the *Medical Press*, to whom application may be made.

DOUBLE QUALIFICATION, EDINBURGH.—STUDENTS are prepared by a "successful" Candidate, F.R.C.S.E., Messrs. E. & S. Livingstone, Edinburgh, for the Edinburgh.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 25, 1882.

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Original Communications.

TWENTY-ONE YEARS OF SCIENTIFIC PROGRESS IN THE USE AND DISUSE OF ALCOHOL.

By B. W. RICHARDSON, M.D., F.R.C.P., F.R.S.,
President of the Sanitary Institute of Great Britain.

(1.) I REMEMBER that twenty-one years ago it was a very common notion—one of the most common of all notions—that wine, beer, and spirits were things quite distinct from water. The common impression was that when these things were taken they were distinctive agents of themselves, that there was no water connected with them according to ordinary acceptation, and even through our better classes this view was constantly expressed. A gentleman sitting at table would tell you that it was the best champagne he provided, no watery stuff, and that he had given say £7 a dozen for it. You were under the delusion if you took the man's word that this was no watery beverage, but something different. You found the poor man at the inn, smacking his lips and saying, "This is no water, it is good malt and hops." So a person taking a glass of spirit which burnt his lips and throat thought it all the better the hotter it was, "because," he would say, "it is farthest removed from water." There is no doubt a great advance in the public knowledge on this one topic. We, as men of science, have so impregnated the public mind with the facts that there are very few now who do not know that the fluids sold as beer, and wine, and spirit are always largely water. The bottle of champagne, which costs so much per dozen, when it comes up for investigation, turns out to be a fluid of which, if you take one hundred from eighty to ninety, are water. If you turn to the beer which the man is drinking at the inn, you find the same relative story. So with regard to spirit. In sherry there will be three parts of water to one of spirit; in brandy, that strongest spirit, fifty of water to fifty of spirit. Now, I think, through the length and breadth of the land, these facts are making an impression, and those who are not engaged in the question of scientific research can use them as forcibly as we can. They can explain that people who think they are paying large sums of money for something exceedingly choice, are after all unwittingly, and in a very unfortunate way, water-buyers and water-drinkers.

(2.) When the idea of spirit was brought forward, and we talked of the strength of beers, wines, and spirits, it was thought that one particular alcohol or spirit was the only thing of its kind. Men of science knew better, but the general impression was, and is to some extent still, that the substance which we call spirit is a thing alone of itself, that it stands as though there was nothing else like it. I hope we have pretty fairly imbued the nation with the fact that this spirit of wine is only one of a great family; that there are a number of alcohols, some derived from wood, some from wheat, some from potato spirit, and so on—all bodies of the same chemical family, and not in any way distinct, except by the simple accidents of taste and weight, and a few other physical varieties, from that alcohol which we drink.

(3.) I think we have fairly brought out what in regard to the effect of the particular alcohol we take that it can in no way be considered a food. We have shown that foods are substances which either make up the great mass of the body, like water; or which build up the tissues, like albumen, egg, cheese, meats; or which burn in the body, like fat, and oil, and starch, and sugar, producing animal warmth and keeping up the vital fire; or which go to make up the bony structure. We have shown that alcohol does not belong to water food; that there is nothing in it which it can represent in regard to meat substances; or the same with the structures which make up the skeleton of the body. Then, when we ask whether this agent can be classed with the foods which keep up the animal warmth, we find that its imbibition reduces the animal temperature and prevents the formation of those products which come from the burning of food within the body. Therefore, so far as alcohol is concerned, we can affirm that positively it is no food at all, that it produces phenomenal effects upon the body, is no more a food than chloroform and ether are foods.

(4.) Again we have traced out that alcohol acts just as do other phenomenal agents. Men of science have come by a common consent to this position, that there must be a certain point when the quantity taken must not be exceeded. There is not a single physician living who is a thoughtful man, who would not tell you candidly and honestly in this day that there must be a very strict border line drawn as to where the luxury must stop. Twenty years ago men did not think of a limited number at all. "Oh?" says the man who wishes to please all parties—"you may take a little

but it must not exceed the physiological quantity"—not more than you can by your good health dispose of without injury to yourself. "You may take 1½ oz. of alcohol if you like in the twenty-four hours." That means a very small quantity indeed. It would be represented by two to three glasses of ale. "You may take that in the twenty-four hours, but you must not exceed that quantity. If you do, then you run the certain risk of slipping into disease." Thus we have brought the matter of quantity down to a very fine point indeed—and some even reduce the quantity still lower.

(5.) Twenty-one years ago it was a common belief that men did more work when they took a little drink—not a little, I think I am wrong there, but when they began with a little and went on, great feats were said to be performed by men when they were taking the drink, as if the taking of the drink was a necessity for the feat. Science has shown that there is no strength got by alcohol, that it is perfectly impossible that that which does not build up the tissues of the body, does not supply water, warmth, and vitality to the body, can give strength to the body; while numbers began to try to abstain independently of science, and so two favouring currents set in. Now what are the recognised facts? That all men who are going into training, for rowing, long walks, and the like—whatever they are going to do with regard to training for these pursuits discover the advantage they get if they altogether abstain from the use of this degrading and debasing physical agent—alcohol.

(6.) Another advance has been made in regard to *mental work*. I remember the time, when if it was conceived necessary to write at night, a man must needs prime himself with wine or spirits. Here, again, our scientific research came into play, and we have been able to show positively that nothing is so injurious to mental work and capacity as for anyone to lace himself up with strong drink under the idea that he is assisting himself. All our medical authorities at this day proclaim that as the general fact; and they proclaim it from reasons which are seen fearfully standing out day by day in the most glaring colours, and on the most unmistakable lines. The very best of men (such is the evidence) have fallen from this idea, that being engaged in mental or artistic work, they would gain assistance from an agent which, of all others, is to them most enticing and most perilous. It is men of this class who most readily succumb. This impression of evil from alcohol has had its influence all through society, but whether there is a great reaction in favour of the simple rules of nature or not, this is quite certain, that the evidence that should lead to such reaction is now fairly and fully before the world, and has been put before it by the labours of those who have worked on the scientific basis during the past twenty-one years.

(7.) Twenty-one years ago, except among the total abstiners themselves, it was believed that to meet the vicissitudes of cold and of heat, it was necessary that a certain amount of alcohol should be taken; and so our ships went out to the Arctic regions charged with spirits to "assist" the men, and our soldiers were sent out to India charged with spirit rations to give strength to them. Look at the extreme absurdity of this practice. If the men that went due North had this alcohol to warm them, the men that went to tropical climes could not want it for warmth. Did they want it to cool them? What is the evidence? We have proved that under cold there is nothing so bad as this spirit, and that it is, as it were, death added to sleep. We have proved that when the temperature of the body is raised by extreme warmth there is nothing so bad as the tension produced in the blood by this light vapour of alcohol. We have shown through science what is the effect of alcohol in heat and cold, and have shown that in both cases it must, from the nature of its action, be ruinous to health and life. That has had a good effect. We know now that those men who have been total abstiners have lived best, worked hardest, suffered least, and came home soundest in heat and in cold. We know that in the tropics those men who have taken least have fought the hardest battles and made the best marches; and those who have taken none at all have been better off still. In tropical weather we have found that the mortal disease which kills so many and which is called sunstroke—that the people thus stricken are not all persons in perfect health, but those who have prepared themselves for the direct effect of the sun upon them by the introduction into their systems of alcoholic drink.

(8.) Twenty-one years ago it was supposed that persons

could live for a certain length of time upon alcohol, and one of the hardest nuts we have had to crack has been to meet this statement. It was very common to give to weak and feeble persons wine and strong drink, and they lived upon that, as it seemed, so well that nobody could be convinced that this was not good living in certain cases of weakness and exhaustion and want of other fluid. As we have thought over the matter the facts have come out, that what is most wanted by these starving people, that which keeps them alive is not the alcohol, but the water that is commingled with it. The person who is said to take a bit of rusk, and with that so much gin-and-water or champagne, has not been living by virtue of alcohol or spirit, but by virtue of the water that has been taken with that limited fare; and we have come to a positive conclusion and knowledge that a man may go on for days and weeks, and may live as it were upon himself, if you will simply supply him with a sufficient quantity of water.

(9.) I recollect twenty-one years ago that alcohol was considered the grand *panacea in the treatment of diseases*. For my part, though I had not then become a total abstainer, I had always stood aloof from the method of treating all descriptions of disease, and particularly diseases of an exhaustive kind, with large quantities of alcohol. In my student life I observed in cases of fever that the free administration of alcohol always produced a great deal of excitement first, and then depression, and then sleep, and a delirium which did not seem to be very different from the delirium of drunkenness; and yet under the influence of masters who said this was necessary a student was obliged to accept that that was the right treatment. Later in life when I began to practise for myself and found a very distinguished physician praising this treatment in all directions, and a number of disciples following him, I was obliged to hold aloof and be somewhat unpopular because I would moderate the quantity of spirit that was being given. Then gradually the truth began to dawn upon me and others that the thing was all wrong; and through the great efforts made by a very few men in the first instance what is the result? That the whole of this heroic line of treatment of disease, not by ounces of wine, but of pints per day, has been altogether given up. The idea of the wine or spirit treatment of fever has passed nearly away. To Dr. Gairdner, of Glasgow, we are greatly indebted. With a boldness which few men under the circumstances would have evinced, he eliminated these stimulants from his fever wards one by one. He found persons come in there sick with the disease and die at the rate of 36 per cent. In from two to three years, with true conservatism, by reducing the quantity of alcohol until he brought it to a minimum or to nothing at all, he got results of deaths at the rate of 8 or 9 per cent. We were all struck by this, and you will find wherever you go that this treatment of disease by large quantities of drink has passed into oblivion, never, I hope, to rise again; has passed away with results at which everyone wonders, with results in recoveries which never could have been hoped for if, by a slow and gradual process, from that which was—yes, I will say it boldly—vicious and dangerous, and even fatal, a different system had not been carried out.

(10.) Twenty-one years ago we attributed but little to alcohol as a cause of disease. We said there was a disease called gin-drinker's liver, and that this was attended afterwards with dropsy, and led to a certain fixed mortality. We know well also of *delirium tremens*, and of *mania potu*, as the French call it, or "dipomania," as we call it, and not much more. You will, however, find now that the word *alcoholic* has become a common adjective in language referring to disease. Men speak of alcoholic phthisis or consumption. I was first to observe that there was a particular form of consumption, very fatal in its character, which was peculiar to persons who indulged largely in alcohol, which was specifically *alcoholic consumption*. That has been accepted, and later on other forms of disease—liver disease, heart disease, paralysis, apoplexy, various forms of dyspepsia, premature old age, and death are often accepted as alcoholic. You will hear that a man has got alcoholic paralysis, has died from apoplexy the result of alcohol, is prematurely old from alcohol: that is the evidence you get now; but you did not get it twenty-one years ago. The facts had always been as they are, all history had told the facts; but they had not been analysed and traced to their true source. We had not known that it was from the influence of this one particular agent that all this vast mass of disease was springing. A professional brother, going further than I even would have gone, has said that in walking his hospital for

twenty-five years he has been led to the conclusion that sixty to seventy of the cases of disease which came there were cases of disease brought about either directly or indirectly by this one agent alcohol.

(11.) We have known always that when a man or woman sits down at table and begins to take wine too freely, there is a stage of excitement, another stage of more excitement, another stage of wasted excitement and coldness and pallor, or darkness of the face; and a final stage, when the body lies helpless, or, as we should call it, dead drunk. That was known as regards the first effects of alcohol. What do we now know? We know that the slow, insidious effect of alcohol upon persons taking it day by day and year by year, at last gives us great populations who, not being intoxicated in this special or acute form, are still its victims in the same way. We know there are populations who go about and just take the "physiological quantity" which brings them up to the first stage; populations who, beginning rather early in the day, go from bar to bar, and place to place, perpetually in the second stage; populations who go on day by day and never go to bed thoroughly sober, or out of the third stage. And, when we go into our asylums and hospitals we find the victims of alcoholic paralysis, who, unable to help themselves, are practically speechless and practically dead drunk from the permanent use of alcohol have advanced, in this slow, insidious manner, into the fourth stage, in which they are ripe and ready to drop into the grave.

(12.) Twenty-one years ago, the facts about disease and short life from drink not being well recognised, our insurance companies were blind to them; but now so keen are they on this question of the effect of drink upon the persons who come to be insured that on the lives of those who sell strong drink there is put actually an extra tariff, and the great question asked by the insurance company is the question of sobriety.

(13.) We have figures in regard to the mortality from this agent strong drink which are startling, and which twenty years ago we should never have conceived as possible. Lately we have got much more refined examination of facts than formerly, although there has been a difference of opinion as to the real mortality from the use of strong drink. Dr. Farr, who thought that the mortality was very much overrated, has since said that forty to fifty thousand persons die per year from what he calls 'tippling.' Dr. Farr, before he resigned his post, was as good as to allow me to examine some returns of his, and this came out as a startling fact that there were variations in mortality from 71 to 138, 100 being the standard; this is to say, if the mean mortality of seventy occupations in three years examined was 100, then in the most favourable occupations the deaths were as seventy, and those in the least favourable were down to considerably over 100.

(14.) As regards insanity. Exactly in the same way as the body ceases to exert its proper powers under this agent so the mind begins to fail. There is great difference of opinion as to the amount of mental disease produced by alcohol. Twenty years ago the subject was not much under discussion, now it is, and the Commissioners are now reporting upon it. There is a difference of opinion, but it is generally admitted that there is a very large amount of insanity produced by drink, directly or indirectly. Dr. Edgar Shepherd declares that 40 per cent. of the persons who come into the great Asylum at Colney Hatch are brought there by the direct or indirect effects of drink. The Royal Commissioners say that the direct effects are represented by 14 per cent. It is difficult to get at the direct, and separate them from the indirect effects. But apart from that—see what an important point has been brought forth. I hold in my hand the record of 232 cases published by Dr. Mason, of Fort Hamilton. Dr. Mason shows, from the persons who have been under his own care, that it is not the poor and the badly educated, but that all classes are affected through this agent, and are represented in his asylum. He says, "We have at present amongst our patients clergymen, lawyers, physicians, and representatives from all classes of society, who once held remunerative and responsible positions, but who now, voluntarily in many instances, seek the shelter and restorative aid which our asylums afford." He goes on to say how this inebriety is brought on and produced by the drink, and he would put as mental alienation from drink the estimates higher than those of Dr. Edgar Shepherd. You see what a lesson this is to us, that there should be not only the physical, but the mental death so distinctly brought out by the use of alcohol.

(15.) Another point, and it is a sad and impressive one. Twenty-one years ago we had no kind of knowledge of an exact nature with regard to *heredity and drink*. Dr. Connolly, the late Sir John Forbes, and Dr. Carpenter had hinted and pointed out the relationship of drink to certain forms of hereditary disease; but we had no conception how marked is the influence of alcohol to produce disease by heredity, that is to say, not only in the person directly affected, but in the offspring of that person. We know now as certainly as possible that the thoroughly inebriate man or woman having children impress those children distinctly with the diseases which spring from the use of this particular fluid, and here we have again Dr. Mason coming forward and telling us:—"The inebriety of parents should be regarded as one predisposing cause of insanity in the children. The principal cause is the inebriety in the parents—92 of 116 cases in our asylums have such a percentage."

(16.) Again, we have had brought out before us in a manner never before the *relationship of alcohol to crime*. Our judges now are alive to this subject. Some have said that 90 per cent. of the criminal cases come from this cause, and this very day the papers contain a charge by Mr. Justice Kay, in which he says judicially, "I know by my experience that 50 per cent. of the crime of the kingdom springs from this cause."

(17.) We have declared that alcohol prepared and taken on a large scale is a source of starvation—that to take large quantities of it is to starve. We have known that all through our history. Our painters have shown that. Our Hogarths and Cruikshanks have sketched that. All who have depicted drunkenness have connected it with want and penury. We get now beyond that. We see the nations that are going to suffer severely, are nations that destroy the produce which is given to them for the supply of their natural wants by appropriating it to unnatural productions. For instance, in Ireland, one of my friends has brought me a book on the culture of land in Ireland, and has shown that 75 per cent. of the cereal produce of that country goes for the production of one grain—barley, which goes in its turn for the production of one destructive drink—whisky. Let us take that to our minds; and that is only one illustration of which many more could be given; but we have here this broad fact before us that directly we begin to take food for a false purpose we take from ourselves that which nature wished us to have, and starvation, misery, and penury are the natural results.

(18.) We have gained a piece of information we had not twenty-one years ago. Twenty-one years ago it was common to say: "What the total abstinents urge is right enough, but we are accustomed to the use of strong drinks, and are unable to leave them off; it is dangerous to leave them off. You must not break through a habit. You must be moderate." On that point we have grand experiments going on in our model prisons. We know that those unfortunates who are locked up, are locked up directly from this agent. When my mind became turned towards the action of alcohol upon the body I said: "Here is a crucial test about the leaving off." I inquired of the prisons, "Do you let these people down drop by drop, and gradually reduce strong drink?" "No," I found was the response. As the prison-door closes the tap closes so far as they are concerned. Then I asked "Do they suffer in any way?" The answer was "Never!" And wherever I have made that inquiry into discipline and life I have never once found an instance where it could be shown that the sudden leaving off of this drink by these people was a cause of any disease or any kind of defect whatsoever.

In America and Canada we have had the same experience. Dr. Bucke has recently published some experiments he has conducted. In 600 cases he has removed suddenly strong drink, and he says his asylum was never in better condition, and that he has never had the least occasion to suppose that the slightest injury was inflicted. For the moral side of our question this is a fact of supreme moment for you to bear in mind.

(19.) We get to see that through history there is a great deal to be learned in regard to what has been the cause of the failures of nations. Historians are now beginning to look up and say there were great wars at various times. How did they spring up? Who were the men that led them? They look at those great strifes that led to the American Revolution. Who were the statesmen? Why, they were statesmen who were always in wine. Look at the great riots and troubles that have arisen. What was their origin? Wine and strong drink. Even Alexander the Great is spoken of as

"Alexander the Drunkard," and it is known that he died intoxicated. Historians will soon be able to pick from the history of the past that which was sober and that which was drunken in the history of mankind and of nations.

(20.) We have scored a point in legislation. Twenty-one years ago no statesman would have dared to think of legislation as touching the English Juggernaut. On the contrary, he would let our people roll under its wheels, and be killed wholesale, and think nothing about it; but now it is the ambition of statesmen to lead the van of temperance, and by-and-by Sir Wilfred Lawson would have more compeers perchance than he liked were it not that his heart is as sound as his head.

(21.) Lastly, we have given up the notion pretty generally—those who are men of science and of thought have—of alcohol as a necessity. That general expression of alcohol as a necessity has passed from our minds by the accumulated evidence derived from so many sources. We speak now of alcohol as a plague, we say it produces fever and kills; we speak of this as a pestilence, we say that it infects, and spreads, and devastates.

Twenty-one years ago we used to hear in our churches the minister pray, "From plague, pestilence, and famine, from battle and murder, and from sudden death," and we used to hear the congregation give the response, "Good Lord, deliver us." Now by the knowledge we have we declare:—Yes; plague, pestilence, and famine, battle, murder, and sudden death, are all more or less linked up with this one agent, and we declare also that if we could say, and not only say but ensure ourselves, that we were delivered from this one agent, then the rest of our deliverance is indeed at hand.

THE LAWS WHICH GOVERN THE EXCITING AGENTS OF EPIDEMIC, ENDEMIC, AND INFECTIOUS DISEASES.—No II.

By JOHN GROVE, M.D.

(Continued from page 46.)

THE diffusion or dispersion of everything that lives no one can imagine to be conducted without reference to order, system, or law.

In the investigation of this law, by which the agents of disease become disseminated, or, as it may be called, the law of dispersion, we have but to refer to our own individual experience to discover its principles. We know that the agent of whooping-cough floats in the air, and that the poison of fever is wafted to a distance by the breezes; we know that the virus of small-pox, barely sufficient to moisten an ivory point, may be dried, wrapped in a piece of paper, and enclosed in a chest, it may be transported to any part almost of the habitable globe, harmless as the ivory on which it rests, or the paper which enfolds it; wherever may be its destination, it has but there to be placed in circumstances and under conditions for its dispersion on new lands, or in foreign climes, and its work of propagation and extension proceeds. We carry about with us the invisible poison-germs of scarlet fever, measles, and erysipelas, and are their unconscious disseminators. Waters flowing through paludous districts may, and do carry the poisons of cholera and dysentery, so that those who drink of them become affected with these diseases. All this is well known. But what do we gather from these facts?—that, by the air, by the water, and by the hand of man, the dispersion and diffusion of the germs of disease have been brought about, and by the same means also has the earth become clothed with vegetation, and the water and the land peopled with their multitudes of animal existences.

The law of static existence which is exemplified in the seed of plants and in the ova of animals, is remarkably illustrative of the doctrine here set forth.

The equilibrium of force which obtains in the seed or the ovum, is that relation of the component atoms of organic matter by which they are sustained in a condition requiring only a determinate train of circumstances to develop a series of phenomena. This series of phe-

nomena, viz., growth, maturity, and decline, wherever they are found, indicates as a sequel, the tendency and design of a multiple repetition of similar series. The seed is sown, and the ovum impregnated, the equilibrium of force is disturbed, the period of static existence has terminated, the formative power is at work, the death of the old and the generation of the new is the sum of the result. It is in this generation of the new, that the condition of static existence again appears in the newly created germ. All this is manifest in the inoculation of small-pox, or in the communication of any disease by contact. But beyond this, the period of static existence, whether of the seeds of plants, the ova of animals, or the germs of disease, has certain limits, and is regulated by a law. Further, in a given time, all alike yield to the dominion of the physical forces, chemical affinity, heat, light, and electricity. It is but in our day that well concerted experiments are being made to determine the duration of the latent life of seeds, and, fortunately for the botanist, his experiments can be conducted without risk or injury to any person. With a fair amount of caution and precision he may calculate upon arriving at a considerable amount of valuable information in a course of years; but the pathologist is less fortunately circumstanced; the experiment of sowing the seeds of disease among the human species would be unjustifiable (except in the case of cow-pox) and it would be highly interesting to know how long, under favouring circumstances, this virus might retain its power; this, with some other matter of disease laid by for experiment, after the manner of the botanist's seeds would not be altogether without its fruits. Without reference, however, to experiment, we are all satisfied that the matters of disease have a power of resistance to change or decomposition, and that the period during which they can retain this power, though not at all defined, is nevertheless known to extend over a space of some years in a few instances, perhaps only over a few months or weeks in others.

It is sufficient here to point out the fact that the elementary matters of disease possess a static power of resistance to change, and that, while that power remains, they are capable, like the seeds of plants, under favouring circumstances, of taking on an active state of existence, viz., of growth and reproduction.

The three following laws I will take in conjunction for the purpose of condensation. Every thing that lives has a limited period of active existence. Reproduction is intermittent. And there is a specific period of development.

There is a law by which the active existence of all that lives is governed and limited; man in his pride, the beast in his strength, the plant in its beauty, the insect in its agility, all at length succumb, at varying periods, to the dominion of this law. Pride, strength, beauty, and agility are the resultants of the active formative power of the original germ, which in the first instance has elaborated a highly organised nervous mass, the brain of man; in the second, the muscle, bone, and sinew of the beast; in the third, the gorgeous petal, and the delicately varying green, reflecting chlorophylle of the plant; in the fourth, the airy form, the pliant limbs, and gauze-like wing of the insect. Each has its limited sphere of action, each reproduces its kind, at intermittent periods, and each progresses to development by regularly defined stages. And are not the germs of disease limited in the sphere and time of their activity? Do they not, at intermittent periods, reproduce their kind, and progress to their development by definite stages?

I have now but sketched the main features of those laws, which, for distinction, I would call the objective laws of living things, for they refer to properties or tendencies inherent in the things themselves.

The following laws I have designated subjective, because they affect those properties or tendencies, and originate in the influence of external agents and circumstances.

There are seasons of extraordinary productiveness, both in animals and plants; at present we are unacquainted with the cause of peculiarity, but so distinct and certain is the fact, that we are compelled to acknowledge it as a law appertaining to the animal and vegetable creation. We are the more cogently led to this conclusion by the coincidence, that after great mortality by epidemics, there has always been an unmistakable and unusual increase in the proportion of births over and above the ordinary range; the peculiarity is the greater because those who fall victims to pestilential diseases are most chiefly in the limits of reproductive age.

Here we seem to recognise the workings of a watchful spirit. There are seasons of abundant and scanty harvest, to us, observing uncertain intervals, but obedient to some unseen mysterious operations of Nature's laws.

There are seasons when the germs of disease are unusually rife.

In the first six months of the year 1838, the poison of our indigenous typhus was remarkably active, and in this metropolis it carried off 2,461 persons; in the corresponding months of the following year, 1839, but 1,045 succumbed to its influence, being considerably less than one half the number of the previous year.

The influence of climate upon living beings, whether animals or plants, has long been noticed; I do not purpose entering upon the particulars of climatic influences. The atmospheric variations as to warmth, moisture, winds, and barometric and electric disturbances are the chief elements concerned in the modification of climate; (a) to these the functions of organised bodies have ever shown a manifest relation; under some combination of atmospheric phenomena observing a regularity and evenness of action, and under others exhibiting disturbance of equilibrium; moreover, climate may in some instances so far interfere with the organisation, as sooner or later to extinguish the vital functions; sometimes its effects are only seen in the dwindling and degeneration of the species, at any rate, the properties of plants are much affected by the modifications of climate. To pursue this subject would lead me far beyond prescribed limits; suffice it to say, that similar effects are known to occur, and be operative on the agents of disease. It has been observed that the vaccine virus (b) loses much of its power in Bengal upon the approach of the rainy season; recovering it as the cold weather returns. The agents of disease are even perhaps more susceptible of climatic change, than matters which come more especially under the cognisance of our senses. A change of wind, an increase of wind, a variation in temperature, have all been observed to check or suspend the progress of development of the agents of epidemic and infectious diseases.

The influence of latitude and geographical position are still more remarkable than that of climate. The following is an illustration of this curious fact. It is taken from Dr. Drake's work on "The Diseases of North America."

"Yellow fever, which has repeatedly prevailed in almost every town up the Mississippi to Vicksburg, N.L. 32° 24", has never but once reached Memphis in 35°, and has not prevailed at any intervening town. Thus its limits, on the whole, have been those of the live oak, cypress, and long moss, and it will not, any more than they, be found among apple orchards, wheat fields, and groves of blue ash, sugar-maple, and the aborescent buckeye."

It certainly is not to temperature alone that the vegetation of the Tropics owes either its splendour or its other sensible qualities. Many facts go to prove this view. I therefore consider that a distinction should be drawn between climate and latitude, or geographical position.

Dr. Lindley quotes the following:—

"In respect of the predominating kinds of grain, the earth may be divided into five grand divisions or kingdoms—the kingdom of rice, of maize, of wheat, of rye, and, lastly, of barley and oats." And we may say that, as there are kingdoms which produce grain for the food and sustenance of man, so are there kingdoms which produce the seeds of disease for his discomfiture and destruction. There are the kingdoms of yellow fever, of plague, of dysentery, and of typhus.

We now come to the effects of artificial heat and cold on the seeds of plants, the ova of animals, and the germs of disease. The ova of animals do not afford us any information beyond those facts connected with the oviparous tribes. It appears that the temperature at which albumen coagulates—viz., 160° Fahr.—is sufficient to destroy the vitality of eggs. They do not, however, furnish such ready means of experiment as the seeds of plants. It has been found that the starch globules of seeds are not liable to burst under a temperature of 167° Fahr., and that if seeds are immersed in water at this degree of heat for a quarter of an hour, their vitality is destroyed. They, however, bear lower temperatures for a short space of time, and at 125° Fahr. most of them retain their vitality. In dry air many seeds will bear a temperature of 167° Fahr. Of the effect of cold, Dr. Lindley says, "No seed can germinate at a temperature so low as that of freezing, and each seems to have some one temperature more proper for it than any other at the first dawn of its life."

The conditions necessary for the germination of seeds are exactly such as most favour, generally speaking, the propagation and development of the germs of disease—a warm, humid, and dark atmosphere is the most favourable to them. The cold of the winter of 1664 was, according to Mead, sufficient to arrest the propagation of the seeds of the plague.

Dr. Henry showed that the germs of scarlatina were destroyed by a temperature of 200° Fahr., and that most of the poisons of disease were rendered inert by a temperature of 212° Fahr. He further states that the plague, which requires a temperature of 60° Fahr., is perfectly "disarmed" by a temperature of 90° Fahr. The poison of cow-pox is destroyed by a temperature not exceeding 100° Fahr., and he believed that the highest atmospheric temperatures might destroy several of the morbid poisons. Light and electricity, though they have great influence on living things, have not been studied in their effects on the morbid poisons. We know, however, that attacks of epidemic and infectious diseases are considerably more frequent between sunset and sunrise than at any other time.

There is a law by which all living things have a tendency to the selection of locality: it is seen to be in operation very extensively among the animal kingdom, but more especially among the varieties of the vegetable kingdom. To cite instances would only be to reiterate facts universally known. Mead states that, after the suspension of the plague by the winter's cold, it broke out again in the very same house where it commenced. Mr. Grainger, in his report on the cholera, gives the following singular confirmation of the selection of locality by the germs of disease:—"It is a striking fact that, in the midst of all these changes and deviations, the cholera has steadily held its course through one path, so bound is it to definite localities, that, with some exceptions, it has, so far as Europe is concerned, in each epidemic—1831 and 1832, in 1837, and again in 1848—visited and avoided precisely the same countries and the same cities. It has reappeared in the interior of towns, on each occasion, in its old haunts; it has come back, after an interval of years, into the same districts and streets—nay, it has, in various instances, even revisited identical houses, and, it is affirmed, the same rooms." The report of the General Board of Health on the cholera has a further confirmation of this fact:—"The first case that occurred in the town of Leith, in 1848, took place in the

(a) See Humboldt's "Cosmos," Vol. I. Translated by J. P. T. P. 346.

(b) See *Medical and Chirurgical Review*.—Vaccine lymph producing small-pox during an epidemic of small-pox.

same house, and within a few feet of the very spot from whence the epidemic of 1832 commenced its course. On its reappearance in the town of Pollokshaws it snatched its first victim from the same room and the very bed in which it broke out in 1832. Its first appearance in Bermondsey was close to the same ditch in which the earliest fatal cases occurred in 1832. At Oxford, in 1849, as in 1832, the first case occurred in the county gaol. This return to its former haunts has been observed in several other places, and the experience abroad has been similar. At Groningen, in Holland, the disease in 1832 attacked, in the better part of the city, only two houses, and the epidemic broke out in these two identical houses in the visitation of 1848."

I have endeavoured, though I fear imperfectly, to place the subject in that point of view from which, (demonstration being impossible at present) as Dr. Nicholl says, "to deal with probabilities, and judge of vast problems, we must weigh and balance, instead of demonstrate;" and further, "there is little hazard in at any time inferring the predominant or governing influence of some one principle, if, across all modifications, its effects stands out clear and undisguised." And here I would maintain, that to some form of life (most probably vegetable) the principle of epidemic and infectious diseases is to be referred, that the predominant or governing influence is due to reproduction, and that it is during the exercise of the reproductive faculty of the poison-germs, that the phenomena of acute disease are manifested.

In the laws of nature there is always a fact or principle which prominently stands out as an index to direct those who are desirous of interpreting them. The fact, that bodies fall to the earth led to the discovery of the laws of gravitation, and these, as a principle, have led their investigators onwards to the explanation of some of the most wonderful phenomena of the universe. The fact that bodies yield after combustion a greater sum of weight than before the process, led to the discovery of oxygen; and oxidation, as a principle, in the science of chemistry, has, at the hands of Liebig and others, solved many of the most intricate mysteries of life and organisation. I might proceed to weariness with illustrations. I am aware that the extensive reception of an error in science is a serious obstacle to progression, and that the too ready acquiescence in analogies is a dangerous proceeding; on the other hand, a neglect of analogies would much cripple experimental research. It was by analogy that the metallic bases of the alkalis became demonstrated. It was by analogy that the diamond was found to consist of pure carbon. It was reasoning by analogy that led Jenner to the demonstration of the protective power of vaccination. The dictum of Harvey—*omne vivum ex ovo*, had its origin in analogy, and having now stood for more than two centuries, it remains as unshaken as his greater discovery—the circulation of the blood.

It has been said, that supposing the doctrine here advocated be true, so much would still remain to be elucidated, it is scarcely to be hoped that this mode of accounting for disease should be transferred from the rank of a mere hypothesis. I cannot believe there are many who sympathise with these sentiments. Every invention, every discovery almost, has first assumed the form of an hypothesis in the mind of the discoverer or inventor, and had it not been for hypotheses, electric telegraphs, and locomotive engines, hydraulic presses, tubular bridges, and electric lights had never been known.

Is it nothing, in assuming this hypothesis, that we have a ready explanation of many of the mysteries of epidemic and infectious diseases? Is it better to remain in ignorance of the revolution of the earth, and to believe that it stands still while all above is moving round us? Is it better to believe that noxious vapours, miasmata, and mephitic gases mean nothing, and that all the myriads of created beings invisible to the naked eye have no significance? Neither vapours, gases, metals nor metalloids, alkalis nor alkaloids, salts nor secretions, are capable of reproducing their kind; they are therefore inadequate to

the explanation of the first and most important feature of infectious disease, viz., the multiplication of the species.

Neither can the physical forces alone account for infection; it is true that a small spark may create a great flame, but the force of heat, like all forces, is derived, not generated; in the case of combustion, heat is derived from chemical change. There is doubtless much due to the influence of the physical forces in the propagation of epidemic disease. The east to west direction, with other peculiarities, indicates the probability that magnetism or electricity may be the exciting cause of the development of the germs of disease. In the track of certain currents under other necessary favouring circumstances, the poison may be operative, and out of those lines there may be no vivifying influence. The sudden cessation of epidemics in all places, which occurs with such singular uniformity, shows that as the maximum of intensity is gradually attained, so is the decline rapid. Is it not so also with vegetation? The flowers and fruits of the earth, are they not slowly evolved, and step by step matured? And when they have reached their maximum of development, do they not suddenly, in comparison with their evolution, drop their petals and shed their seeds?

Guildford, December, 1881.

Clinical Records.

EAST LONDON CHILDREN'S HOSPITAL.

A Case of Hæmaturia—Subsequent Passage of Renal Calculi.

Under the care of Dr. EUSTACE SMITH.

(Reported by Mr. SIDNEY DAVIES, B.A., M.R.C.S.,
Clinical Assistant.)

WILLIAM THOMAS COX, æt. 6, was admitted into the Children's Hospital on October 31, 1881, suffering from hæmaturia.

There was no history of gout or gravel on either the mother's or father's side. On the mother's side there was a history of morbus cordis. The patient and a brother had enlarged cervical glands.

The patient's previous history was as follows: He had been brought up at the breast, and weaned at sixteen months. He was healthy at birth, had measles when eighteen months old, and scarlet fever in October, 1880. He was ill with the last-mentioned exanthem for thirteen weeks, and had dropsy and smoky red urine. The abdomen was swollen and the face puffy for eight weeks. His brother and sisters had scarlet fever and dropsy at the same time.

He recovered from this illness at the end of February last, and remained well till the end of April, when the smoky red condition of the urine returned, but was unaccompanied by dropsy. The urine passed was said to be dark brown or black, and sometimes scarlet, this condition not being continuous, but occurring chiefly in the urine passed at night and early morning, the mid-day urine being generally paler. The patient had no severe pain at this time, but occasionally complained of slight pain in the left groin and hollow of the left thigh. A change of air being recommended he was taken to Dover, where, after three weeks, his urine returned to its natural colour. He returned home in August, and remained well till October. One day at the commencement of October he got wet, and the hæmaturia returned, but it caused him no pain or inconvenience, his general health being quite good.

The urine brought for examination was tested after standing some hours. It was porter-coloured, rather thick, and faintly acid.

After admission no urine was passed till the following morning, when twelve ounces were obtained. This was smoky, depositing a thick granular sediment, and contained about one-fifth albumen. Under the microscope it was found loaded with granular matter, but containing no casts. There were some few uric acid crystals and amorphous urates. The addition of nitric acid showed no excess of urea.

Nov. 2nd.—Fifteen ounces of smoky red urine passed.

3rd.—Twenty-two ounces of clear urine. Sp. gr. 1016. No albumen.

4th.—Dr. Eustace Smith examined the abdomen and found nothing abnormal. Skin not rough. Ordered—

Liq. ammon. acet., ℥j ;
Pot. acet., gr. xx ;
Tr. scillæ, ℥x ;
Tr. digitalis, ℥x ;
Aq. ad., ℥j.

Ter die sum.

Mist. salis. aperientis, ℥j.

Alt. nane.

6th.—Twenty-five ounces of urine passed at different parts of the day clear at one time, smoky at another.

From this date until the 15th the occurrence of hæmaturia varied from day to day, and at different times on the same day. From the 15th it became much less frequent, but still occurred at intervals. until he went out on the 26th of November.

On November 11th Dr. Eustace Smith ordered the following prescription :—

Inf. digital, ℥j ;
Liq. potassæ, ℥xx ;
Tr. canthar., ℥v ;
Dec. scoparii, ad ℥j.

To be taken three times a day, but not until a wet pack is applied to the loins.

On the 25th—the day before the patient's discharge—the urine was light yellow colour, clear, very acid ; sp. gr. 1023 ; contained no albumen. A flaky deposit, partly soluble on boiling ; looks like mucous and epithelium ; 16½ ounces passed in the twenty-four hours.

On the 26th the patient was discharged.

On January 13, 1882—that is, about six months after his discharge—he was brought to the hospital to see Dr. Eustace Smith, and six small yellow-brown concretions were produced which he had passed on January 3 with much pain. Since he left the hospital he had passed no blood, except a little on one occasion.

The calculi were shown to consist of uric acid by dissolving completely in caustic potash, and giving the murexide reaction. They were about the size of a large pin's head.

Transactions of Societies.

HARVEIAN SOCIETY OF LONDON.

THURSDAY, JANUARY 5TH.

The President, HENRY POWER, F.R.C.S., in the Chair.

Mr. FIELD read

SOME CASES OF REMOVAL OF OSSEOUS TUMOURS FROM THE AUDITORY CANAL.

He related several cases in which he had operated successfully on ivory exostoses (hyperostoses) by means of the American dental engine, drilling through the growth, thus making a permanent opening. In other cases of pedunculated osseous tumours, exostoses, made up of soft bone, he usually removed them with stump forceps, such as are used by dentists for the upper jaw. In all cases the patients regained their hearing satisfactorily. In the case of multiple growths, operations were, as a rule, unnecessary, for a triangular space was left between the apices of the tumours, which, growing from opposite sides of the canal, became wedged together, so that the aperture was not completely closed up. Five patients with ivory exostoses were accustomed to bathe regularly in the sea. From this fact he was led to conjecture that this disease, instead of being invariably due to gout, rheumatism, or syphilis, or being influenced thereby, is more often the result of a chronic inflammation of the walls of the external meatus, such as might be produced by sea-bathing, or from the presence of pus in the canal.

Dr. STEPHEN MACKENZIE asked if serious brain symptoms ever followed these operations ?

Dr. BROADBENT mentioned a case of double exostoses, in which severe giddiness and sickness occurred when the mucous membrane was congested.

Dr. CLARKE and the PRESIDENT spoke, and

Mr. FIELD, in reply, said he had never met with a

case in which serious brain symptoms had followed the operation.

Mr. KNOWSLEY THORNTON read a paper on

ENCYSTED DROPSY OF THE PERITONEUM.

The disease is very rare, but he had met with two cases in his hospital practice in the last three months ; and this showed that we must be prepared to diagnose it from other abdominal enlargements, correct diagnosis being all-important in these cases for successful treatment. He alluded to the small amount of information on the subject to be found in either the general or special text-books ; quoted at some length a case in Mr. Spencer Well's work on "Diseases of the Ovaries," which very closely resembled one of his own ; alluded to the opinions of Drs. West and Peaslee, and showed how very misleading the statements of the latter are, the errors arising, in his opinion, from an attempt to generalise from very imperfect data. He pointed out that it is important to distinguish this disease from the much commoner conditions, in which partial collections of fluid occur in the peritoneum, around malignant growths. His own cases were then fully recorded :—

Case 1 was that of a woman of 45, supposed to have an ovarian tumour, which was also supposed to have ruptured into the peritoneum while she was under the author's observation. Suppression of urine led to tapping of the peritoneum, which gave temporary relief ; but she died with uremic symptoms, without further operation. The post-mortem revealed very advanced granular disease of the kidneys, a large spleen, and an encysted dropsy, which had become general by breaking down of adhesions. The ovaries were healthy.

Case 2 was that of a young girl in whose abdomen a doubtful collection of fluid existed. It was a very difficult case for diagnosis, but on the whole the author leaned to the view that it was a case of flaccid broad ligament cyst ; abdominal section showed that it was an encysted dropsy of the peritoneum. The fluid was removed, the sac carefully sponged out, and the incision closed without drainage. The patient made a good recovery, the intestines gradually re-occupying the space where the fluid had been, and when she was last seen there was no appearance of re-accumulation. In concluding his remarks, Mr. Thornton urged the importance of the faithful record of rare cases, and pointed out that the knowledge of this disease was still too limited for it to be possible to lay down rules as to diagnosis. He would accept Peaslee's statement that encysted dropsy of the peritoneum is always preceded, and caused by, peritonitis. The causes of the peritonitis are, however, very various. With regard to treatment, he thought it right to open the abdomen and sponge out the sac in any case in which the condition was diagnosed in a patient free from kidney disease ; drainage was not necessary. He urged the advantage of incision as compared with tapping, and spoke strongly as to the value of Listerism in abdominal section, emphasising his faith by his results in ovariectomy at the Samaritan Hospital in 1881 ; during the year he had had forty-one cases, had not once drained, and had only had two deaths, both occurring in young patients, the subjects of malignant tumours.

Dr. BROADBENT mentioned a case of peritonitis with dropsy limited to the great omentum.

Dr. HARRIS also stated that he had seen a case of localised dropsy following childbirth.

Dr. HAYES said after Mr. Thornton's success he would be encouraged to operate in those cases, though he felt the whole difficulty lay in the diagnosis.

The President spoke, and Mr. Thornton replied.

MEDICO-CHIRURGICAL SOCIETY, EDINBURGH.

This Society met in the Hall of the Society of Arts, 117 George Street, on Wednesday, Jan. 18, 1882, at eight o'clock.

Dr. PATRICK H. WATSON, President, in the chair.

Dr. BYROM BRAMWELL exhibited a patient with A RARE FORM OF CONGENITAL DISPLACEMENT OF THE HEART TO THE RIGHT SIDE,

the apex beat being felt below the right nipple. On the left side, in the normal position of the heart, there was a marked depression. The patient had come under treatment for injury to his right clavicle when the displacement was detected.

A CASE OF CAROTID ANEURISM.

Dr. BRAMWELL also showed a patient, æt. 70, with the following interesting history. Some twenty years ago the patient had fallen out of a cart, the wheel of which had gone over his neck. A swelling soon made its appearance over the left carotid artery, which was considered, by the surgeon who first saw the case, to be an aneurism. The patient was seen by several surgeons in Dublin who entertained the same opinion of its nature, the patient being shown as a pathological curiosity. In Dublin he entered one of the hospitals as an in-patient, but on learning one evening that he was to be operated on next morning he tried to get his clothes to leave, but failing to obtain them he managed to get to a window, where his cries to be rescued attracted the notice of a priest and a policeman, by whose assistance he was removed from the hospital. After leaving the hospital the tumour has become smaller, but still can be easily felt in the neck, more or less connected with the carotid artery. Dr. Bramwell was of opinion that the earlier diagnosis was correct, and that the case presented one of spontaneous cure.

Dr. BRAMWELL then exhibited two photographs of the hand of a patient more or less contracted from injury to the nerves.

Mr. CHIENE exhibited

A RED ELASTIC CATHETER

which he had removed from the bladder of a patient with a lithotrite under the following circumstances: The patient was under the care of Dr. John Wyllie suffering from typhoid fever, and who, in passing the catheter on himself, felt it suddenly slip from him and disappear into his bladder. The catheter had been, for twenty days, in the patient's bladder when it was successfully removed by Mr. Chiene.

Dr. GRAHAM BROWN exhibited a uterus which had been removed for malignant disease of the fundus followed by the usual result—death.

Dr. P. H. WATSON then read his

VALEDICTORY ADDRESS,

which was characterised as usual by Dr. Watson's elegance of diction. After mentioning the sad losses which the Society had experienced during the last two years by the deaths of such men as Sanders, Handyside, Wood, and Sharpey, and after paying a just tribute to the merits of each, Dr. Watson gave a most interesting account of the work done in the Society during the two years of his presidency. Judging from the statements made, the Society must be congratulated on the activity of its Fellows and on the good and permanent work done, none of the papers read bearing the impress of pure compilation, and the *puff oblique* which far too frequently is apparent in many medical societies.

At the conclusion of the address, a hearty vote of thanks was cordially given. Dr. George Balfour took his seat as president.

Owing to the lateness of the hour, Professor Fraser's paper on "A Case of Diabetic Coma with Lipæmia" was deferred to a future meeting of the Society.

Special.

FRANCE.

[FROM OUR SPECIAL CORRESPONDENT.]

At the Academie de Medicine, a letter was read from the Minister of Public Instruction, in which M. Paul Bert requested the assistance of that body in drawing up a report on the number of savants who met with death in prosecuting scientific researches, with a view of according to their widows or to their relatives immediately dependent upon them a pension.

NON-RESTRAINT IN INSANITY.—M. Foville gave an account of a visit he had made to the Scotch Lunatic Asylums, and admired the non-restraint system which was applied as far as possible, but as regards France, he did not think the moment opportune to adopt a similar system, unless in a very limited measure. But it is possible that in some or other this system will provoke partial imitations which will contribute indirectly to the amelioration of the condition of the insane in other countries.

THE DIAGNOSIS OF DIABETES.—M. Magitot read a memoir upon the diagnostic value of alveolar periostitis in diabetes, which he terminated by the following conclusions: 1. The examination of the mouth furnishes a constant sign to the diagnosis of diabetes. 2. This sign consists in a lesion of the alveolar border, known as alveolar osteo-periostitis. 3. This manifestation of diabetes which belongs to the *début* of the disease persists throughout its whole course. 4. This alveolar affection is characterised in its first period by a deviation of the teeth; in the second by their *ébranlement*, and alveolar catarrh; and in its third stage the teeth fall. Gangrene of the gums followed by osseous absorption is observed, when the diabetes should terminate fatally.

LUMBAR COLOTOMY.—The last two or three meetings of the Société de Chirurgie have been occupied with a discussion on the superiority of lumbar colotomy over the same operation practised in the iliac region. M. Trélat opened the discussion and insisted that the advantages were all on the side of the lumbar operation. This opinion was fully endorsed by M. Tillaux, who considered it to be the only resource in cancer of the rectum, but it was especially beneficial in non-cancerous stricture. He cited the case of a young man who entered his service for a stricture of the rectum, caused by inflammation of the bowels. The stricture was so pronounced that the finger could not be introduced. He thought of performing Amussat's operation. He performed lumbar colotomy and the patient has, ever since, done well. M. Després never had the occasion to practise an artificial anus; he never met with inaccessible cancers, and by pushing the finger as far as possible into the rectum, he has always been able to reach, even beyond the stricture. Lately, he was called to the country to see a patient suffering from obstruction, the result of cancer; he introduced his finger, and afterwards the whole hand, and by this means he succeeded in giving exit to a quantity of gas and fecal matter. He could not understand why a patient who is condemned to die, should be compelled to run the risk of an operation, when he could be eased otherwise. Dilatation succeeds always with time and patience. M. Labbé had already pleaded the cause of lumbar colotomy before the Academy, and more than ever he was convinced of the utility of the operation. He was very much astonished that M. Després, in a long career of surgical practice, had never met with a rectum sufficiently narrow as to necessitate colotomy, often, it was true, accidents could be remedied by linear rectotomy, but there are cases where colotomy is indispensable. In cases of cancers, extirpation, if it were possible, was the first thing to be done, in default he considered that lumbar colotomy, which he much preferred to iliac colotomy, should be performed. M. Verneuil considered that linear rectotomy was superior to every other method. In any case it possessed equal advantages with the operations of Litté and Callisen. An obstacle placed high up would naturally necessitate the operation of artificial anus, unless the patient be cachectic, in which case he dies, for the operation should be done as early as possible to ensure success, a fact which the English surgeons bear in mind. This operation should not be attempted unless there were present, accidents due to retention, but it is important to distinguish between the symptoms due to the presence of the tumour, and those due to retention. As to the method, he believed that of Litté was the easiest, while in fat persons that of Callisen might give place to infiltration of fecal matter. In concluding his remarks M. Verneuil believed that when possible linear rectotomy was superior to all. M. Pozzi called to mind a case of his in which, contrary to the opinion expressed by M. Després, all attempts at dilatation failed. M. Trélat ended the subject by replying to M. Després who pretended that he had never occasion to practise colotomy. Such an assertion was worthless, as what never happened might occur to-morrow or next day. After all, when with the finger or with dilating instruments, a way has been opened to the fecal matters, it affords but momentary ease for the operation must be recommenced, and the patient is often exposed to hæmorrhages, tearing, and even the peritonæum has been opened. Thus, one must never say I will never make an artificial anus, there are cases in which it is indicated.

FEVER is reported to be so seriously prevalent in the West Rhondda district, Wales, that the medical officer has advised the closing of all schools, and even places of worship, for the present.

THE "MEDICAL PRESS AND CIRCULAR" REPORT
ON THE SMOKE ABATEMENT EXHIBITION.

No. II.

To the list of smoke-consuming grates described in our last two others should be added.

Mr. Thomas Nash, of Great Dover Street, exhibits a Patent Register Stove, which is so far smoke-consuming that (the inventor says) the chimney never requires sweeping. It is cheap.

Messrs. Feetham and Co. exhibit their "Hurst" grate. This is described below.

Mr. H. Thompson, of Essex Road, Islington, also exhibits an undercooling arrangement. The bars are movable. By means of an iron plate the bars and fire are raised *en masse*, and fresh coal then put in below.

VENTILATING GRATES.—Several of those already adverted to are ventilating grates in addition to their smoke-consuming qualities. Those enumerated below make no pretensions to smoke consumption, but base their claims on their ventilating properties alone. Two defects are common to nearly all those on view. 1. That no provision has been made for getting access to the air chamber to clean it out when it becomes foul with dirt, as it inevitably must in time. 2. The air chambers are constructed mostly of iron, which, if it becomes overheated, is likely to deteriorate the air passed over it, and, at any rate, is sure to get rusty very quickly. On mentioning this latter point to one firm, they suggested that the iron could be enamelled, which would partly remove its objectionable features, but this is not done in any of the grates on view.

Messrs. A. Boyd & Son, of New Bond Street, have for inspection a ventilating grate, which appears to possess several advantages over many in use. The body of the grate is made of iron, but is lined to protect it from the direct action of the fire; the back is made zig zag, so as to increase the extent of warming surface in the air chamber. The grate projects well forward, so as to throw the heat well into the room. Lastly, the front of the grate can be unscrewed and removed, so as to clean out the air chamber if required.

The Coalbrookdale Co. also exhibit Whitwell's patent "save all waste" grates. These grates ventilate, fresh air from the outside being warmed by being drawn up a series of vertical tubes at the back, and then passed through a hot-air chamber above the grate, and thence into the apartment. The heat of the warm-air chamber is intensified by carrying the smoke flue through it. The Company claim that the construction of the grate tends to complete combustion of the fuel with little residue, as its name would imply.

Messrs. Perceval and Westmacott, of Bridge Street, S. W., have on view cooking and warming stoves, designed expressly for houses let out in apartments. These stoves appear to possess several points worthy of attention. The principle is the same in both the cooking and warming stoves. In the ordinary chimney opening is placed a hollow iron chamber, with a central recess open in front. In this recess is placed a fire basket, open at the top, but enclosed on the other five sides by as many sets of bars—the interspaces between the bars being very small. The spaces between the bottom bars can be partially or entirely closed so as to regulate the combustion at will. The fire-cage is constructed of such a size as not to completely fill the opening, but to leave a small space all round between it and the hollow iron chamber surrounding it on three of its sides. In the cooking stove this hollow chamber is utilised as a boiler, and by the arrangement adopted cannot become over-heated. The fire is closed above by a hot-plate, with openings for saucepans. The hot-plate deflects the smoke sideways, and compels it to pass upwards through two curved flues, which gradually diminish as they pass upwards. The space between the smoke flues is utilised as an oven. The hot-plate is hinged behind, and can therefore be thrown back if desired. The grate then appears as an ordinary open fire. Being open in front, roasting can always be done. The arrangement seems eminently adapted for persons living in apartments who wish to utilise one fire for both cooking and warming purposes. The stoves can be adapted to burn coal, coke, peat, wood, or gas. A modified form of the above stove is used as an air-warmer. In this form the hollow spaces, which in the cooking stoves form the boiler and ovens, are converted into hot-air chambers, into which fresh air from outside is passed

through a filtering box, containing cotton-wool or other filtering medium. Additional air chambers are formed by curved flues above and below the smoke flues. Several rooms, or a large workshop, can thus be warmed by hot air, in addition to the heat given off by radiation. We are glad to see the inventor prefers ceramic ware for the construction of the air chambers.

Mr. A. B. Verrier, of Weymouth, exhibits the "Comet" Grate, which is manufactured by Messrs. Morgan and Waide, of Queen Street, E. C. The peculiarity of this grate consists in its drawing the fresh air to be warmed down an inlet pipe from the highest part of the building, or it can be taken from the basement if desired. The fresh air is warmed, not by direct contact with the back of the grate fire-basket, but by passing through a chamber, which is itself heated by the smoke flue passing through. The inventor claims that by this grate several rooms can be warmed if wished. In connection with the grate is an exhaust pipe for withdrawing the foul air from the upper part of the room. The fire projects well out, so that it can be seen from all parts of the room. If desired, the patentee states that he is prepared to have the iron gills of the air chamber *enamelled*. The advantages of this are obvious.

Messrs. George Haller and Co., of Lime Street, E. C., exhibit Kohlhofer's Open Fire Grate, in which the same principle is adopted as in the patent hot-air stoves by the same inventor. The smoke flue is divided into two, and the smoke is then made to travel up and down a series of metal pipes until nearly all the heat has been extracted. The pipes are enclosed in a casing within which fresh air passes below and escapes in a warm state above. The arrangement may also be made to warm several rooms. In building, the pipes may be partially concealed in a recess in the wall.

Messrs. Feetham and Co.'s "Hurst" grate is smoke-consuming and ventilating. The fresh air is drawn under the hearth, and then passes up at the back and sides of the grate through gilled chambers, to be delivered into the room at a temperature of 300 deg. F. The grate is wholly constructed of iron. The front is one piece, and is made to unscrew, so as to cleanse the air chambers when necessary.

Messrs. Shorland, of Manchester, exhibit their "school grate." The back of this grate is of iron, and has gills, which project into the chamber, thus increasing the extent of heating surface for the air to pass over. The air (which should always be taken from the outer air), is discharged into the room in a heated state, either at the ceiling level, by taking the hot-air pipe up the chimney, and then perforating the latter, or, in the projecting fire grate, by an aperture either just above or through the mantel. With the first arrangement the greatest amount of heat is most probably gained, but the latter is most easily applied to existing grates. Either of the seven grates just described can be made to warm a room above, or one immediately adjoining, by carrying the hot-air pipes in the required direction. Messrs. E. H. Shorland claim that by one ordinary fire they can warm three rooms, viz., one by direct radiation, and two by hot air.

Capt. Douglas Galton's fire place is ventilating, and, if not smoke less, tends to reduce smoke. The back of the grate is formed of iron lined (on the side next the fire) with fire lumps. A current air passes up between the iron and lining fire lumps, and becoming warm, impinges on the coal above, assisting combustion. The bottom is partly solid. The iron back has projecting flanges into the air chamber to intensify the heat. The warm air passes out near the ceiling.

In the thermhydric fire grate, designed by Mr. Saxon Snell, F.R.I.B.A., and exhibited by Messrs. Potter and Sons, of Oxford Street, the air is mainly warmed by being drawn over hot-water coils, which surround the grate, and being warmed by the fire, assist to warm the room in their turn, by radiation, as well as imparting warmth to the entering fresh air. Mr. Snell claims that the air can never be overheated, as it cannot exceed 212°. This is certainly an advantage, as also is the immunity from any leakage of smoke into the fresh air chamber. The grate is, however, cumbersome and expensive, and few householders will care to have a hot-water boiler and supply, laid on in their ordinary apartments.

With regard to the air supply of some of the ventilating grates described, the makers suggest that the air of the room should be drawn into the air chamber, and then dis-

charged again in a heated state. The advantages, however, of drawing the air from an external source in all cases need only be alluded to, as our readers will see the importance of it at once. Experiments have shown that the temperature of the room remains the same whether the supply be taken from outside, or simply the air of the room be used. The air can be filtered through cotton wool, canvas, muslin, or cocoa-nut fibre if desired.

AUGUSTUS COX.

Translations.

THE TREATMENT OF SIMPLE CHRONIC CORYZA.

By Dr. LOWENBERG.

Translated from the *Union Medicale*,

By ARCHIBALD HAMILTON JACOB, M.D. Dub., F.R.C.S.I.

(Continued from page 5.)

MODE OF OPERATION, AND INSTRUMENTS.

The use of a means as powerful as the galvanic cautery requires certain precautions, the first of which is to localise its action strictly to the parts which we wish to be affected. This can be done by throwing a light on, and inspecting carefully the field of operation during the time of cauterising. I make use of a frontal reflector which contracts the light of a jet of gas and sends it into the nasal cavity. The nostril is dilated by means of M. Duplay's excellent speculum. I have only applied the following modification to this instrument; the partitions of the ordinary specula are of a thickness which is useless and even obstructive, useless because the valves have only an insignificant pressure to support; obstructive because the field of vision, already so small, is still more contracted by this thickness, I have therefore caused the valves to be made much thinner.

The galvanic cautery ought to be bent to an obtuse angle, the opening of which is at the bottom. We must also avoid allowing the hand to hide the entrance to the nostril. The instrument is introduced cold, and the current is not made to pass until the part of the instrument has to burn has been safely supported against the part to be cauterised. Up to the present, it seems to me that most operators have neglected one point which I believe to be a very important one, that is, to avoid touching the cloison which never, so to speak, participates in the affection, and on which the action of the galvanic cautery is very injurious. I am convinced that certain accidents caused by the operators are due to this part being also burnt. As all the known cauteries have that portion destined to burn at their extremity, it sometimes happens that we touch involuntarily; for example, after a movement of the patient, the septum or other parts which we do not intend to reach. Another inconvenience of the instruments is the following: the enormous temperature produced by the current gives to the cautery a formidable destructive power, and when their ends, which are pointed or edged, are carried to this degree of heat they penetrate the tissues with an astonishing rapidity, and often to a depth greater than we would have wished. I sought a means of getting rid of these inconveniences, and I think I have found it by modifying the construction of the nasal galvanic cauteries. The principal which I have adopted is the following: The part intended to become incandescent is a projecting plate, and not a point more or less fringed out or flattened, far from it; and there is the most important spot, placed, not at the extremity of the cautery, but laterally on one of its branches. In applying the plate of platinum to the diseased portion we avoid the inconveniences which I have just explained. The end not being pointed and not burning we do not risk the involuntary plunging into the tissues. As for the septum it is protected by means of conducting threads which do not carry the plate near them. We could also operate by first introducing the plate a little beyond the parts to be cauterised, to make the current pass at the moment when we commence to extricate the instrument. This last proceeding I have found useful among patients who do not remain quiet, children for example. It is indispensable to have two instruments, one destined for the right nostril which carries the plate to the left, the other which is used for the left side carries it to the right. I use the polyscope of M. Trouvé, an apparatus which closes in

the electricity of one portion by means of the secondary portion of M. Planté and holds it until the moment when it is required. The polyscope, the use of which we cannot too highly recommend, replaces with advantage those complicated batteries for small galvanic caustic operations such as I practise daily on the nose, ears, and pharynx. M. Trouvé alike performs under my directions those of special galvanic cautery. I have employed these new instruments for two years, and have always been able to recommend their use. They seem especially necessary in the cases mentioned above where there are projections on the cloison touching the hypertrophic mucus of the inferior ear. Up to the present it was impossible not to touch the septum in this case, while now my cauteries can be introduced so as to burn the covering of the mucus on one side, and protect the other with the instrument itself.

In fact, it would be necessary to commit veritable imprudences to cause the galvanic cautery to have injurious results, for its use is, as we have said, followed by a very slight reaction. I am brought to the belief that these injuries arise in part from the high temperature (1300°) of the incandescent plate which acts as a powerful antiseptic at the place of application and its surroundings. The galvanic cautery which I have just described can also be used with great advantage to diminish the hypertrophy of tonsils, when one does not wish to resort to sharper instruments, or when it is only necessary to remove the projecting lobes. The protection given by the part which does not carry the plate prevents the uvula, the covering of the palate, and the posterior portion of the pharynx from being burnt. In conclusion, I repeat that the use of the galvanic cautery is the best known mode of treating simple chronic coryza and certain cases of hypertrophy of the tonsils.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, JANUARY 25, 1862.

OUR COLLIERIES.

DURING the golden age (brief in its passage) of some half-score years ago, when King Carbon rivalled King Ferrum as to which potentate should claim dominion over the more wealthy subjects, journalists and romancists were not wanting in subjects for their descriptions of the life, manners, and customs among the coal-miners.

To credit the stories then told—and they all had an air of plausibility—the miners feasted themselves on eatables the most sumptuary. Fresh salmon at half-a-crown a pound, Burton beer, brandy and champagne, were some of the items in their own *menu*; while for those interesting pets, their favourite dogs, legs of mutton were the ordinary purveyance. If those times ever existed (and we are far from saying that they did not) the bitter reaction is now but too sadly marked; and we feel bound, in the interests of public health itself, to present to our readers a picture taken from life as it now exists in some colliery villages in the county of Durham.

For some considerable time scarlet fever and kindred maladies have been endemic in and around Durham; and the Local Government Board at last found it expedient to send Dr. Speers upon a roving commission to ascertain its cause. He went, returned and reported, and the report is only what might be expected, bearing in mind the *similia similibus* doctrine, and carrying it to its legitimate conclusions. We find here, as elsewhere, that the three D's follow each other in regular succession—Dirt, Disease, and Death. But not unfrequently, as in the case which we report, a fourth D is found to be an interpolation or concomitant. This D (Drunkenness) is fully as vicious as any of the others, and we have long entertained the opinion that among the working classes in particular, the first D of the series is its prolific parent.

Some dozen miles from the centre of Dr. Speer's late inquiries stands a colliery, which is managed by a resident viewer,—the owner being a country squire. The colliery gives employment to close upon a thousand men and boys, and is, at present, producing a fair "output" of coal; and is reported "good work" among the miners. There is house accommodation proper for about half the number of families employed, and the consequence is that two, and sometimes three families, are crowded into one domicile, which, often consisting of only two rooms, is not well calculated in a sanitary respect to receive them. For fully two hundred of the houses there is not one water-closet provided, so that besides living, sleeping, cooking, eating, washing, "tubbing," dressing, and the other natural calls which must be answered, the homes will not admit of the appellation "happy" if they have each to shelter from a dozen to a score of inhabitants.

A gentleman, who lately "interviewed" the "colliery doctor," asserts that this useful, important, and hard-worked official, informed him that in his daily round of visits he had sometimes seen as many as ten persons inhabiting one room. The pertinent question here arises, How is sleeping accommodation to be provided for such numbers in such a space? It is managed by the "shift" system. The exigencies of pit labour demand always two, and sometimes three or four successive shifts of men in the twenty-four hours. When the pit is in full employment the day shift men "follow in" the night-shift men, and *vice versa*. And the system which is current at work is sometimes followed in the homes; for at this colliery, in its overcrowded parts, the day-shift men lie down in the beds lately vacated by

the night-shift men, and the night-shift men in their turn do the same. In winter time the beds are thus kept warm and comfortable day and night through. But at pay-week ends, when the pit is idle for a day or two, on Sundays, during summer, and at "strike" times, the system must necessarily exhibit its little inconveniences, notwithstanding that other landlords and landladies, namely, those of the public houses, are liberal enough to provide what accommodation they can to meet the emergency. And thus it is that Permissive Bill and Local Option men are not as yet in much request at this colliery.

Such being the house and sleeping accommodation, it may well be supposed that in the matter of closets, earth or water, there will be some deficiency. And so it is. For at least two hundred of the houses there is not one water closet; and what closets there are, as well as the rubbish heaps, are only cleaned out when some neighbouring farmer requires the manure, or has his land prepared to receive it. The consequence is that the wanderer for health and recreation in the neighbouring glens, and the passengers by the railway trains which run daily through the village, continually behold the disgusting exhibition of a local populace discharging nature's functions in every conceivable spot, regardless of the offence to the eyes and nostrils of passers-by.

The water supply of this model rural paradise is equal to its other comforts. For the entire village there is only one "tap;" and it is "laid off" from time to time for a day, or two in succession. The people then have to "requisition" their drink from the public-houses, or from the pools and streams hard by. These fountains do not teem with real *aqua pura*, nor is it reasonable to expect they should, if the reader remembers our narrative just a few sentences back.

Lighting and paving are other requirements in civilised communities. There is neither one nor the other here. The streets and the township road are covered over in summer with thick mould and dust, and in winter and wet weather with mud and slush. The wanderer on business or pleasure here, after dark, runs his chance of stumbling into a rut two feet deep, or of colliding against a stone fully as high. These collisions often cause him to interrupt his walks by throwing him momentarily into a posture, prone, or supine; and they are always disagreeable to gouty toes or "corned" feet. To add to the other pleasures of the situation, the drains have lately become blocked up, so that the effluvia and miasma of the place, within and without, scent with their fragrance the vibrionic air. The requirements of an Act of Parliament demand the appointment of certain health officers—a doctor and nuisance inspector to wit. The services of the former are generally elsewhere "requisitioned" by the latter, and we suppose the ordinary rule is acted up to here. But as the nuisance inspector resides in a seaport town some six miles distant, and is never on view, the doctor's play in the performance will be similarly perfunctory.

Having spun this article already to an inordinate length, and having scarcely entered upon the subject (as this colliery is only a type of many others), we reserve the continuation of our narrative till a future occasion.

THE SALE OF POISONS.

SEVERAL instances of poisoning have lately been the means of awakening public attention to the facilities afforded to would-be criminals by existing regulations with regard to the purchase of poisons. While everyone willingly admits the desirability of so amending the law in this respect as to place impediments in the way of persons seeking to obtain noxious drugs for illegitimate purposes, no one so far has been able to suggest an efficient system of restriction. Nor can we hope to be more successful, although we cannot but think that means might be devised for securing an amount of evidence in connection with every purchase of active poison, that would ensure the certain conviction of any person resolved to convert it to improper uses. It is impossible to deny that avoidance of detection when the consequences of his act shall have become known, is always a first consideration with every murderer; and careful examination of the details of even the least skilfully executed crime of this kind illustrates the anxiety shown to destroy every chance clue to detection of the perpetrator. In those cases where clumsy substitution of coarsely-made poisonous mixtures for ordinary articles of food is the plan adopted, speedy and certain exposure of the guilty party invariably follows; but when instead of this a subtle and deadly poison, infinitesimal quantities of which suffice to bring about a fatal result, is employed, then the question of detection becomes a matter of greater difficulty, and of the first moment to society. Crimes of such a nature can of necessity be committed only by persons of skill and education; and it is they who, as the law at present remains, find but a minimum amount of difficulty in obtaining the means of effecting their intentions. So far as the sale of ordinary commercial poisons, *e.g.*, vermin destroyers, laudanum, acids and the like, is concerned, existing precautions can hardly be multiplied without seriously interfering with the spirit of trade; but it is, no doubt, possible to carry out the instructions given to chemists in a more rigid manner than seems to be the usual custom.

Leaving all cases of this class to be dealt with under existing rules, we desire to advert to the purchase of such articles as aconite, strychnia, and the deadlier alkaloids, by persons supposed to be entitled to their possession in right of professional position. To this assumption we at once take exception. In ordinary practice no medical man can have occasion, for instance, for two grains of aconitia. He would not be likely to prescribe the drug in the form of the alkaloid, and in such cases as he *would* use it, it ought never to be on his own responsibility alone. We feel sure that no single member of the profession would see any hardship in the enactment of a law forbidding him the exercise of rights in this connection, to which also any of the general public could not lay equal claim. To such practitioners as are in the habit of home-dispensing liquors, and tinctures of the more deadly poisons are the only forms requisite for stock purposes; and, we repeat, on the occurrence of any exceptional occasion for administering these drugs in the pure, undiluted form, it should be procured for that occasion only, and then with the cog-

nizance and approval of a brother practitioner. Much as we may wish to avoid the appearance even of imputation, we are compelled to accept the truth of what has more than once been asserted of medicine, that, *viz.*, it puts in the hands of its professors powers of destruction that, to a man under temptation, are irresistible, and which have unfortunately proved to be so more frequently than we care to recall.

It is absolutely necessary to insist that the commission of crimes such as we allude to is facilitated by the conditions under which a medical qualification is held to entitle its holder to the possession of any substance, however deadly its properties, contained in the druggist's warehouse. A first step in the direction of reform is, therefore, to place such restrictions as we have indicated on the purchase of drugs that do not form part of an ordinary dispensing stock. Experience teaches us that the latter would be at once rejected by potential criminals of the educated class, who would, in the presence of the additional precautions we suggest, be seriously hampered in the prosecution of any act of destruction contemplated by them, and by committing which they would bring down irretrievable disgrace on the profession they unworthily represented. The matter is one well worthy of careful consideration, and we commend it to the attention of all interested in the welfare of medicine.

THE DENTAL DIPLOMA TRADE.

We published last week two letters in reference to the protest which we thought it necessary to make against the unrestricted sale of licences in dental surgery to ignorant persons which is now being carried on by the Colleges of Surgeons of Edinburgh and Dublin and the Faculty of Physicians of Glasgow. We revert to the subject now because the broadcast issue of these semi-surgical qualifications to hundreds of persons of the small tradesman class, who are admittedly innocent of even the elements of dental surgery, has come to be a very serious matter indeed for our profession.

We have already stated—and we now repeat—that the three Colleges which we have named are advertising that they will license as dental surgeons any or all of the 2,500 druggists' assistants, hairdressers, tobacconists, and barbers who appear on the "Dental Register," without requiring from them any evidence of study whatsoever. The only tests of fitness required are the readily obtained signatures of one or two unknown persons, and an examination, which we believe to be utterly unreliable as a proof that the candidates have any sound knowledge of dentistry. We charge these three licensing bodies with abusing the trusts confided to them by Parliament for the sake of the money to be made by the fees for these diplomas, and with sacrificing the social and educational status of surgeons generally by letting loose on society, diplomated as dentists, persons utterly unfit for association with even the most lowly general practitioner.

We are not exaggerating the state of the case when we use a phrase so emphatic as this, for the "Dental Register" itself contains the evidence that persons to whom these diplomas are sold are at best nothing better

than druggists' assistants. We have within the last few days been assured by a Licentiate in Dental Surgery of the Irish College of Surgeons that, happening to be in an English provincial town, he sought for the house of a brother licentiate. This residence he found to be a small drug grocery in a back street, and he recognised his brother licentiate in the person of a man whom he met bringing home, in his shirt-sleeves, the dinner beer from the neighbouring public-house!!!

This is the class of dental practitioner to whom the three Colleges are issuing their semi-surgical degrees, and it does not seem to us that the Edinburgh College is in any way excused for engaging in the trade, because, as our correspondent, Mr. Aubrey Husband, informs us, its sales of diplomas are not very large. A College which announces its readiness to sell *ad infinitum* is not entitled to any credit because the buyers are comparatively few.

As regards the course adopted by the Irish College of Surgeons, we cannot at all agree with our correspondent, Mr. O'Duffy. The College deliberately promised to keep its doors open to uneducated candidates until the 1st of August, 1881, and no longer. This promise it communicated to the General Medical Council, and on the faith of the assurance, many of the more respectable practising dentists may have been induced to take out licences who would certainly not have done so if they had anticipated that the College would eventually take to its capacious embrace the "great unwashed" of the "Dental Register."

It is our view that the diploma of every Licentiate and Fellow of the College is degraded by the issue of a Collegiate licence to an ignorant and low-class trader, and that every shilling earned by a licensing body by such a trade is in the nature of professional blood-money, and we hope that, if the *alumni* of these three Colleges, and the respectable dental surgeons of the kingdom, sympathise with us in this view, they will take vigorous steps to stop a trade which we must describe as professionally disreputable.

Notes on Current Topics.

St. Thomas's Hospital.

At a meeting of the Governors of St. Thomas's Hospital, held on Wednesday last, His Royal Highness the Duke of Connaught was elected President of the institution, his election as a Governor having first been rendered necessary. Occasion was taken at the same time to express the hope entertained that the presence of a member of the Royal Family at the head of the administration of the hospital will lead to a renewal of the prosperity once enjoyed by the charity. It certainly cannot be denied that St. Thomas's is sorely in need of being influenced by some external power in this direction, and if the recent action of its governing body is attended with the gratifying result looked for, general satisfaction will be felt in its behalf. It ought, however, to be borne in mind that an unwise expenditure of money was the first cause that operated to the disadvantage of the hospital, which has

never been in so flourishing a condition in its new home that it could be said to justify the outlay on its magnificent house. Now we may perhaps look out for better times, and in this connection it is deserving of note that the experiment of paying wards has been so far successful as to leave a handsome balance on the credit side as the outcome of nine months' working of the system. Even the best friends of the institution can hardly at this moment defend it from the charges that are only half-uttered against it, and which find confirmation in the unfurnished condition of those wards that remain still untenanted. With one great and important hospital slowly but surely advancing to decay, it is impossible to avoid a feeling of anxiety in regard to such others as seem to need improved administration. St. Thomas's has taken a step in the right direction by thus courtng publicity. We trust it may reap substantial rewards for its foresight.

Charity Organisation.

INDISCRIMINATE almsgiving is almost as great an evil as the misery it seeks to alleviate, for oftener than not it does little more than lend assistance to undeserving impostors. Nor is it to be expected that private individuals should at all times distinguish to what extent the objects of their charity are really legitimate recipients of the bounty extended to them, so that the use of an association whose officers are specially deputed to investigate the claims of applicants for assistance, is apparent. We have received the twelfth annual report of the Lambeth branch of the Charity Organisation Society, and from it may be gathered the extent and value of the labours performed by it, and the real relief afforded to persons who are reduced to want by causes not due to their own carelessness, but solely through misfortune. An important feature, of recent introduction by the Society, is the establishment of a central agency for supplying information as to convalescent homes, and through which patients discharged from hospitals may be enabled to enjoy the benefits of a short country change before resuming their usual employment. This is a most excellent arrangement, and will commend itself to every hospital physician and surgeon, since it is often a matter of regret to them that the patients under their care possess no means of obtaining such beneficial assistance towards completely recovering health. The Charity Organisation Society is doing much good work, but none more thoroughly worthy than providing the blessings of fresh air and change to convalescent hospital patients.

A Students' Club.

YESTERDAY, Tuesday afternoon, a new building, specially erected for the purpose, in the grounds of the London Hospital, was opened as a student's club and refreshment room. The movement to obtain this convenience originated with the warden, Mr. Munro Scott, who has assiduously followed up the first proposition, and the present building is the result. In it luncheons and dinners will be served daily, and it will also be used as a reading and recreation room; its privileges are open to all members of the hospital on payment of a small annual subscription.

Oleo-Margarine.

A VERY interesting account of the manufacture and constitution of oleo-margarine and of butterine is contained in *Nature* for Jan. 19th. From it we learn that oleo-margarine is obtained from beef-suet by the patented process of M. Mège Mourier. The suet is first of all digested in tanks with tepid water, and having been broken down in a steam "meat-masher," is forced through a fine sieve. It is now melted in tanks, which are very carefully surrounded by water at a temperature of 120° F.; any higher heat destroys the flavour of the oil by promoting its decomposition. The oil is by-and-by well stirred, and then being left, the membranous tissue subsides, the upper contents of the tank consisting of a clear yellow oil, and a film of white oily substance, which latter is skimmed off. The yellow oil is next drawn away and allowed to solidify, when it is submitted to pressure, packed in linen cloths between galvanised iron plates, a temperature of 90° F. being maintained in the press-room. The result is the production of oil which is oleo-margarine, and cakes of stearine which serve for the manufacture of candles. The oleo-margarine is packed in barrels for exportation, or by adding to it 10 per cent. of milk, and churning, it becomes "butterine."

Butterine is really a harmless compound, which differs from natural butter chiefly in the proportion of its soluble and characteristic fats—viz., butyric, capric, &c. The following tables exhibit the composition of the two substances as evidenced by chemical analysis, and they afford a suggestive study:—

	Butter.	"Butterine."			
Water	11·968	11·203			
Solids	88·032	88·797			
	100·000	100·000			
Insoluble fats	{ Olein } { Palmitin } { Stearin } { Arachin } { Myristin }	13·824	24·893		
		51·422	56·298		
		Soluble fats	{ Butyric } { Capric } { Caproin } { Caprylin }	7·432	1·823
				0·192	0·621
5·162	5·162				
Colouring matter	trace	trace			
	88·032	88·797			

The suet yields 34 per cent. of its weight of oleo-margarine, and this latter is worth one shilling per pound. It is exported from America principally to Rotterdam, and being then churned into "butterine," finds its way to the English market.

In the principal foreign cities the rates of mortality per 1000 of the various populations were, according to the latest official weekly returns, as follows:—Bombay 28, Madras 30, Paris 27, Geneva 32, Brussels 22, Amsterdam 20, Rotterdam 25, The Hague 28, Copenhagen 25, Stockholm 21, Christiania 24, St. Petersburg 53, Berlin 24, Hamburg 30, Dresden 32, Breslau 30, Munich 28, Vienna 29, Prague 30, Buda-Pesth 31, Naples 24, Turin 31, New York 32, Brooklyn 24, Philadelphia 21, Baltimore 24. No returns were received from Calcutta, Rome, Venice, Lisbon, and Alexandria.

The South City (Dublin) Dispensary.

WE report to-day, in the Supplement of our Journal, which is devoted to Irish Poor-law medical affairs, the proceedings of the committee of management of this institution upon the resignation by Mr. Croly of his appointment as medical officer thereto. It is very agreeable to us to notice the cordial *bene decessit* which Mr. Croly received from the committee. Twenty years of continuous service, with the entire approbation of his masters, and of the central authority whose duty it is to supervise the working of the dispensary, certainly earned for Mr. Croly the vote of thanks which the committee passed, and we are glad to find that under such circumstances the governors of dispensaries can sometimes be grateful. Mr. Croly has always been an excellent officer of his department; and while we congratulate him on having more lucrative occupation for his time, we condole with the sick poor of the district on losing his services.

Who is to Pay the Doctor?

ACCORDING to the *Standard* of Friday, Jan. 20th, 1892, Mr. S. F. Langham, Deputy-Coroner, held an inquest on the 19th relative to the death of John Manchester, aged 15 years. The following evidence, opening out a very important question of ethics, was adduced:—"Augusta Manchester deposed that the deceased was her son. He was in the employ of a carriage builder, and left home on Monday morning apparently in good health, and went to work. About eleven a.m. witness was suddenly sent for to go to the lad, who had been taken ill while at Messrs. Alford's, carriage builders, Newington Butte, having been sent there on an errand. When she got to him he was in a kind of fit, and quite unconscious. A neighbouring doctor was sent for (Dr. Lamb), who ordered his immediate removal home in a cab, and told witness to come to his surgery at once for some medicine, as the case was most urgent. Upon going to the surgery a few minutes afterwards the medicine was ready, *but the doctor (Dr. Lamb) said she must pay 2s. 6d. for it before he could let her have it.* Witness was in such a state of anxiety about her boy that she never thought about money on leaving home, and as she had not got the 2s. 6d. *he refused to give her the medicine.*—By the Coroner: He told me the medicine my boy needed was of the most expensive kind, and he must have the money first. *I begged of him to let me have one dose for the sake of the boy's life, but he would not. He told me he must insist on my returning home and getting the money.* I thought this very hard, especially as he had told me the case was urgent, and was alarmed at every moment's delay. I then went for Dr. Matcham, but before he came my boy was dead.—Alfred Walder gave evidence as to the symptoms of the boy when he was taken ill.—Mr. A. Matcham, surgeon, Gladstone Street, St. George's Road, deposed to being called to see the deceased, and to life being extinct upon his arrival. From what he could learn he was of opinion that the boy had been suffering from brain affection for some time, and all the symptoms pointed to death being the result of apoplexy.—By the jury: It was a rare thing to find a person so young dying from apoplexy, but witness had seen cases at even an

earlier age.—The Coroner: You have heard what Mrs. Manchester has stated with respect to Dr. Lamb's refusal to supply her with medicine unless she first got the money. Do you think if medicine had been given that the life of the deceased might have been saved?—Witness: From all I can see the case was hopeless from the first.—A verdict of Natural Death was recorded."

Medical men are frequently called to cases of emergency; as a rule they give their services gratuitously. There is no provision for payment in such cases. Is this just? We shall be glad to hear the opinion of some general practitioners on this point.

The Teaching of Aural Surgery.

At a meeting of the Committee, appointed by the Committee of Council of the British Medical Association, to consider and report on "the best means of promoting the study of aural surgery, especially in regard to compulsory examination in this subject by the various examining bodies," held on January 11th, it was announced that the following otological teachers had signified their willingness to join the Committee—viz., Messrs. A. Gardiner Brown, H. H. Clutton, A. E. Cumberbatch, W. R. Dalby, G. P. Field, A. Hensman, W. L. Purves (London), Thomas Barr (Glasgow), J. J. Kirk Duncanson (Edinburgh), A. H. Jacob (Dublin), J. Macfie (Glasgow), and J. A. Nunneley (Leeds). Dr. Urban Pritchard was elected chairman, and Mr. Cresswell Baber honorary secretary of the Committee. The names of numerous other gentlemen, in all parts of the kingdom, interested in otology, were also added to the Committee, on the condition of their consent being obtained. The next meeting will be held at 3 George Street, Hanover Square, London, to-day, Wednesday, January 25th, at 4 p.m. Communications on the subject should be addressed to Cresswell Baber, Esq., M.B., 4 Preston Street, Brighton.

Mr. Spurgeon on Vivisection.

SOME anti-vivisection fanatics appear to have interviewed Mr. Spurgeon. We observe that a paragraph has been going the round of the daily papers expressing "the entire loathing with which the reverend gentleman regards the process by which men of education—or men at all—bring themselves to perform such cruelties." We can hardly see why Mr. Spurgeon should be called upon to "loathe the doings of educated men." Would it not be far better for him to keep to the work of his Tabernacle, and leave educated men to the work of education? There is a good deal of inconsistency apparent in Mr. Spurgeon, as in other men, who persist in meddling with questions they don't understand. Surrounded by his admirers in the Tabernacle, a week or two ago, he boasted before them of having resisted all the temptations of the Parisian shopkeepers, with one single exception, and that was when he was shown a new-fangled rat-trap. This he purchased and brought home with him, and, he added, with considerable gusto, "he hoped the rats would like it." Now it so happens that this French rat-trap is calculated to inflict a good deal of unnecessary cruelty upon Mr. Spurgeon's rats, and in a way that a vivisectionist, with a very ardent desire to try an experiment for the good of mankind, would shrink from inflicting upon a rat.

But perhaps Mr. Spurgeon's "intense loathing" does not extend to rats when they poach upon his manor. Another act of inconsistency we also notice in connection with Mr. Spurgeon and his Orphanage. He very properly set forth, as worthy of imitation in all charity orphanages and similar institutions, a perfectly righteous freedom from the acknowledged evils inflicted on friends of candidates in the way of expense, trouble, and loss of time, and the cruelties in general inflicted by the system of canvassing for letters of admission. There was nothing of the kind in connection with the Spurgeon Orphanage, and for this reason especially it had a strong claim for support on the public. Only a few weeks before this boastful speech was delivered we find Mr. Spurgeon giving every encouragement to the Committee of the Surgical Aid Society, who, it is known, persist in inflicting all the unnecessary fatigue, expense, and loss of time in canvassing for letters upon all applicants for relief; and the reverend gentleman says that, in his opinion, it is in every way for the good of the charity, if not for the unfortunate cripple, who may require a wooden leg or other surgical appliance, that this kind of cruel kindness should be encouraged and continued. Mr. Spurgeon's approving letter has been distributed broadcast, and has, no doubt, made the hearts of the Committee of the Surgical Aid Society more obdurate on this point.

Small-pox in Belfast.

SMALL-POX continues to spread in Belfast, and the deaths each week continue to gradually increase. During last week 9 deaths were registered, the highest number yet recorded since the outbreak commenced. All precautions are being taken by the sanitary officers to limit the spread of the disease, but it is feared that a large number of cases exist which are concealed from the authorities.

Alleged Manslaughter by a Quack.

AFTER successfully evading the police for a week, "Doctor" James, the alleged quack who treated the boy who died of spina bifida, near Naas, has been arrested at Balinglass on the warrant of Dr. Carter, coroner. He is charged with manslaughter. Bail has been refused. The date of the magisterial investigation has not yet been fixed.

"Forged Diplomas."

AT the assizes at Reading, before Justice North, Arthur Augustus Sadgrove surrendered, last week, to his bail on an indictment charging him with unlawfully and wilfully uttering a certain document purporting to be a diploma of the Faculty of Physicians and Surgeons of Glasgow, by producing the same to one Thomas Scott, he then knowing the same to be false; he was further indicted on nine counts for obtaining money by false pretences.

It was alleged that Mr. Sadgrove, whose only qualification was that of Licentiate of Apothecaries' Hall, Dublin, constantly signed certificates, appending M.D. and surgeon to his name. He also put these titles on his door.

The learned judge, after carefully going through the evidence, said he had arrived at the conclusion that it was not sufficient to sustain the charge of false pretences. At

the two interviews which the prisoner had with Mr. Scott not a word was said about money, nor did it appear that the prisoner obtained the situation by anything which he said at the first interview. He obtained it probably by reason of his having been recommended by Mr. Scott as a fit and proper person and from his general repute in the district. But this was not enough. To satisfy the statute it was necessary that the prisoner should have obtained either money or a valuable security, but the situation which, in fact, he did obtain, even on the assumption that it was obtained on the strength of his representations, could not be said to be either one or the other; and the same difficulty was fatal with regard to the second interview, for the statements then made by the prisoner were made directly for the purpose of satisfying inquiries as to his qualification as a surgeon, and were not made with a view to continuing in his employment and receiving money. He therefore directed the jury to acquit the prisoner on the counts in the indictment which related to these charges. As to the charge of forgery which remained, this stood on a different footing, and the jury would have to ask themselves whether they were satisfied by the prosecution that the document shown by the prisoner to Mr. Scott purported to be a diploma, that the prisoner knew it was not a diploma when he said that it was, and if it was not a diploma and the prisoner knew that it was not, whether it was produced by him with intent to defraud. The prisoner was acquitted.

Tuberculosis.

In an exceedingly original and instructive pamphlet ("Tuberculosis." Bailliere, Tindall, & Cox), the president of the Royal College of Veterinary Surgeons, Mr. Fleming, following the views of continental observers, believes in the analogy if not absolute identity of tubercle as met with in man and in cattle. He considers that, to some extent at least, infantile diarrhoea is possibly due to their receiving milk of tuberculous cows. He points out that bovine tuberculosis occurs and prevails under similar circumstances as the same disease in man, viz., in poor localities and in valleys. Bovine tuberculosis is more prevalent than the disease in man. As in man, so in cattle, the disease is hereditary, more frequent in females than in males, and in the young than those more advanced in years. In calves, as in very young children, it is rare; and cows thus affected frequently yield abundant quantities of milk. It is among cattle, as in man, more prevalent in temperate than in cold climates; occurring among those animals for the most part in a chronic form. It is very rarely met with in the sheep and goat. Besides being hereditary, its presence among animals is increased by the plan of breeding in and in. All animals, when inoculated with tuberculosis do not become affected with the same readiness. Dogs show little susceptibility, while rabbits and guinea-pigs have it in a remarkable degree. The disease readily appears in pigs fed with the milk of tuberculous cows. Mankind runs great risks of becoming similarly affected.

THE huge sanatorium at Egham, on which Mr. Holloway, of pill and ointment fame, is said to have already spent £300,000, will probably be opened in May. The institution will be endowed with £50,000.

Hygiene in the Far North.

IN his recently published work "The Land of the Midnight Sun," M. du Chaillu gives much interesting information regarding the habits of the people within the Arctic zone among whom he travelled. Of the Laplander, he says (vol. ii., p. 169), that by the severe training he undergoes from childhood, sleeping on the bare ground or resting against a stone, suffering hunger, and being exposed to great changes in the weather, the Laplander has very great powers of endurance. In summer he follows his herd. He is compelled to go through bogs and swamps, or cross patches of deep, soft snow, to swim or pass rivers swollen by melted snow or the flow from glaciers; often hungry, and obliged to milk a reindeer for subsistence, when he comes to the *kata* he is generally overcome with fatigue, and changing his wet clothes he falls into a deep sleep brought on by sheer exhaustion. In winter he travels over dreary wastes, during violent storms, suffering from hunger and cold—on the watch night and day for bears, wolves, and gluttons.

And what are the effects upon health of such a manner of life? Viewed from a "scientific" standpoint, they ought to be, and doubtless are, disastrous. What they are in fact M. du Chaillu tells his readers, namely, "All this makes the mountain Laplander one of the hardiest of men. Consumption, cancer, chills, fever, affections of the liver and kidneys are unknown." The water is as pure as in granite countries, and the drinking of sour milk prevents many complaints elsewhere common. Acute diseases, however, are common; rheumatism is apparently infrequent, if it occurs at all. The Laps use the fat which comes from cheese as an application to sores and sprains. Measles, small-pox, and ophthalmia are frequent among them. The men and women attain very great age; some upwards of a hundred years. Their food consists chiefly of flesh, they use barley flour for *mush*, unleavened bread and plum pudding. They often add sorrel (*Rumex*) to their milk. They are great drinkers of coffee, inveterate smokers and snuff-takers. The vice of drunkenness, once so prevalent has almost disappeared at home among them, but whenever they go to a town, and can procure spirituous liquors, they generally have a frolic for a day or two. Hygienic rules are little thought of among the Laplanders; and yet a hardy, strong, and healthy people are the Laps.

The Hospital Saturday Fund's Convalescent Home.

A LARGE gathering of working men, delegates and supporters of the Hospital Saturday Fund, took place on Saturday night last, at Exeter Hall, under the presidency of Mr. Samuel Morley, M.P., for the purpose of promoting and inaugurating a Working Man's Convalescent Home, not far from London, and in connection with the Hospital Saturday Fund. An almost unanimous opinion was expressed in favour of the movement, since it appears that as great a difficulty in obtaining letters of admission for Convalescent Homes has been experienced by the Hospital Saturday Fund as by the Hospital Sunday Fund. The system of begging for letters grows more nauseous and more distasteful in connection with charitable work of all kinds. Many letters were read from employers of

labour and benevolent gentlemen promising substantial help and support, and there appears every prospect of a sufficient sum of money being collected to carry the project into effect during the ensuing summer. As usual, some few persons present expressed fears that the movement might damage the prospects of the Hospital Saturday Fund, but the chairman and the majority most decidedly entertained a very different opinion. Indeed, the working classes can hardly, as yet, be said to have earnestly put forth their strength in the promotion of the Hospital Saturday Fund. If it is considered that the aggregate receipts of the wage-earning classes amount to no less a sum than four hundred millions per annum, and that of this sum, that at least one quarter of it is expended upon beer, tobacco, and things that could easily be dispensed with, it will surely be no privation on the part of any working man who acknowledges the importance of self-reliance in sickness as in health, to deny himself half a pint of beer or half an ounce of tobacco less a week that he may have the satisfaction of assisting in a work likely either to benefit himself or some other member of his family some time or other. We wish success to the project of a Working Man's Convalescent Home, and trust the committee may take a leaf out of the economically-managed Home established by Mrs. Gladstone.

Society of Medical Officers of Health, Dublin.

THE annual dinner of this Society took place on Saturday last, at the Shelbourne Hotel, Dublin. Dr. Darby, F.R.C.S.L., President, presided. The dinner was an excellent one. After the usual loyal toasts had been given and cordially responded to, the President proposed the toast of the "Colleges of Physicians and Surgeons." Dr. Chaplin, President of the Royal College of Surgeons, Ireland, responded, and then proposed the "Health of the President of the Society, Dr. Darby," who, he said, was always distinguished for the position which he held in his profession, and the honour and credit of which he invariably upheld. The President replied in happy terms. He felt complimented by being elected to the presidential chair of a society calculated to do so much public good. The next toast was that of the "Medical Societies," to which Dr. Kidd, President of the Irish Branch of the British Medical Association, Dr. Banks, President of the Irish Medical Association, and Dr. Byrne, President of the Obstetrical Society, responded in excellent speeches. The toast of "The Visitors" was well responded to by Sir George B. Owens, M.D., on the part of the medical guests, and by Mr. George Moyers, LL.D., ex-Lord Mayor, on the part of the lay visitors. The toast of "Dr. Pollock's (Secretary) Health" was received with applause, and was ably replied to by that gentleman. The final toast was the "Health of Dr. C. A. Cameron," who for the last two years had been the President of the Society. Excellent music was discoursed during the evening by Drs. Duffey, Jacob, Power, O'Donoghue, Moyers, and Mr. William Armstrong.

It is announced that Lord Coleridge will make a contribution to the literature of vivisection in the February number of the *Fortnightly Review*.

An Hospital Ambulance for London.

A MEETING will be held early in February for the purpose of considering the proposal to introduce a general hospital ambulance system throughout the metropolis. The Duke of Cambridge, as President of the London Hospital, has kindly consented to preside, and it is hoped that most of the leading hospital representatives will be present. The ambulance waggon recently presented to the London Hospital by Mr. Crossman will be exhibited upon the occasion, and its advantages pointed out by Dr. Howard, of New York, who will also give a description of the ambulance system as at present in practice in New York.

The "Reuben Harvey Memorial" Fund.

THE committee appointed to raise this fund and to establish a memorial to the late Dr. Reuben J. Harvey met at the King and Queen's College of Physicians, Kildare Street, Dublin, on Monday afternoon, the 16th inst., Dr. Gordon in the chair. The honorary treasurer, Dr. G. F. Duffey, reported that subscriptions to the amount of £150 had been already received or promised.

Dublin Hospital Sunday.

THE total amount obtained by the collections last November for this fund amount to £4,066 8s. 7d., which, contrary to expectation, shows an increase of some £16 as compared with the return for 1880. As contrasted with 1879 there was, however, a deficiency of £278. Each charity which participates in the fund collected is assisted (1) according to the amount of voluntary contributions received by it, and (2) by the number of beds utilised. Among the donations was one which may be specially mentioned—viz., a sum of £48, being the proceeds of a football match, played by the Irish Rugby Football Union on the 12th of last November.

A FAMILY at Northampton has been attacked with symptoms of irritant poisoning, after partaking of tinned tongue.

THE Duke of Cambridge will preside at the annual dinner of the University College Hospital, at the Langham Hotel, on February 15.

DR. F. A. MAHOMED and Mr. C. J. Symonds have been elected Assistant-Physician and Assistant-Surgeon respectively on the staff of Guy's Hospital.

THE Duke of Connaught has consented to take the chair at the annual festival of the Hospital for Sick Children Great Ormond Street, at Willis's Rooms, on March 8.

THE most recent returns show that diphtheria is still alarmingly prevalent in Paris, Berlin, and New York. In either city the mortality from this disease is considerably greater than in Great Britain and Ireland combined.

UNDER the will of the late Mr. John Pendlebury, three of the medical charities of Manchester receive magnificent legacies. The Royal Infirmary and the Salford Royal

Hospital and Dispensary become possessed of £20,000 each, and the Children's Hospital £10,000.

A COURSE of eleven lectures on the Mechanism of the Senses is now in course of delivery at the Royal Institution, by Professor McKendrick, the new Fullerian Professor. The first lecture was delivered on the 17th inst.

A NEW wing and chapel added to the Margate Sea Bathing Infirmary by Sir Erasmus Wilson, at a cost of nearly £30,000, will shortly be opened by the Prince and Princess of Wales. The chapel is an exquisite building, containing about £2,000 worth of stained glass.

DEPUTY SURGEON-GENERAL H. T. READE, V.C., has been compelled through failing health, to resign the appointment of principal medical officer to the forces at Barbadoes, where he had served through the recent terrible scourge of yellow fever.

A CONTEMPORARY informs us that, in the city of Brussels, whenever a birth is registered, the registrar hands to the parent gratuitously, a little pamphlet of five pages containing short and plain directions for the management of children. In Paris, where the mortality amongst children is enormous, it is proposed to introduce a similar practice.

THE annual meeting of the Dublin branch of the British Medical Association will take place on Wednesday next, permission having been granted to hold the meeting and subsequent dinner in the halls of the King and Queen's College of Physicians. Several members of Parliament, and other influential persons, have been invited to the dinner. At the general meeting, at 4 o'clock, Dr. Kidd, the President-nominate, will deliver an address on Medical Education—a subject to which, as is well known, he has given much attention, and a very important and satisfactory report on the notification of infectious diseases will be submitted by the council.

THE rates of mortality last week in the principal large towns of the United Kingdom per 1000 of their population were—Leicester 14, Norwich 16, Bradford and Derby 17, Huddersfield and Halifax 18, Sunderland and Portsmouth 19, Bristol, Plymouth, and Edinburgh 20, Birmingham and Bolton 21, Sheffield, Hull, Birkenhead, and Cardiff 22, London and Leeds 23, Newcastle-on-Tyne, Salford, Liverpool 25, Oldham 26, Blackburn, Glasgow, and Nottingham 27, Manchester 28, Wolverhampton and Brighton 31, Preston 34, Dublin 35.

THE highest death-rates recorded in the large towns last week from diseases of the zymotic class, were, per 1000 of the population—4.6 in Hull from scarlet fever, 3.3 in Brighton, and 2.4 in Cardiff; from whooping-cough 3.4 in Wolverhampton, 2.8 in Salford, and 2.4 in Brighton; from measles 3.2 in Preston, 2.5 in Blackburn, and 2.4 in Brighton; and from "fever," 1.6 in Preston, and 1.2 in Cardiff. In Hull 14 more fatal cases of scarlet fever were recorded, raising the number re-

corded within this borough since the beginning of July last to 675. The 34 deaths from diphtheria included 14 in London, 12 in Portsmouth, and 4 in Glasgow. Small-pox caused 24 more deaths in London and its suburban districts, 1 in Brighton, 1 in Nottingham, 1 in Bolton, 1 in Leeds, and 1 in Hull.

THE Coroner for the borough of Wigan (Mr. L. R. Rowbottom) held lately a couple of inquests on children which had died from convulsions caused by improper feeding. He opportunely called attention to the feeding of infants entrusted to nurses, whilst their mothers worked in the mill, and stated that, according to medical testimony, this reprehensible practice most likely accounted for the high death-rate of children under one year in this district. Mr. Rowbottom is a legal coroner, but is wont to pay the highest respect to the evidence and views of members of the medical profession. Were his example more generally followed, much of the existing opposition to lawyers as coroners would pass away.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

SURGICAL ACHIEVEMENT.—The following is current in medical circles in Scotland, as having occurred in a civilised and highly educated country, and illustrates the errors which are possible in the best hands, but which are never published. Surgeon ——— is attending a female in whom "obstruction of the bowels" is diagnosed. He feels "the lumps." He calls in first one prominent physician, and then another; injections, &c., are resorted to, but to no effect. Thereupon he calls in a distinguished surgeon, who, of course, operates. The abdomen is opened; the woman dies; and post-mortem examination reveals—nothing whatever. "Paralysis of the bowels" is then the explanation of the condition demanding operation! This is not quite so good as the unsuccessful case of ovariectomy in which the post-mortem pathological appearances resolved themselves into—a huge pair of scissors! There is really too much operating, and he is the best surgeon who knows when, and why to operate, and not he who is alone dexterous.

DEATH OF DR. ROBERT PINKERTON.—We much regret to announce the death of Dr. Robert Pinkerton of Glasgow, at the early age of 32. Dr. Pinkerton, we understand, was ill but for one week, the cause of death being typhlitis. Dr. Pinkerton was one of Lord Blantyre's surgeons during the Russo-Turkish war, and was understood to have been an excellent surgeon. Much sympathy is felt for his bereaved mother who survives him.

ANDERSON'S COLLEGE, GLASGOW.—DISTRIBUTION OF PRIZES BY DR. LYON PLAYFAIR.—On the 19th inst. the Right Honourable Lyon Playfair, M.P. distributed the Queen's prizes and certificates awarded by the Science and Art Department, South Kensington, to the successful pupils in the evening Science Class Department of Anderson's College, Glasgow. In the course of his address the right honourable gentleman referred to his early association with Anderson's College, where, forty-five years ago, then a young clerk in the city, he began to attend lectures on science. He referred in terms of appreciation to his master in science, Thomas Graham, and his College companions, David Livingstone, Young, of Kelly, Dr. Stenhouse, and Sir Andrew Ramsay.

His address was very interesting, and was listened to with much pleasure.

OUTBREAK OF TYPHOID FEVER IN EDINBURGH.—An outbreak of typhoid fever which threatens to become epidemic has occurred in the Morningside and St. Leonard's districts of Edinburgh. In the first-mentioned district there are at least fifteen families, representing twenty persons suffering from the disease, which it is believed has been produced and spread by impure milk. A dairy-keeper in the neighbourhood is said to have supplied milk to all or nearly all the families afflicted by the disease, and he got his supply of milk from a farm close by. It is supposed that the farmer had used water taken from a burn which passes through the farm for the purpose of cleansing his pitchers and other utensils, and that the impurities of the burn affected the milk, by which the disease is believed to have been propagated. In the St. Leonard's district the outbreak has assumed much greater proportions. There is scarcely a street or terrace in which there are not several cases, and these of a generally severe type. The cause of the epidemic in this district has not been ascertained, but it is also supposed to have arisen from infected milk. Dr. Littlejohn, the medical officer of health for the city, is making investigations into the causes of the outbreaks.

A WINDFALL TO THE UNIVERSITY OF ABERDEEN.—As announced in our last, Sir Erasmus Wilson, LL.D., F.R.S., President of the Royal College of Surgeons of England, has intimated, through Professor Pirrie, his intention to present £10,000 to the University of Aberdeen, for the purpose of founding and endowing a chair of Pathological Anatomy there. In this communication, Sir E. Wilson states that he makes this gift to the University because of the fact that his father was a student at Aberdeen, and as a recognition of the honour which the University had been pleased to confer on the donor in granting him the distinguished degree of LL.D. Some men surely value these titles highly.

EDINBURGH EYE INFIRMARY.—The annual meeting of the subscribers to this institution was held last Friday, when Mr. A. P. Purves, W.S., treasurer and secretary, submitted the report of the managers, which stated that since the re-opening of the charity, twenty-nine years ago, 26,130 individuals had applied for advice, and of these 397 had been accommodated in the house for longer or shorter periods. During last year the applicants numbered 954. A large proportion of the cases were of a severe character, many of them having been for some time under previous treatment. It appeared from the accounts that the income for the year amounted to £108 1s. 7½d. and the payments to £67 6s. 9½d.

ACCIDENT TO THE PRESIDENT OF THE COLLEGE OF PHYSICIANS.—We regret to learn that Dr. D. R. Haldane, the President of the College of Physicians, Edinburgh, has lately met with a severe accident, in which he broke his leg. Dr. Haldane was to have lectured last Saturday week before the Health Society, but was prevented, owing to his accident. We are glad to hear, however, that Dr. Haldane is progressing favourably.

THE REPORTING OF INFECTIOUS DISEASES, EDINBURGH.—At a meeting of the Public Health Committee, last week, the Medical Officer of Health submitted a statement of the expenses incurred for the half-year ending December last in connection with the working of section 208 of the Edinburgh Municipal and Police Act of 1879, by which medical men in the city are required, under a penalty, to give notice to the Medical Officer of Health of all cases of infectious diseases coming within their practice. For each case reported and verified a sum of 2s. 6d. is allowed. The amount was £224 7s. 6d., which represented reports of 1,795 cases. It appeared that reports had been sent in by 130 medical men, the number received from each ranging from 1 to 99 cases.

Correspondence.

FEES FOR EXPERT MEDICAL EVIDENCE.

TUFNELL *versus* THE DALKEY COMMISSIONERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As the newspaper reports of this case have differed in some respects, I deem it right for the information of my professional brethren to give the full particulars, in order that they may take such steps hereafter as they may deem necessary when dealing with public bodies, who in their time of trouble are only too glad to get assistance, and subsequently endeavour to shirk their obligations.

In April, 1879, the Dalkey Commissioners were brought into the Queen's Bench by the late Sir Richard McDonnell, of Sorrento House, and Mr. Musgrave, of Pilot View, Dalkey, upon traverse for injury and depreciation likely to occur to their respective properties from the proposed drainage of the public sewers into Dalkey Sound.

Dr. Cameron, the city analyst, and I, were engaged by Messrs. Casey and Clay, the solicitors for the Commissioners, to act as experts upon their behalf, and we discharged these duties most conscientiously and thoroughly both in and out of court. We received our instructions from Mr. Sanders, the conducting clerk of Messrs. Casey and Clay, upon the 21st of April, 1879, and devoted a large portion of the 23rd in determining to precision (by means of a coloured fluid) the exact course that would be taken by sewage, of the similar specific gravity, delivered at the same depths and at the same spots.

For this service, providing materials, boat and boatmen, I charged the Commissioners £5 5s.

Upon the 28th, I received instructions from Messrs. Casey and Clay to attend at the Court of Queen's Bench, the case having been "Listed." I did so in the morning and afternoon, and for each attendance charged the fee of one guinea.

Upon the 29th, I went to the Four Courts morning and afternoon (the case being expected to be at hearing every hour), and again charged one guinea for each attendance.

Upon the 30th of April the case was called on, and continued for four days, during each of which I was almost continuously in court, with the exception of the 2nd of May, when I was engaged for some hours in conducting experiments at Booterstown in connection with the delivery of sewage there. For each of these days I charged five guineas, making a total of £30 9s. for the combined services rendered to the Commissioners, and in reference to the same, wrote to the Chairman to say that, in consideration of having a residence myself in the township, I would be happy to accept a cheque for twenty guineas for the whole.

From that time (though frequently applying for a discharge of their liabilities to the Commissioners), I could get no satisfactory reply, and it was only after I had put the case into the hands of a solicitor that an answer was given in the form of an offer of ten guineas, just half the amount.

I need hardly say that, after this insult, I had no course but to bring them before the Recorder, who at once gave an order for the full sum claimed, with costs. The case was defended by counsel upon the part of the Commissioners, who sought to establish that the charges were excessive, and that I had not been *directly* employed by the Board. To neither of these pleas would the Recorder listen. The charges, he considered, were perfectly fair (and even moderate for the services performed), and thoroughly established by the case of Ryan *v.* Dolan, which I transmit for your perusal, and which you will lay before your readers much better than I should. As for the pretext that the Commissioners had not personally engaged my services, the Recorder held that the solicitors conducting the case for the Commissioners having engaged Dr. Cameron and myself, they were, of course, bound by their acts.

I have, I fear, trespassed too much upon your pages, but, the case being one that may be of use to your readers, I have thought it better to give the full details.

I am, yours, &c.,

JOLLIFFE TUFNELL, F.R.C.S.I.

[The issue raised by Mr. Tufnell on behalf of the profession is more important than may appear at first sight. It is whether a medical witness, being called as an expert, is liable to be put off with the statutory fee payable to a professional witness, or

whether, on the contrary, he is legally entitled to a special fee for his opinion and services as an expert. In Mr. Tufnell's case, the Recorder has decided that he is so entitled, and the case of Ryan v. Dolan (Irish Equity Reports, vol vii, page 92) seems to settle the point in favour of the medical witness. In this case, certain physicians attended and remained in court to prove the capacity of the testator of a disputed will. The case was compromised, and a decree made that the taxed costs should be paid out of the assets. The taxing master cut the remuneration which had been agreed on down to the level of the fee named in the Schedule, and maintained that he had no discretion to allow more to be paid. A motion was then made to the court to reverse this decision of the taxing master, and the court granted the motion. The judge, in giving his decision, said, "The only question is, whether the Schedule of fees absolutely binds the taxing officer, in the taxation of costs between solicitor and client, as it certainly does in taxation between party and party. . . . In the case of party and party taxation, the rules are strict necessity, and the Schedule of fees; in the case of solicitor and client the rules are liability to the solicitor, and fair justice to the opposite party. Witnesses may be compelled, upon payment of the fee mentioned in the Schedule, to attend for personal examination, but they cannot, and will not be compelled to remain in court day after day, watching the case and the testimony of other witnesses. . . . I think the officer ought to have exercised a discretion, and, inasmuch as medical witnesses, though obliged to attend for personal examination, are not obliged to attend during the examination of other witnesses, I think it is reasonably proper and legally necessary to pay their extra fees."

We are well pleased that Mr. Tufnell asserted his rights, and we think the principle affirmed will prove valuable as a precedent.—Ed. M. P. and C.]

"GENERAL PRACTITIONERS AND THE MEDICAL COMMISSION."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The funny fellow who coined or invented the phrase, "How not to do it" must have been withal a seer, and must have had within the range of his prevision, the doings of the recent Royal Commission on the Medical Acts, when he delivered himself as above. For *how not to do it* is the only expression that will apply to the labours of the said influential and expensive gathering, unless we attempt in the same way to illustrate its outcome by the parable of the mountain in labour. Directly the Commission was named, I placed myself in communication with its noble Chairman, Earl Camperdown, and I brought under his cognisance certain "peculiar" practices which it was the special business of the Commission to inquire into, if it ever had been intended to make the inquiry thorough and useful. His lordship was sufficiently polite to acknowledge my communication; but there the matter ended, though I kept him supplied from time to time with newspaper and private news, and although I gave him the names of three gentlemen in the profession who could have thrown a flood of light upon the business if they were cited and pressed on oath to "tell the truth, the whole truth, and nothing but the truth." I was not vain enough or egotistical enough to represent that I could myself make any *new* disclosures, but I certainly gave the Chairman of the Commission the names of those who could, and why they were not called is pertinently asked in your question, "If not, why not?" in present issue. Therefore mockery and delusion are words not out of place here.

To expect aid, countenance, or encouragement from the British Medical Association in the matter of Medical Reform is another delusion, for I myself know many gentlemen by name who are described in Churchill's *Medical Directory* as members of the *B.M.A.* and who yet employ any number of unqualified assistants—at least, any number from one to half-a-dozen. In illustration of the above statement, I was lately informed by a candidate for an office under the L.G.B. that his

chief competitor (the man who eventually got the appointment) in canvassing the Poor-law Guardians for votes took occasion to say that as he had three assistants planted in the district he was peculiarly fitted to fulfil by deputy the duties of the appointment. Not one of the three, however, holds a qualification, and one out of the three has never been a recognised or regular medical student at school, hospital, or college for as much as an hour in his whole lifetime.

So much for Royal Commissions, for the L.G.B., the B.M.A., and all their doings in aid of the profession, separately or conjointly. When will the profession aid itself?

I am, Sir, yours truly,

J. O'FLANAGAN.

Houghton-le-Spring, Durham,
18th January, 1882.

Obituary.

CHARLES DELACHEROIS PURDON, M.B.,
F.R.C.S.I.

ON Sunday, the 8th inst., death removed a distinguished practitioner—one holding an honoured name in Belfast—Dr. C. D. Purdon. He succumbed, in his 64th year, after a couple of days' illness, much regretted by the profession and a large circle of friends and acquaintances. Dr. Purdon was the son of Dr. Henry Purdon, who practised as a surgeon in Belfast many years since, and received his medical education at Trinity College, Dublin, where he duly graduated in Arts and Medicine, while two years previously he obtained the Fellowship of the Royal College of Surgeons in Ireland. He proceeded to practise in Belfast, and became medical officer to the Belfast Charitable Society, and, for nearly twenty years, physician to the Deaf and Dumb Institution. He also received the appointment of surgeon under the Factories Acts, and was elected Vice-President of the Ulster Medical Society. Dr. Purdon was connected with various scientific societies, and being possessed of a strong bias in relation to antiquarian subjects, he was well qualified to hold the position of Secretary for Ulster for the Royal Archaeological and Historical Society of Ireland. Of a genial and kind disposition, Dr. Purdon was greatly esteemed, and his loss will be regretted by a large number.

PASS LIST.

Royal College of Surgeons of England.—At meetings of the Court of Examiners on Jan. 17th and 18th, the following gentlemen, having passed the required examination for the diploma, were duly admitted Members of the College:—

Bamford, Charles Robert.	Nance, Arthur Stanley.
Basa, Frederick.	Openshaw, Thomas Horrocks.
Batten, Rayner Derry.	Paget, Charles Edward.
Broom, Arthur Robert.	Power, D'Arcy, M.A.Oxon.
Canton, Herbert.	Price, J. A. Parry.
Collins, O. A. Glazier.	Robertson, James, L.R.C.P.Ed.
Ellis, William Gilmore.	Rumboll, Charles Frederic.
Griffiths, Charles Thomas.	Simmons, Herbert Charles.
Heells, Robert, L.S.A.	Stephens, L. E. Walker, L.S.A.
Hendriks, Cecil Morgan.	Stow, Charles Lethbridge.
Jenkins, Edward Johnstone.	Travers, Geoffrey Frederic.
Lawson, G. L. Leath.	Trevor, Edward Tull.
Martin, Joseph Henderson.	Veitch, Quinton Reid.
Mayo, Frank Herbert.	Wallace, Alfred C., L.R.C.P.Lond.
Mears, Frederick Charles.	Willey, Alexander Gascoygne.
Mill, William.	Wright, Richard Searle.

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.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, can now be had at either office of this Journal, price 2s. 6d. These cases

will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

COMPILER.—The exact amount received by the charities of London cannot, of course, be stated, but the most recent and reliable estimation places the aggregate receipts at £4,000,000 per annum.

BRIGHTON.—Only about one-third per cent.

MR. J. SEWELL.—The "Transactions" of the International Medical Congress have been published in four royal octavo volumes, and can be obtained of any medical publisher, either together or separately, at half-a-guinea a volume.

QUALIFICATION FOR IRISH CO. INFIRMARY.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR.—Would you kindly let me know if the Act has been repealed by which *some* but a Licentiate or Fellow of the Irish College of Surgeons could hold the surgeoncy to an Irish Co. Infirmary, and oblige Yours, &c.,

Jan. 15, 1882.

L.K.Q.C.P.

[Yes, repealed by the 39th and 40th Vic., cap. 40, "11th August, 1876."—See "Irish Medical Directory," page 547.—Ed.]

THE WIDOWS AND ORPHANS OF MEDICAL MEN.—A Quarterly Court of the Directors of the above charitable Society was held on Wednesday, Jan. 11th. The chair was taken by the President, Sir George Burrows, Bart. Five new members were elected, and the deaths of three reported. The applications for grants from fifty-eight widows and nine orphans were approved, and the sum of £1,212 10s. was voted to be distributed according to the respective merits of each case. Two widows, recipients of grants, were announced as dead. There were no fresh applications for grants. The Christmas present of £5 additional to each widow and £2 to each orphan amounted to £820, and had been paid in December last. The working expenses of the quarter were £69 9s. 7d.

SURGEON S.—Not very recently. We are, of course, fully interested in the subject, and will consider all you have to urge in defence of your view.

GREAT WESTERN.—The post is an important one, and is expected to fall to Dr. Gillespie, of St. Thomas's Hospital.

A STUDENT (Leeds).—You must address the Registrar of the General Medical Council, 299 Oxford Street, London, W., respecting the preliminary examination at the Royal College of Surgeons. The examinations for the present term closed last week.

THE SANITARY INSTITUTE OF GREAT BRITAIN.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR.—In the next issue of the *Press* kindly answer the following queries:—

1. Who is the secretary, and where are the offices of the Sanitary Institute?
 2. When and where are its meetings held?
 3. How does one become a member of it?
- Any other information relative to it will be grateful to

R. J. B.

[* The Sanitary Institute of Great Britain and Ireland was established in 1876; the President is His Grace the Duke of Northumberland, the Secretary Mr. E. W. Wallis, and the offices 9 Conduit Street, London, W. Its objects are the advancement of sanitary science and granting of certificates to local surveyors and inspectors of nuisances. Meetings are frequently held for the reading of papers, and for discussion; and a congress and exhibition is held annually in the autumn at some provincial town. The election of members takes place in the usual way, on the proposal and seconding of existing members. Our correspondent should write to the Secretary for a list of members.—Ed.]

MR. WARD.—We have the official Blue Book, "Health of the Navy for 1880," before us, and are bound to admit that the operations of the Contagious Diseases Acts do not show such favourable results as formerly.

DR. CROFT.—The "guinea jaw" may be taken as an illustration of the class of men whom the Dental Act dragged from obscurity into notoriety. However, when qualified members of the medical profession send round hand-bills, we can hardly expect that advertising dentists will fail to utilise our letter-boxes for the poetry of "guinea-jaws."

DR. BRUNKER.—In our next.

ERRATUM—PRINTER'S ERROR.—"Our Services to the Cause of Poor-law Medical Officers." In our last issue, page 54, second column, fourth line, for "A great many of the legitimate claims," &c., read "Jealousy of the legitimate claims of contemporary medical journals has never been one of our failings," &c.

The name of Mr. Chandlee, of the Carmichael School, Dublin, was, in connection with the memorial to the late Dr. Benben Harvey, inadvertently spelled Chandler in our Journal of the 18th.

MEETINGS OF THE SOCIETIES.

HUNTERIAN SOCIETY.—This (Wednesday) evening, at 7.30 p.m., Council Meeting.—8 p.m. Report of the Committee on Mr. Steven's Case of Cerebral Tumour.—Dr. Carrington, "On Cases of Hepatic Abscess associated with Dysentery."—Dr. Turner, "On Miliary Aneurisms from a Case of Cerebral Hemorrhage."

CLINICAL SOCIETY OF LONDON.—Friday, Jan. 27th, at 8.30 p.m., Mr. W. H. Kesteven, "On a Case of Unilateral Xanthopais."—Cases

of Renal Calculus removed by Operation by Mr. Marcus Beck, Mr. Butlin, Dr. Whiphram, and Mr. Haward.

SURGICAL SOCIETY OF IRELAND.—Friday, Jan. 27th, at 8.30 p.m. **ROYAL INSTITUTION.**—Tuesday, Jan. 31st, at 3 p.m., Prof. John G. McKendrick, "On the Mechanism of the Senses."

HARVEIAN SOCIETY.—Thursday, Feb. 2nd, at 8.30 p.m., Mr. Osman Vincent, "Cases of Contraction of the Knee and other Joints."—Dr. Day, "On Headaches in Children."

Vacancies.

Belmullet Union, Binghamstown Dispensary.—Medical Officer. Salary, £100, and £10 as Medical Officer of Health. Election, Feb. 2.

Carnarvonshire and Anglesey Infirmary.—House Surgeon. Acquaintance with the Welsh language is required. Salary, £100, with board. Applications to be sent to the Secretary on or before Feb. 11.

General Hospital, Birmingham.—Assistant Surgeon. Salary, £100 per annum. Applications must be sent to the House Governor on or before Jan. 30.

Granard Union.—Medical Officer for the Finnea Dispensary District. Salary, £100, with £14 additional as Health Officer. Immediate application.

Mercer's Hospital, Dublin.—Resident Medical Officer and Apothecary. Applications to be sent to Mr. James Shaw, at the Hospital. (See Advt.)

Royal Surrey County Hospital.—House Surgeon. Salary, £75, with board. Applications to the Secretary, Town Hall, Guildford, before Jan. 30.

West Herts Infirmary, Hemel Hempstead.—House Surgeon and Dispenser. Salary, £100, with board, &c. Applications to be forwarded to the Secretary on or before Feb. 1.

Appointments.

ADAMS, J. A., M.D., C.M., F.F.P.S.Glas., Extra Surgeon to the Glasgow Royal Infirmary Dispensary.

COWAN, R. H., M.R.C.S., Resident Second Assistant Medical Officer to the Workhouse, Birmingham.

CROUK, H. G., M.B.Camb., M.R.C.S., Medical Officer for the Repton District of the Burton-on-Trent Union.

DAY, E. J., M.M.C.S., F.C.S., Public Analyst for the Borough of Lyme Regis.

FLEMING, C., L.R.C.S.I., L.K.Q.C.P.I., Medical Officer to the Work-sop Union and District, Nottingham.

FLINN, D. E., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for the Brownhills District of the Cannock Union.

GILL, J., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Welshpool District of the Forden Union.

HEPBURN, W. J., L.K.Q.C.P.I., F.R.C.S.Ed., Visiting Surgeon to the Brabazon Convalescent Home, Bray, co. Dublin.

KNOWLES, H., L.R.C.P.Ed., L.F.P.S.Glas., Medical Officer for No. 4 Salford District of the Salford Union.

PICKERING, C. F., F.R.C.S.E., L.R.C.P.Lond., Surgeon to the Bristol General Hospital.

PRATT, J. D., M.B., House Surgeon to the City of Dublin Hospital.

QUINLAN, F. J. B., M.D.Dub., Consulting Physician to the Dublin Dental Hospital.

SYMONDS, C. J., M.S.Lond., F.R.C.S.E., Assistant Surgeon to Guy's Hospital.

THOMAS, A. H., M.B., C.M., Assistant Medical Superintendent of the Ayrshire District Asylum.

Births.

KESTEVEN.—Jan. 10, at Levuka, Fiji Islands, the wife of Leighton Kesteven, M.R.C.S., Colonial Medical Officer, of a son.

LISTER.—Jan. 19, at Addiscombe Road, Croydon, S.E., the wife of C. H. Lister, M.D., of a daughter, stillborn.

MAYBERRY.—Jan. 6, at Riversdale, co. Kerry, the wife of Francis George Mayberry, M.B., M.Ch. T.C.D., of a daughter.

MOORE.—Jan. 23, at the College, St. Bartholomew's Hospital, London, E.C., the wife of Dr. Norman Moore, Warden of St. Bartholomew's, of a son.

Marriages.

WALSH—CONDON.—Jan. 11, at Newcastle, Waterford, John J. Walsh, M.D., Suirville, to Kathleen Mary, second daughter of the late Thomas W. Condon, Esq., The Mall, Waterford.

SMYTH—SUNDERLAND.—Jan. 18, at St. Peter's Church, Parkstone, Hutton Smyth, M.D., of Poole, Dorset, to Mary S. Sunderland, Swain's Hall Villa, Hereford.

Deaths.

LAWLER.—Jan. 16, at Oldcastle, Meath, John Lawler, M.D., Virginia.

ROBINSON.—Jan. 13, at 20 Waterloo Road, Dublin, Francis Robinson, A.B., T.C.D., L.R.C.S.I., aged 54 years.

TATE.—Jan. 19, suddenly, at 2 Garville Avenue, Rathgar, Robert Tate, M.A., F.R.C.S.I., Surgeon-Major, Army Medical Department, in his 47th year.

PEARCE.—Jan. 8, at Brighton, Ravenhill Pearce, M.D., in his 51st year.

PENNINGTON.—Jan. 13, at Rock House, Ashton-in-Makerfield, James Fairclough Pennington, M.R.C.S., aged 65.

WALDRON.—In December last, in Mexico, Dr. H. C. A. Waldron, eldest son of General Waldron, aged 35.

WRIGHT'S

See Testimonials of entire Medical Press and from leading Dermatologists.

THE PRACTITIONER, of September, 1881, reports a lecture entitled "Recent Advances in the Therapeutics of Diseases of the Skin," by Professor W. A. Jamieson, M.D., F.R.C.P. Ed. The following is an abstract therefrom:—"Itching, which owes its origin to too slow a current of blood, of which the most typical example is that seen in **Eczema**, connected with varicose veins of the leg—but to the same category also many examples of Pruritus Scroti, Labiorum and Ani may be referred—is best relieved by careful flannel bandaging, well applied suspensory bandages, and laxative salts or mineral waters, which unload the rectal veins, by freeing the portal circulation, combined locally with weak tarry lotions, one of the best of which is Wright's **Liquor Carbonis Detergens**, a well-made solution of Coal Tar, suitably diluted."

From **THE LANCET**, Dec. 22nd, 1868: "In our hands it has been a most effective agent in skin diseases, especially of the chronic eczematous class; and one case of psoriasis, which had resisted all other kinds of treatment, speedily got well under the application of the **Liquor Carbonis Detergens**. We esteem it a very valuable addition to our list of skin remedies."

From the **MEDICAL TIMES AND GAZETTE**, January 19th, 1867:—"We have more than once called attention to the value of this remedy in chronic eczema."

From the **BRITISH MEDICAL JOURNAL**, September 22nd, 1871:—"We have tested it and can affirm its value as a detergent agent. We consider the **Liquor** is an article of great utility."

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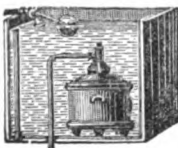
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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 1, 1882

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Original Communications.

RECENT RESEARCHES INTO THE THEORY OF THE LIVING CONTAGIUM, AND THEIR APPLICATION TO THE PREVENTION OF CERTAIN DISEASES IN ANIMALS. (a)

By J. L. W. THUDICHUM, M.D., F.R.C.P., Lond., &c.

ALTHOUGH by the title of the paper I am, happily for myself, confined to recent researches, it will be necessary for me to show you that, and how, they are based upon and cohere with knowledge, which men of science of many nations have produced and stored up, during long periods of time. This knowledge has mainly been obtained by the study of some of the most virulent diseases of animals, with the aid of pathological experiments upon living animals, and could by no means have been obtained without them; and now the species which furnished the hecatombs of victims of disease, and the insignificant number of subjects for experiments, are about to be benefited, or are already benefiting, by the practical results of these studies, to the extent of their being practically free from the liability to at least the most pernicious of contagions and almost certain death, which formerly troubled their prospects.

Some may perhaps think that there was some inconsistency in my discoursing of the theory of contagion, and yet claiming practical results for its application. To be better understood by these persons, who merely follow a common habit of confounding theory with hypothesis, I expressly say that I use the term theory in the genuine Greek sense, as expressing a scientific view, which can be made the basis for action. And I further include, for my present purpose, at least, in the term theory in general, all theoremata, or theoremes, as special cases, and demand for them, as diagnostic conditions, the properties postulated by Galen, namely, that they must be, before

(a) Read before the Chemical and Physics Section of the Society of Arts, Jan. 26th, 1882.

all else, true; further, that they must have a fructiferous influence upon our subject; and lastly, that they must be derived as necessary consequences from the antecedents.

A contagium is a cause of disease, which can be communicated from one individual to another, by some material contact or other only; the term contact here includes not only that immediate contact, in which, e.g., a person nursing a patient comes within the object of his attention, but also in direct contact, such as that to which a washerwoman is liable when she handles the clothes of a sick person. In all cases a contagium is a material particle, or number of particles, which is transferred from a specifically sick person or animal to a healthy person or animal, and produces in the healthy person the same disease as that which affected the person or animal from which it proceeded.

In order to understand how such a contagium can be living, it is necessary to be acquainted with the nature and properties of the smallest organisms occurring in nature. From the consideration of all that is known on this subject, it follows that contagia, which can be distinctly recognised as consisting of a number of similar individuals, belong not to the animal, but to the vegetable kingdom, and therefore the term living contagium would require to be supplemented by the adjective vegetable, if it were not probable that all contagia whatever belong to the world's flora, and not to its fauna. In any case there are no grounds for terming contagia animate, if the condition of animation is allowed to characterise organisms which, in science, are termed animals. In short, contagia, such as we know then, have the characters of the lowest plants.

The term "contagious disease," is, therefore, equivalent to that of "vegetable parasitism." But the equivalence is not absolute.

ITCH.—Itch is contagious. The spider-like (*arachnid*) mite, which is the sole cause of itch (*scabies*), is an animate contagium. It can be transferred from one individual on which it lives, and propagates, and causes eruption, to another healthy one, and cause the same disease of the skin as that found on the body from which it came. It can be killed by chemical agents, and, with its death, all manifestations of disease cease, and all effects heal.

TRICHINIASIS.—Trichiniasis is contagious. The minute worms can be transferred, in a particular manner, from one individual (human or animal) to another, and, by its multiplication, cause a disease which is very similar to an ordinary contagious disease. But there is a great difference in the manner in which the organism of the animal invaded by any of these animal parasitisms reacts against the invading force. And it is by this reaction mainly, which has a remarkable intensity and effect in the case of contagious diseases, that animal parasitisms are distinguished from vegetable.

The reaction of the organism invaded by a vegetable contagium consists in this, that whenever the organism does not actually succumb, it acquires a new property, namely, that of being thereafter either for the length of its entire life, or for longer or shorter periods, so to say, inaccessible to the same, or a very similar, contagium. Thus a person is not very liable to contract yellow fever twice; and small-pox, typhoid fever, or cattle-plague so rarely befall the same individual twice, that one attack is generally considered to protect the survivor from a second one. The condition of body thus acquired is generally described as immunity. This immunity is never produced as a result of animate contagium. A man who has recovered from an attack of itch or trichiniasis, is just as liable to a second infection, or any number of infections by the acarus of scabies or the trichina, as he was before the first attack. But a man who has recovered from the small-pox is not liable at all to contract small-pox again, for a considerable time at least, and even when the contagium, which would give the small-pox to a healthy person, with certainty, is incorporated with his body, it fails to thrive, perishes, and becomes abortive. This undoubted state of immunity from the disease, produced by the disease itself, is one of the most difficult problems of medical science. There is at present no explanation of it for which there could be quoted even the outline of plausibility. It is, however, undoubtedly the result of the reaction of the organism against the contagium and its products. It is a function, not of the contagium, but of the organism invaded.

This immunity exists in a proportion of healthy individuals without their having undergone the effects of the contagion in their proper persons. In such cases the immunity may be inherited, or have been acquired by means which do not present themselves as actual contagion. Or it may have been acquired by a vicarious contagion, which, like cow-pox, exhausts the receptivity of the individual for cow-pox as well as small-pox, or confers the immunity from cow-pox as well as small-pox. For immunity may be the result of an active power acquired, or of the loss of a passive faculty, such as impregnability.

We will now first consider some of the best known vegetable parasitisms or contagia, and their action upon the beings upon which they thrive best and develop their highest power of destructiveness.

VEGETABLE PARASITISMS, OR CONTAGIA.—In New Zealand there lives a common caterpillar, which, when it is nearly full-grown, frequently begins to sicken; a bump appears at its head or neck, and then a fungus sprouts out an inch or two in length. When the fungus has ripe spores, the caterpillar dies. You can see caterpillars of this kind, with fungi attached, exhibited in the Natural History Museum in South Kensington. This is the most grotesque vegetable parasitism of which I know. A single spore introduced into the body of the healthy caterpillar will produce the disease; a mycelium forms in the cavity of the body, and the external growth is only the rapid inflorescence of the hidden growth. In Europe we have a disease of a similar kind, but without the grotesque mushroom sprouting from the surface of the animals, namely, the disease of silkworms, termed muscardine. In this disease the animals die as from an unseen poison, and only by close observation after death is a film of fungoid inflorescence, carrying spores, seen upon their surface. It was the Italian Bassi, who, in 1837, discovered this remarkable fact, upon which all our present knowledge of the subject is based. He cultivated the

spores taken from the skins of silkworms, which had died from the muscardine on moist moss, and was able to reproduce both mycelia and spores, and with the new generation of spores produced out of the body of the silkworms, he was able to reproduce the muscardine in silkworms, either by inoculation under the skin of the worms, or by infecting with the spores, as dust, the air which the worms had to breathe, or by casting the spores on the leaves which the worms had to eat. He thus handled his disease cause so as to show that it was not only a true contagium, but at the same time, a good imitation of a miasm.

These discoveries of Bassi, which at the time when they were made appeared to interest only silk growers, became the starting point for one of the most perfect deductions ever made in science, but doomed to be ignored and to be forgotten; I allude to the pathological researches of Henle, now professor of anatomy at Gottingen, published in 1840. In one article of these researches the theory of living contagium is developed as an hypothesis in all its details, and it is shown that the features of contagious diseases harmonise with the hypothesis in a very remarkable manner.

But the hypothesis lacked the basis of direct experimental evidence. This evidence could not be got out of the consideration of human contagia (it cannot be obtained so now); these had been investigated with rare patience and skill by thousands of physicians, and yet the essence of the nature of virulent disease was as hidden as ever. The method of experiment had to be discovered by the cultivators of another science, that of botany. It was mainly Schwann, the author of the cell theory, who opened new ground, by showing that the phenomena of alcoholic fermentation are connected with the presence and life of elementary minute plants, particularly the yeast plant.

This development was contested by chemists, who in view of the magnitude of the chemical changes induced during fermentation, endeavoured to explain it by analogy more than direct study. And thus it came that what was in itself unexplained, namely, fermentation, was made a type to which diseases were compared, and henceforth contagious fevers were termed zymotic diseases, or *zymoses*.

This was no doubt partly caused by the observation that "the true or metabolic contagia—the contagia which in their respective and specific ways, operate transformingly on the live bodily material which they affect," as Mr. Simon has tersely defined them, produce a great chemical motion in the body, which results in the rapid production of highly oxydisable compounds, and their oxydisation being effected *pari passu*, the temperature of the body is raised more or less above the normal point, and the state called fever, or *pyrexia* is produced. Hence, fermentation and fever become comparable, not only by their chemical course, but also by their potential effect. The purely chemical view of fermentation was mainly elaborated and defended by Liebig, and he made it so probable, that it may be said to have reigned supreme almost to the end of his life. It is only during the last ten years that his opponents have made their views generally prevail, and with results of which we must admire, not only the scientific brilliancy, but also the practical utility. Amongst these, none has worked more arduously and more successfully than Pasteur. During twenty-four years he communicated numerous researches bearing upon alcoholic fermentation. Of these a cardinal one concerned the production by growth, by multiplication, of the yeast cell in artificial nutritive solutions, free from all albuminous substances. From this moment the theory of Liebig had no longer any foundation, and, says Pasteur, the phenomena of fermentation presented themselves as simple phenomena of nutrition, which takes place under exceptional circumstances, of which the strongest and most significant one is this, that air may be excluded from the process. This gave a new impulse and direction to the study of animal

contagia. They reverted to the method of Bassi, and his follower, Audouin, and to the line of thought so well worked out by Henle. In 1863, Davaine resumed his studies of the bacterium of splenic fever of cattle, which Rayer had first shown to be the essential contagium of that disease, by experiments upon living animals, but without any new results. Chauveau, however, by experiments upon contagious matters, such as those of small-pox or cow-pox, endeavoured to uphold the proposition that all contagia are particulate, that all contagiosity is a mixture, such as animal contagia are, resides in its solid particles, and not in its liquid part. After the experiences of the German-French War of 1870, we find the wound-poison ascribed to microscopic organisms by Klebs, and we find the same conviction in this country raised to a general theory, and applied with apparently excellent results to the treatment of all wounds by Lister.

THE BACTERIA OF SPLENIC FEVER.--In 1876, an important progress in the direct appreciation of contagia was made by Koch, then working in the botanical laboratory at Breslau. He sowed the bacteria of splenic fever in inorganic solutions similar to those in which Pasteur had reared yeast plants, and found them grow, develop their germs or spores, and then again grow into bacteria. The new generation of bacteria proved as disastrous to animals as those taken from animals directly. Here, then, was a true or metabolic contagium found out to be an alga-like low plant, to grow in proper media like Bassi's muscardine spores, and to kill as certainly after as before the digression into and propagation in cultivation media.

(To be continued.)

CLINICAL LECTURES ON SYMPTOMS.

Delivered in the Wards of the Hospital.

By FREDERICK T. ROBERTS, M.D., B.S., F.R.C.P.,
Professor of Materia Medica and Therapeutics at University
College; Physician and Professor of Clinical Medicine at
University College Hospital, &c.

LECTURE VI.—ON LOCAL SYMPTOMS.—(Continued.)

IN the last lecture we were engaged with an outline of three main groups of local symptoms, and I now propose to consider the remaining group, namely:—

IV. INTERNAL OBJECTIVE SYMPTOMS.—We have already dealt with the subjective sensations connected with internal parts, but fortunately for us we have not usually to rely upon these for purposes of diagnosis, phenomena of an objective character, which we can recognise for ourselves by the aid of our external senses, being present in the majority of cases in various combinations, thus calling our attention to particular organs or structures, and enabling us, as a rule, after proper investigation to determine the nature of the disease.

It will be well in the first instance, before considering what these phenomena are, to recall to your recollection the principal structures with which you are concerned in relation to internal objective symptoms, as was done in the case of the external symptoms. They may be enumerated according to the following plan:—

1. The alimentary canal and its related organs, including:—

- a. The mouth and its contents.
- b. The throat, with the palate, uvula, and tonsils.
- c. The œsophagus.
- d. The stomach.
- e. The intestines and anus.
- f. The hepatic apparatus, namely, the liver, gall-bladder, and bile-ducts.
- g. The pancreas and its duct.

2. The spleen.

3. The supra-renal capsules.

4. The urinary organs, comprising the kidneys and their pelves, the ureters, the bladder, and the urethra.

5. The female generative organs.

6. The peritoneum; as well as the loose cellular tissue in certain parts of the abdominal cavity, and the deep muscles and bones.

7. The respiratory apparatus, namely:—

- a. The larynx, trachea, and main bronchi.
- b. The lungs and pleuræ.
- c. The diaphragm.

8. The circulatory system, including:—

- a. The heart and pericardium.
- b. The internal vessels, systemic and pulmonary, arterial and venous.

9. The internal absorbent glands and vessels.

10. The nervous system, which comprehends:—

- a. The brain and its membranes.
- b. The spinal cord and its membranes.
- c. Individual nerves, cranial or spinal.
- d. The sympathetic system.

11. Special senses, namely, the eyes, nose, and ears.

Now it is very desirable that you should acquire a concise knowledge of the objective symptoms which you may expect to find in connection with each of these structures; that is, you should not only learn what they are, but try to comprehend their meaning, and how they are produced under different conditions. In order to aid you in this object, I propose in future lectures to discuss the symptoms associated with each important system and organ, but in the meantime it may simplify the matter if I point out that, although varying in their precise character, according to the part affected, they may all be gathered under a few general heads, which I will now briefly indicate.

1. Some of the structures mentioned are easily accessible to the ordinary modes of *objective examination*, and can be, without having recourse to any skilled methods of investigation, seen or felt. This applies, for example, to the mouth and throat, to the anus, and to the external genital organs. The symptoms are thus evident to the senses, and the phenomena presented are similar to several of those mentioned when speaking of external objective symptoms, such as redness or other changes of colour, swelling, deposits on the surface, hæmorrhages, ulcerations, &c. In short, you may often thus directly observe for yourselves the exact morbid conditions present, as you can do in the case of external parts. Again, the odour of the breath, and certain of its other physical characters come under this head, and these may be of much service in diagnosis. Occasionally, internal organs communicate externally, or give other direct evidence of their morbid conditions, as may be illustrated by hernia of various kinds, or the external opening of an internal abscess. This class of symptoms is obviously of considerable value in diagnosis, and they ought to be looked for in every instance in which there is any reason to suspect their presence.

2. A large proportion of objective symptoms depend upon some disorder of one or more *functions* of an organ. If you understand the physiology of organs, you will have no difficulty in comprehending the meaning of many, if not most of their symptoms. The functions disordered may be included under three subdivisions, namely:—(a) *actions or movements*; (b) *secretions and excretions*; and (c) *special*. In some cases these are combined in various ways. Actions are either exaggerated, impaired or checked, or abnormal in character. Secretions and excretions may be excessive in quantity, deficient, or absolutely suppressed; abnormal in quality, either when first formed or from admixture with other materials; or unable to reach their proper destination, being either retained or escaping in some unusual direction. The special functions are variously affected, according to their nature. Mastication, deglutition, articulation, defæcation, and the cardiac movements afford examples of actions, the disorders of which often give rise to more or less prominent symptoms. In the

case of the stomach and intestines, we frequently have to deal with symptoms due to a combination of disorders affecting secretions and normal actions, or either one or the other may alone be involved. The same remark applies to the urinary organs, where we find the urine and micturition deranged together or separately. The liver and pancreas give us illustrations of organs in connection with which symptoms may depend solely on disorders of secretions. Respiration and menstruation are conspicuous instances of special functions which may be disturbed; and the different portions of the nervous system afford a great variety of symptoms due to disordered functions, according to the particular portion of this system which happens to be affected.

3. Another important group of objective symptoms is due to some *abnormal action*. That is, an action occurs which is not a mere disorder of one carried on in the healthy state, but which is altogether new and unusual, being the evidence of some abnormal or morbid condition by which it is excited. Sneezing, hawking, cough, vomiting and retching, are the most striking examples of this class of phenomena, and you are aware that such symptoms are often of much consequence. Certain actions which are associated with some nervous diseases may also be mentioned here.

4. *Hæmorrhages* from internal parts constitute a class of symptoms which demands particular recognition. Such hæmorrhages are frequently of considerable moment, and may be very dangerous in themselves; while they afford signs of the utmost value in the diagnosis of several diseases. The most important are *epistaxis*, or bleeding from the nose; *hæmoptysis* or spitting of blood; *hæmatemesis*, or vomiting of blood, *melæna*, or blood in the stools; *hæmaturia*, or blood in the urine; *menorrhagia*, or excessive bleeding from the female generative organs. The blood may escape spontaneously, or be expelled by some of the actions already mentioned. In certain forms of hæmorrhage it is very apt to become altered in its physical characters, so as not to look like blood, and of this fact it is highly important that you should be aware, as well as of the special characters which the blood presents in each case.

5. Another group of symptoms comprises those which may be included under the head of *discharges*. In addition to blood, which has just been specially considered, various materials are discharged from internal parts of the body in a similar way, that is, either escaping spontaneously, or being driven out by certain actions. They may come away separately, or be mixed with normal discharges, such as the urine. These commonly afford most valuable information, and may also demand direct interference in treatment. They are of very diverse nature, according to whence they come, and what they depend upon; and without attempting to give a complete list, it will suffice to mention as prominent examples, the materials expelled from the stomach, such as gases, watery or acid fluids, altered food, mucus, bile, vegetable growths, &c.; fæces of various kinds, with their admixtures; expectoration from the throat or respiratory organs; a flow of saliva; mucous or purulent discharges from various parts; albuminuria; calculi or mineral salts; particles of morbid products or formations; vegetable or animal growths or their ova, &c.

7. Local symptoms, or those having a local origin, are often due to some derangement of the *circulation*, or to the condition of the *blood*. In many cases of disease of the central organ of circulation, namely, the heart, the flow of blood is disturbed, in different ways in different conditions, and thus very obvious phenomena arise. The disorder may affect more directly the systemic circulation, either arterial, venous, or both; or the pulmonary circulation. The appearances produced by central venous obstruction, and the occurrence of dropsy in connection therewith, have already been alluded to under general symptoms, but they may also be of local distribution. Thus we may find dropsy confined to the

feet and ankles in cases of cardiac disease. Some impediment in the lungs may also assist in producing like symptoms. If any particular artery or vein is obstructed from any cause, similar localised phenomena, corresponding to its situation and distribution, will probably be observed. Certain *special* circulations have to be particularly borne in mind in this connection, the most striking being the portal. Any impediment affecting this circulation, whether within or outside the liver, is very likely to give rise to definite phenomena, such as ascites, &c., and these may be the chief or only signs of serious disease implicating the liver, or situated in its vicinity. Disorder of the renal circulation may also be mentioned here, although this is recognised by changes in the urine.

With regard to the blood, the best illustration of changes in this fluid, induced by some local cause, and giving rise to consequent local symptoms, is that connected with renal disease. These, at any rate, partly account for renal dropsy, which is often local; and they also originate other clinical phenomena.

8. There is a group of local symptoms which may be gathered under the term *mechanical* or *physical*. In the first place, certain passages or channels may be so encroached upon or narrowed, as to become more or less obstructed, and thus objects are directly prevented from passing along them. For instance, certain morbid conditions affecting the mouth or throat may impede the entrance of both alimentary substances and air, thus immediately interfering with swallowing and breathing. The nasal cavities, air-passages, or œsophagus may be affected in like manner. In internal parts, orifices, tubes, and canals are liable to similar conditions, and hence arise accumulations and other phenomena as local symptoms. Moreover, special allusion must be made here to the physical effects of neighbouring structures upon each other. They are liable to be mutually influenced directly by irritation or pressure in many diseased states. The symptoms thus originating are of course various, and they really belong to one or other of the groups already considered, but they demand particular recognition as a class. They are common to all organs and structures, but diseases of some of these are principally indicated by their mechanical effects on other organs or structures in their neighbourhood, for example, the pancreas. Under this head may also be mentioned the symptoms that occur in connection with rupture or perforation of certain organs and morbid conditions. It may further be observed that symptoms may themselves cause other secondary symptoms in a mechanical manner.

9. I think that it will be well to notice separately, that when certain organs are diseased, they are liable to originate symptoms in connection with other organs more or less remote, without any such obvious and direct relations between them as to account for the phenomena on physical grounds, or through the circulation. Such symptoms are induced through the medium of the nervous system, and they are of the nature of disordered functions. It is important that they should be recognised, not only because they may appear to point to disease of an organ which is not actually affected, but also because they are not uncommonly valuable as aiding the diagnosis of the real seat of mischief. For instance, vomiting, constipation, respiratory or circulatory disorder may be prominent symptoms of cerebral disease. There is, moreover, a reflex or sympathetic relation between certain organs, with which you should make yourselves acquainted.

I have now completed the general remarks which I intended to offer regarding symptoms, and I trust that these observations will have prepared you for their study in connection with particular organs and structures, upon which I propose next to enter. In conclusion, let me emphatically impress upon you the following facts with respect to symptoms:—It by no means follows that local symptoms are present even in serious diseases

of the parts upon which they depend; and still less is there any necessary relation between the gravity of the symptoms and of the complaint. Another point is that individual symptoms, both general and local, often require very thorough investigation as to details. And, finally, the study of the different ways in which symptoms are combined in different cases is often of great value, and ought always to receive careful attention.

A SHORT RETROSPECT OF THE SANITATION OF FORMER YEARS AS CONTRASTED WITH THAT OF THE PRESENT DAY. (a)

By FRANK J. DAVYS, B.A., F.R.C.S.L. &c.,
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DURING my experience of 22 years as a Poor-law medical officer, and, on occasions when forcibly, both in public and private, advocating the adoption of hygienic measures, it surprised as well as pained me to have heard men who considered themselves well endowed with a more than ordinary amount of common sense and wisdom, argue that sanitation was but a modern theory, and was nothing more than an effort of some individuals to create a sensation, insisting that the death of the late lamented Prince Albert, to whose memory this Hall in which we are now assembled is dedicated, was the first impetus the movement received in this country, as it was alleged that Prince Albert's death was due to typhoid fever owing to improper sanitary arrangements. In vain could those wise men be persuaded that hygiene was not a modern philanthropic adoption, till reminded by me that so far back as 1552 Shakespeare's father was fined in that year for depositing filth in the public street as being contrary to the bye-laws of the Manor, and in six years afterwards he was assigned again for another breach of the sanitary laws. In fact, so far back as 1338 a sanitary law had been passed to prevent the pollution of rivers. Sanitary science, in fact, dates from very early periods, and formed an element in the well-being of every nation. We hear of it in the Mosaic code of the Jewish race, and to its rules and regulations in that code and the strict observance thereof may perhaps be attributed the great longevity of the Jews, and their escaping the dreadful disasters of epidemics which visited other people and nations with such fatal results. If we look back to the histories of Greece and Rome we have there also ample proofs that neither with the Grecians nor Romans was sanitation totally disregarded. The sanitary code of Lycurgus was remarkable for its strictness. The Greeks devoted much attention to their person, the cleanly condition and care thereof, and the manifestations of their genius and learning appeared to have progressed *pari passu*. 'Tis true that, notwithstanding their great learning in this respect, they appeared to have been ignorant, or perhaps pretended ignorance thereof, of the causes of diseases or epidemics; they treated such as we would term them, visitations of Providence, and definitely pronounced them to be punishments sent by some offended Deities. Though the Romans cannot be said to be great sanitarians, yet, this must be conceded, they considered that good water in Rome was as necessary a boon to the health of the people as the late Sir John Gray deemed the Vartry to be necessary for the health and happiness of the citizens of Dublin. The great aqueducts of Rome and the celebrated *cloaca maxima* are works that will remain as proofs of great sanitary engineering as long as the history of Rome shall be read. By the great aqueduct water was conveyed into Rome from distances varying from 20 to 30 miles.

Whilst I have thus shown that sanitation in some form or other was not unknown to the ancients, I must admit our forefathers suffered immensely by series of plagues and epidemics, whilst there seemed to exist a total disre-

gard of any sanitary precautions. After a long lapse of years, during which it might be said that nothing practicable in the form of hygienic measures was done, the progress of civilisation, with which I unite as its part and parcel, education, gradually opened the eyes of some deep thinkers to consider the causes of epidemics and diseases that decimated so many human beings, and here I will say at this period, at the close of the 18th century, we find the names of Cook, Howard, and Dr. Jenner. The name of Captain Cook was, as we learn in the account of his voyages, rendered famous as a sanitarian by his success in the suppression of scurvy, and to him is due the fact that lime-juice was always afterwards included as a necessary item in the commissariat of seafaring vessels. Howard as a sanitarian was remarkable for his discovery of the causes of the celebrated jail fevers, which he proved to have been due to over-crowding and other neglects in sanitation. But the great prevention to death and disease from that scourge—small-pox—was the celebrated discovery of vaccination by Dr. Jenner at the close of the 18th century—in 1796—a discovery which deservedly immortalises him, as there is not a doubt that vaccination was the factor by which countless numbers of human beings had been, and are being, saved from a loathsome illness and from death.

In about the year 1720 a distinguished lady, Lady Mary Wortley Montagu considered herself as the greatest benefactress and sanitarian when, at her suggestion, the inoculation of small-pox was introduced; no doubt this system continued to be largely adopted, and many of its advocates insisted that several would have died had they not been inoculated. I need not here observe that that pernicious practice has long since been abandoned, and that the inoculator, if discovered, is severely punishable by law. The immediate value of vaccination as a preventive to small-pox was not long unproven. It was shown by guaranteed returns that the mortality from small-pox was 88 per 1,000 deaths during the last ten years of the 18th century. It, however, decreased from 64 to 11 per 1,000 deaths during the first 60 years of the present century. It is 41 years ago since the first rules or laws of vaccination appeared, it is 28 years ago since vaccination was provided gratis, and it is only 14 years since it was rendered compulsory amongst children. There is not, I am sure, a Poor-law medical officer in Ireland who could fail to give the strongest evidence of its potency as a preventive of small-pox. I could, if this were just now the suitable occasion, offer substantial and undeniable proofs of the value of vaccination as a protective agent against small-pox. Yet, notwithstanding all these convincing arguments in favour of vaccination, there are hundreds, nay, and persons of education who are opposed to vaccination, and object to have their children in that way operated on.

It cannot then be a matter of surprise, though vigilant the public health officer may be, if small-pox now and then breaks out and does its work of destruction. I am confident if the Vaccination Act was further amended, so as to render re-vaccination every eight years compulsory, those who had escaped vaccination in their infancy would then be secured, and that the re-vaccinating system was thoroughly carried out, small-pox would be totally stamped out. Public notice was not rightly directed to the state of things in England, till the Returns of the Registrar-General and the Reports of Dr. Farr appeared as public documents. After some time the people, or, at least, those of position and influence, directed the attention of the Government to the facts disclosed in the First Report under the Health of Towns' Commission Act. This was in 1844. The sanitary condition of the country was, at this time, in a wretched state. Countless *nidi* of disease were apparent in every direction. Yet so apathetic and so obstinate were the people as a body that they opposed such measures as opening up of sewers or any other sanitary improvement. The Parliament, of that time, recollecting how the country suffered by the cholera of 1831, passed a Public Health Act in 1848. This Act empowered a formal inquiry to be held by direction of the Board of Health constituted by it, in any town where the death-rate

(a) Read before the Association of Medical Officers of Health in Royal College of Surgeons, Ireland.

was pronounced excessive. This piece of legislation like others was only permissive, and as much benefit as might be expected did not result from it. Yet I might say it was the first proof given by Parliament that the health of the people was of important consideration. Corporate towns, in many instances, took advantage of its powers to borrow money for sanitary purposes. The badly arranged and stupidly organised commissariat in the Crimean war led to serious illness and loss of life in our army. So many as ten thousand of our troops died in the winter of 1854 in the Crimea. Public feeling very naturally, both in England and Ireland was excited to the highest degree by such a disaster, and by causes which were alleged to have been preventible. The Government of the day having had their attention in a very forcible and public manner in the House of Commons directed to this loss in our army, it was at once decided to send out a Pathological Commission to inquire into the nature and cause of disease that cut away so many of our brave soldiers. At this juncture, Dr. R. D. Lyons, who was then as distinguished a pathologist and microscopist as he is to-day eminent as one of our leading physicians, was selected as pathologist in chief, and with him, Dr. Aitken, now of Netley, and the late Dr. Doyle, of Dublin, to proceed to the Crimea. I believe I am correct in saying these three pathologists were specially recommended to the Government by Sir Jas. Clarke, and Dr. Parkes, of London, as eminent and energetic men, and specially qualified for that important mission, on which they proceeded early in 1855. The result of their inquiries forms an able report, interesting for perusal. It was presented to both Houses of Parliament, and was considered of such merit that it was ordered to be sent to all stations of the British army at home and abroad. At this time also it was deemed necessary to establish at Smyrna a civil surgical hospital, and whilst I feel happy in having alluded to the services that one of our distinguished Dublin physicians, Dr. Lyons, rendered to our profession and his country as pathologist in chief in the Crimea, I also feel proud to say that one of the most indefatigable and able surgeons in connection with the civil surgical hospital in Smyrna was Dr. Robert McDonnell, of Dublin, whose prominent desire appeared to be to minister to the sufferings of the wounded soldier, and assist the nation at large. In fulfilment of these wishes he volunteered and did serve with great brilliancy in the heat of the war in the Crimea just before and after the fall of Sebastopol. In 1858 the Privy Council, by Act of Parliament, assumed the functions of the General Board of Health, and, at this time, hopes for sanitary reform became manifest. Mr. Simon was medical officer. The causes of disease were thoroughly inquired into, the results of these investigations appeared in published reports, which are not uninteresting for perusal.

It was in 1848 when fever took away hundreds of poor people, and when in its worst form typhus raged in hospitals and villages, and towns in England and Ireland, that Sir William Jenner and a few of his hospital colleagues determined that the numerous cases of alleged typhus were not quite alike in their symptoms, and that typhoid, or enteric fever, was caught by different, and yet preventible causes from that of typhus (and as subsequent investigations have proven), could, by proper sanitary precautions, be almost erased from the category of fevers. The mode by which sanitary schemes were carried out for the prevention of typhus fever, were so faulty, that in many instances the fever instead of being reduced in its number of cases, was quite the contrary; this was altogether due to bad sanitary engineering, sewer gases entering houses from the mode in which the sewers were constructed. It was well shown in the report by Dr. Buchanan, the Inspector who was deputed to inquire into this very subject, that in every town where the sewerage was properly carried out, there was an immunity from typhoid fever.

Time would not permit me to refer to inquiries, or the reports thereof, in reference to food adulteration, polluted water supply, and the various statements sent to those

in whom was vested the authority to inquire into such. I might say not till the appearance of the Sanitary Act of 1866 did the medical officer in rural districts in Ireland feel himself legally, in a sanitary sense, in a position to cope with the many fruitful sources of disease that presented themselves to him on every other occasion in the discharge of his professional duties. Now, having up to this, taken, I might say, a bird's eye view of the state of sanitary science from the times of ancient Greece and Rome, and having shown that hygienic measures were not despised by the Ancients, and that I have thereby refuted the argument that sanitation was only a modern idea; at the same time I have in a cursory manner shown that sanitary laws were only very slowly, and gradually introduced into England, and not till many lives were lost by imperfect sanitation. I approach the period at which I can speak from experience, as a public health officer in a rural district, showing very briefly what appears to me as beneficial results of sanitation; and what are still required to check disease, and to improve the condition of the people, morally, socially, and physically. I have just said that not till the Sanitary Act of 1866 appeared, did the now termed public health officer feel in a lego-sanitary position able to cope with the unhygienic state of the country, he felt armed with means to suppress, and abate nuisances as well as eradicate in numerous cases general sources of disease. During the three years previous, that is, from 1863 to 1866, there could not have been in any town or hamlet in Ireland, of a population of some thirteen or fourteen hundred persons, in which there existed a more thorough disregard of the commonest laws of sanitation than that of Swords, this was principally due to its being over crowded in the harvest and haymaking seasons, when from three to four hundred harvest men from Leitrim, Longford, Cavan, and Sligo, assembled in the town. The lodging-houses were then actually crammed with human beings. An idea of the over-crowding may be formed from the following:—On the night of 12th August, 1863, at 12 o'clock, I was called to see a harvest man who had been seized with illness in one of the lodging-houses. On arriving at the house, I was ushered into a small room in which there were three beds. I did not reckon the number of human beings in each, except in the bed in which my patient lay, and that contained three at one end (one of them was the invalid), and two at the other. Having prescribed for the patient, and commented upon the unsuitable—a mild word—position of the invalid, one of them jocularly said, "Just look up on the left sir, and see how the boys there are." On the left referred to, and to which there was no window or access beyond a "step ladder," there were stretched on the floor, with some thinly scattered straw beneath them, about forty men, who presented a most ludicrous appearance, each of them was encircled in a common sack or bag, the head alone appeared to me as the only uncovered part of the body. On visiting the house next day, I found that the small back yard was one mass of filth mingled with vegetable decomposing matter. In fact, during these three years preceding 1866, when visiting such persons at the cottages of the poor, I had often, before attempting to reach the bed where the patient lay, deemed it prudent to inquire from some member of the household if the jennet (generally a treacherous animal) kicked, the jennet occupying as he did a comfortable position, one frequently intervening between the patient's bed and the cabin door; but the warmest corner was always assigned to the pig, in a nook beside the common fire-hearth—the greater the heat and general comfort in that way the pig enjoyed, the family felt that the less food it would require. Each member of the household was expected to devote particular attention to the pig, and on no occasion did the family partake of a meal without some part thereof being given to the occupant of the comfortable corner. In addition to his ordinary meal, the poor man's wife was by her husband always enjoined to devote special care to the grunter in

his absence, and the poor woman impressed on even the youngest child to be kind to the pig, and what wouldn't she buy for them all on the day of its sale.

(To be continued).

Clinical Records.

ACQUIRED PHYMOSIS.

Under the care of RICHARD RYAN, M.D.
Medical Officer, Bailieboro Union Hospitals.

The following cases of the above mentioned affection possess some points of interest which induces me to place them on record:—

CASE I.—In the beginning of 1877, A. B., *æt.* 56, consulted me for what he called "gravel." The symptoms were difficulty in passing water, particularly towards the end of the act of micturition, when it came slowly in drops, and frequent desire to micturate. He had been so troubled for three years. I diagnosed an enlarged prostate, which a rectal examination seemed to confirm. I treated him for this for four months without any benefit; he had been treated by another medical man for a month previously, and with similar results. One day I was feeling the penis, and on trying to uncover the glans, I found that the preputial orifice would only admit a probe. Until I tried to retract the prepuce, I had no suspicion that there was anything wrong, as it hung quite lax beyond the glans. Having now found the real cause of the "gravel," I got the man to remain in town under my care, I slit the prepuce on a director along the dorsum of the glans, drew it back over the glans, brought the mucous and cutaneous edges together with fine wire sutures, and applied water dressing. The case did well, and he has not suffered from gravel since. He was the father of several children, but the youngest was four years of age at the time of operation, he had a child born to him within a year after. I think this is more than a coincidence.

CASE II.—In May, 1880, I was called to attend C. D., a married man, *æt.* 59, for "gravel." He had been subject to difficulty in micturition for two years. I found him suffering from complete retention for fourteen hours. On exposing himself for examination I observed a tense firm tumour in the region of the glans, which, from the feel, I judged to contain fluid. Attempting to retract the prepuce, I found the preputial orifice closed. I then tried to introduce a fine probe and succeeded; at the same time a jet of water escaped beside the probe, squirting half-way across the room, and the tumour collapsed. Some small flakes of white secretion also escaped. The urine passed amounted to a quart. I explained the nature of the case to him, and he came into town under my care. I operated as in the last case, and with a similar result. He has not been troubled with the "gravel" since.

CASE III.—E. F., *æt.* 58, a married man, consulted me in January, 1881, for a feeling of soreness in the prepuce and glans which much annoyed him in walking or sitting. The glans had not been completely exposed for three months. The prepuce could only be so far retracted now as to expose a circle of the glans about two lines in diameter. The parts were itchy and inflamed, causing him much irritation and loss of rest at night. The urine was high coloured, and deposited a reddish sediment. He was of a full habit of body. Having put him on suitable diet and medical treatment, I made a little pencil of lint which I smeared with citrine ointment and introduced as far as possible through the prepuce, this was renewed by himself after each act of micturition. By continuing this treatment for ten weeks, and increasing the size of the lint dilator, he was finally able to completely expose the glans, and he suffered no further annoyance since.

I may remark that I have never met a case of congenital phymosis. The people of this part of the country use the term "gravel" for almost every disease of the genito-urinary tract, including such different conditions as gonorrhoea, stricture, enlarged prostate, retention, hæmaturia, phymosis, &c., and it requires some tact to get at the particular symptoms from which they suffer. Having oracularly informed the doctor that they have "gravel," they have rather a poor opinion of him if he does not know at once which of these they labour under without expressing any opinion regarding the frequency of a degree of phymosis sufficient to impede or prevent the act of micturition, as in the first two cases, I now think it prudent to look out for it when making the local examination.

Special.

FRANCE.

[FROM OUR SPECIAL CORRESPONDENT.]

A CASE OF HEMI-GLOSSITIS.—A very rare affection occurred in the hospital service of Professor Ball. One of the nurses, a girl, aged twenty-three, of a strumous constitution, was attacked in the month of March, 1880, for the first time, with inflammation of the tongue, limited to the right side. After feeling a general *malaise* for four or five days, she was attacked in the night, with acute pain in the right half of the tongue, extending to the ear of the same side, and the next day the tongue was found to be considerably swollen on the affected side; and deglutition was impossible. After a fortnight all pain subsided, but the swelling did not entirely disappear. In August last, the same symptoms, but in an aggravated form, returned suddenly, the tongue was greatly tumefied, the pain excessive, and the fever intense. Speech was almost impossible, and it was not without great difficulty that the mouth was opened. On examination, the right side was coated, and filled the greater part of the mouth. An emetic was given, and sinapisms applied to the neck. The next day the pain increased in intensity, extending to the right ear; the free margin of the right side of the tongue presented the impression of the teeth. Pressure upon the inflamed organ was painful, the fever increased, and the salivation was abundant. Washes of decoction of poppy heads were ordered. On the fourth day the salivation was less abundant, and the organ diminished in volume, and it was easy to perceive that the swelling was arrested by the *raphé*. On the sixth day the symptoms again became intense, and injection of morphine was ordered, to allay the pain; a mixture was given with tincture of gelseminum and an enema of chloral. The following day the position of the patient was in no way modified; four leeches were applied to the sub-maxillary region, which produced a rapid amelioration, as far as the pain was concerned, and gradually all the symptoms abated, so that, at the end of three weeks, the patient was able to go on duty. Nevertheless, the swelling had not completely disappeared; there was never any trace of suppuration.

ENUCLEATION OF INTRA-UTERINE FIBROMA.—Before the Société de Chirurgie, a member read a pamphlet entitled "Contribution to the Practice of Enucleating Intra-Uterine Fibroma." In this work M. Dezanneau distinguishes pediculated uterine polypi from sessile fibromas. Ablation in the former is generally attended with little or no difficulty, whereas that of the latter often presents serious dangers for the patient. A woman of fifty-two years of age, having had four children, suffered for several years from loss of blood, accompanied with pain. She had also a fetid sero-sanguinous discharge. Her health was greatly compromised. On examination a voluminous fibroma was discovered, of which the lower part extended beyond the neck of the uterus for about an inch. M. Dezanneau practised ablation in the following manner:—Seizing the tumour with a pair of strong forceps, he brought it to the vulva; the uterus was felt to follow the movement, and come down with the tumour; this done, the forceps was placed higher up on the growth, and with the finger all adherence with the internal wall was broken down. The chain of an *écraseur* was placed above the forceps, and thus all was detached with facility, for the polypus being fixed near its root, torsion was enabled to be practised with the greatest ease. The patient lost but three ounces of blood. The uterus rapidly returned to its normal position and size under the influence of quinine and ergot. The author cited other observations, and all tended to convince him in the fact that sessile tumours can always be removed with comparative facility by torsion and the *écraseur*. M. Guéniot, commenting on the communication of M. Dezanneau, observed that he agreed with him in considering torsion to be the best means employed for detaching the adherences of interstitial fibrous tumours. As to pediculated polypi, traction is not without danger, because it could produce inversion of the uterus. There are cases in which it is extremely difficult to distinguish between a polypus and an inverted uterus, or to know where the polypus ceases and the mucous membrane of the uterus commences. M. Tillaux has given a good means of distinguishing between the two, that of pinching, or puncturing the part. If it concerned the morbid tissue, the operation would not be felt, whereas the same operation on the mucous membrane of the uterus

would immediately be perceived by the patient. M. Gillette considered that torsion was applicable to some cases of polypi furnished with pedicles. M. Desprès could not understand how a polypus could be confounded with inversion of the uterus. Vaginal examination combined with abdominal palpation was always sufficient to clear up a doubtful case. M. Gaéniot persisted in considering that in exceptional cases distinction between an inverted uterus and a polypus is sometimes impossible. M. Trélat could not believe that any special method was applicable to the ablation of intra-uterine polypi. The surgical indications are very variable, according to the cases. It was true that there are cases where the diagnosis is exceptionally difficult, but in the generality of cases, each time that it is possible to introduce the hysterometer five or six centimetres, one can be assured that the tumour does not consist of an inverted uterus.

TREATMENT OF PURULENT OPTHALMIA IN INFANTS.—M. Galezowski recommends touching, morning and evening, the surface of the conjunctiva with a brush dipped in the following solution:—Nitrate of silver, 5 grains; distilled water, 3 drachms. Immediately after, a second brush dipped in a solution of chloride of sodium should be passed over the same surface. By this second manœuvre the excess of the caustic is neutralised. Such is the treatment to be employed, says M. Galezowski; it is not necessary to be preoccupied with the abundance of the suppuration, the intensity of the chemosis, or the more or less bad state of the cornea.

FOR INTESTINAL WORMS Dr. Baylet prescribes a packet each morning fasting, of one of the following preparations, in a teaspoonful of honey or some other vehicle:—

For a child of less than three years—

Santonine	...	...	...	2 grains,
Calomel	...	...	...	5 "

in eight packets.

For a child from three to twelve years—

Santonine	...	...	...	4 grains,
Calomel	...	...	...	8 "

in eight packets.

For an adult—

Santonine	...	...	...	8 grains,
Calomel	...	...	...	2 "
Powdered gum	...	...	...	4 "

in eight packets.

AN EXTRAORDINARY CASE OF MANIA attacking a who's family of six persons, living in a village in the department of the Mayenne.—The father is sixty-four years of age, and the mother about the same; of the two sons one is thirty, and the other twenty-seven; two daughters are twenty-four and twenty-seven respectively. These six persons were attacked with the same kind of mania. They believe they are poisoned by some sorcerers, and imagine that the devil is in their clothes. They see his Satanic Majesty everywhere. At night they run about with little or no covering, and carrying innumerable images of saints and other religious relics about them in order to ward off the evil spirits. One of the daughters believes herself damned. Unfortunately the mania has rendered these poor people dangerous, for they attacked with stones all those they encountered, and the authorities have had to send them all to the asylum. The incident has not unnaturally excited great commotion in that part of the country.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, JANUARY 27TH.

The President, JOSEPH LISTER, F.R.S., in the Chair.

Mr. W. HENRY KESTEVEN ON

CASE OF XANTHOPSIS, OR PERVERTED COLOUR VISION.

H. L. C., a young woman, *æt.* 23, married. On July 15th, an exceptionally hot day, she exposed herself to the full heat of the sun, and was seized with acute pain in the occiput, and found that she saw all things red and green. As the pain passed off in the course of a day or two, this intense colouration diminished; ophthalmoscopic examination revealed the existence of a large patch of double contoured nerve fibres at the upper part of the disc of the right eye.

This colour, first seen, was very prominent, and gave evidence of the existence therein of some neuritis. The left disc was normal. Examination of her colour vision showed that the left eye was normal, but that with the right eye (the one affected, as described above) she saw all things yellow. This condition continued for rather more than three months, and then gradually passed away. The author suggested that the condition might be explained by the violent impression made by the rays of the sun impinging directly upon the retina. The case was seen by Dr. Buzzard and Mr. John Couper, both of whom confirmed the ophthalmoscopic appearances described.

Mr. MARCUS BECK ON

A CASE OF NEPHRO-LITHOTOMY.

This case closely resembled in many respects that communicated to this Society by Mr. Morris, differing chiefly in the fact that the stone could not be felt after the kidney was exposed, and its presence was only recognised by puncturing the gland with a fine needle, as recommended both by Mr. Morris and Mr. Barker. The patient was a young man, *æt.* 19, who had suffered for twelve years from symptoms of renal calculus. One year before he applied at University College Hospital, his symptoms had suddenly increased in severity, after a profuse attack of hæmaturia. From that time he was practically unable to earn his living on account of the severe pain invariably brought on by any movement. He suffered from considerable frequency of micturition. He only passed blood recognisable to himself on three occasions. He applied to various hospitals and medical men without relief. He was admitted into University College Hospital on July 22nd, 1881. He was anxious to undergo any operation in the hopes of getting relief. Treatment by rest was tried for three weeks without the slightest benefit. During this time no blood was noticed in his urine, but it almost always contained a very small quantity of pus. His symptoms while in the hospital were those ordinarily observed in cases of renal calculus. Examination of the loin under chloroform showed the absence of any recognisable renal tumour. A distinct fulness, which was always clearly visible in the loin, seemed to be due to contraction of the muscles over the tender kidney and possibly to some hypertrophy. On August 11th, 1881, the operation of lithotomy was performed. The incision was slightly nearer the last rib and a little more oblique than the ordinary colotomy wound. The muscles were very thick for so feeble a subject. The kidney exposed without difficulty in its lower half. Manipulation failed to detect the presence of a stone. The kidney was then punctured with an ordinary darning needle held in a pair of torsion forceps, and the presence and situation of the stone were easily recognised. Following the direction indicated by the needle, a knife was passed into the kidney with its edge directed upwards. The bleeding, which was at first very alarming, was averted by the presence of a sponge in less than one minute. The wound was then dilated with a pair of polypus forceps, with which the stone could be felt, but not grasped. The finger was therefore inserted by the opening into the pelvis to guide the forceps, and the stone was then easily removed. The bleeding ceased at once. A large drainage tube was inserted with its deep end in the fat about the kidney, and the wound sutured. The whole operation was performed under the carbolic spray, and the wound was closed with carbolic gauze. The stone weighed 29 grains. It was heart shaped, and had apparently been moulded to the form of a calyx. It was composed chiefly of uric acid. The after-progress of the case was uninterruptedly favourable. The shock of the operation was not great, and lasted only for a few hours. There was considerable vomiting for the first 36 hours. He passed no water for 12 hours, and at the end of that time 12 ounces were drawn off by a catheter, after which he passed it naturally. No urine escaped from the wound till the 7th day. It then flowed abundantly till the 11th day, when it ceased to pass by the wound. At the end of the third week he sat up in bed, at the fourth week he left his bed, and at the end of the fifth week he went to a convalescent home with the wound soundly healed. The temperature never rose above 101.5°F., and even after the 11th day it remained below 100°F. He suffered no pain after the second day. This case presented all the conditions justifying the operation. The patient was totally incapacitated from earning his living. It might be presumed that the stone was too large to pass by the water, as it had ex-

isted in the kidney for a period of twelve years. Treatment by rest had been tried both in University College Hospital and elsewhere without benefit. With the exception of the few symptoms due to the stone, the patient was in "good health, and he was young, and not too fat. A small quantity of pus was almost constantly present in the urine, showing considerable irritation of the pelvis. One point in the case specially worthy of notice was the sudden alteration in the symptoms that took place about a year before the operation, accompanied by profuse hæmaturia. Up to that time jolting, such as is caused by riding in a train caused little pain, and there was no frequency of micturition. The attacks of pain were always brought on by prolonged walking. After that time there was gradually increasing frequency of micturition; a pain was caused both by jolting and walking. It seemed probable that this change was caused by the stone passing from the calyx into the pelvis of the kidney. The form of the stone showed that it was originally moulded in a calyx, and at the operation it was found in the pelvis. A similar difference of symptoms has been observed in other cases of renal calculus—in some the pain brought on more by the movements of the muscles in the neighbourhood of the kidney than by jolting of the body, and in others equally by both. Frequency of micturition is also a very variable condition. As all the graver consequences of renal calculus arise from the presence of a stone in the pelvis, and as the chances of cure by the stone becoming encapsulated are certainly greater when the calculus is lying in a calyx, it is important, if possible, to distinguish these two conditions. Future observation might show some such rule as the following to be true:—When the pain is induced by walking only, and there is no marked frequency of micturition, the stone is probably enclosed in a calyx; when the pain is greatly intensified by jolting of the body, as well as by walking, and when there is great frequency of micturition, the stone is probably lying loosely in the pelvis. With regard to the operation itself, the chief points of interest were the success of the proceeding of puncturing the kidney with a fine needle in finding a stone which could not be detected by manipulation, the rapidity with which the bleeding from the kidney was arrested by simple pressure with a sponge, and the simplicity and ease of the whole operation, which was, in fact, no more difficult than an ordinary perineal lithotomy. It showed, however, that, in order to avoid too great loss of blood, the knife should be used as little as possible, and the wound enlarged by tearing. The rapid healing of the wound was, no doubt, in a great measure due to the thickness of the kidney substance cut through, which prevented, to a great extent, the escape of urine by the wound. The importance of the antiseptic treatment in such cases could hardly be over-rated, when we consider the depth of the wound, the amount of decomposable matter which necessarily lies in it, and the dangers of septic pyelitis and disseminated suppuration of the kidney.

Mr. HENRY T. BUTLIN ON

A CASE OF RENAL LITHOTOMY.

The patient was a young man, æt. 20, who, for ten or twelve years had suffered from severe attacks of neuralgia of the testis. The attacks occurred very frequently, and lasted from thirty minutes to two or three hours. After his admission into St. Bartholomew's Hospital in September, Mr. Willett discovered that the pain was seated in the right side of the abdomen as well as in the testicle, and that the symptoms were those of renal colic rather than of neuralgia of the testis. The urine contained crystals of calcium oxalate, and occasionally a trace of albumen, but no blood or pus. In spite of the pain, the patient's health was fairly good. As treatment did not afford permanent relief, Mr. Butlin cut down on the kidney through a vertical incision in the lumbar region. The kidney appeared to be healthy, but a calculus was discovered and removed from the renal pelvis. It was composed of calcium oxalate, was about as large as a filbert, and quite prickly on the surface. The patient made a good recovery, so that two months after the operation—which was performed on Oct. 5th—he was discharged free from pain and quite well, except that a small quantity of pus was present in the urine. Lister's antiseptic dressing was at first employed, but this was abandoned two days after the operation, and the wound was treated, as far as possible, like an ordinary lithotomy wound. Urine ceased to flow through it after about the seventeenth

day. This case is of interest, not merely as a contribution to the successful treatment of renal calculus, but as an important contribution to its diagnosis. The absence of blood in the urine is especially remarkable when the situation and nature of the stone is considered.

Dr. WHIPHAM and Mr. J. W. HAWARD ON

TWO CASES OF NEPHROTOMY FOR THE REMOVAL OF RENAL CALCULUS.

CASE I.—A married woman, æt. 23, was admitted into St. George's Hospital, under Dr. Barclay, on September 10, 1880. The family history was good. The patient gave a clear history of having passed a calculus seven years previously. It was a rough stone, and gave much pain. After this she remained in fairly good health, and although she experienced no paroxysms of pain, yet she was never free from constant uneasiness in the left side. She had never been very robust. Nine weeks before she came under Dr. Barclay's care the pain in the left loin recurred with great severity. She lost much flesh, and the urine became "very thick" and offensive. She experienced pain on micturition. While under observation she complained of shooting pains in the left loin, weakness, and loss of appetite. The abdomen was flattened, and neither dulness nor swelling were detected on the right side. On the left side the muscles were firmly contracted, and therefore no tumour was found. There was great tenderness over the left hypochondriac and lumbar regions, and slightly so in the right groin. The urine contained much pus, and was alkaline. During her residence in hospital she suffered much pain in the region of the left kidney, and had occasional perspiration. Eventually the urine became acid, and the pain was much relieved, and she was discharged somewhat improved on October 23, 1880. On March 21, 1881, she was readmitted under Dr. Whipham's care, when she stated that she had in the interval never been free from pain, and that for the past week it had been intense. The urine had been persistently turbid, and she had vomited on March 20. She had noticed a few clots of blood in the urine. The abdominal tenderness was so great that no satisfactory examination could be made. As no improvement took place, Mr. Haward was called in consultation, and he decided to attempt to remove the calculus by nephrotomy. The patient having been placed under the influence of ether, a tumour was distinctly felt in the left loin, and an incision was made as if for lumbar colotomy. The surface of the tumour was exposed, a bistoury thrust into it, and the finger passed into the dilated pelvis of the kidney. A firmly fixed stone was at once detected, and without much difficulty removed, together with a few small fragments. Very little blood was lost. The patient did extremely well, and on July 16 was discharged, there being still a little discharge from the sinus in the loin, and a small quantity of pus in the urine. The stone weighed forty-seven grains, and was composed of phosphate of lime.

The second case was that of a woman, æt. 56, who was admitted under Dr. Whipham's care on October 3rd, 1881. She had suffered pain on micturition for several years. In 1879 both gravel and blood were present in the urine. She was not aware that she had passed a stone. In October, 1880, she had a sharp attack of vomiting, followed by pain in the left lumbar region and hæmaturia. While under observation she complained of an increase of this pain, and the belly was generally tender. There was great muscular resistance on the left side, and fulness and tenderness on pressure on the right side. Fluctuation was detected on October 6th in the left loin, and Mr. Haward, who saw the patient on that day, made an incision into the swelling. During the night a copious discharge of pus occurred, with great relief to the pain. No calculus could be found; the urine contained much pus. On November 3rd, the patient having become worse, the incision was extended, and the wound thoroughly explored. No calculus was found; but as the kidneys and tissues were so firmly matted together, no further operation was deemed advisable. The patient died next day. At the post-mortem examination it was found that the kidney lay in a cavity, whose contents were purulent; that its pelvis was dilated, and communicated with this cavity by a large irregular opening, through which one or two fingers could be passed. Two or three small fragments of stone were found in the calyces; a large branching calculus occupied the calyces of the right kidney. These two cases were brought forward as illustrating the propriety

of cutting into the kidney in cases where the diagnosis of renal calculus is clearly established, and as affording encouragement to the surgeon to perform the operation of nephrotomy in the earlier stages of the disease, rather than to postpone surgical interference until dilatation or suppuration of the organ has occurred.

Mr. CLEMENT LUCAS warmly congratulated the authors of the papers on the success attending their operations. He had not himself had the good fortune to remove a stone in such manner, but last year he had under treatment a male patient aged 49, who two years previously had suffered from painful hæmaturia. Treatment afforded relief, which persisted nine months, when pain recurred, and with it bloody urine also, and in May last these symptoms were much aggravated, so that the man became anæmic from loss of blood. He was kept under observation during one month, the blood clots discharged in the urine being frequently examined and found to be moulded on the shape of the pelvis of the kidney. In June an operation was performed: by a transverse incision the surface of the kidney was exposed, but no stone was discovered. It was to be regretted that puncture of the organ was not resorted to, for he (Mr. Lucas) now felt satisfied that this was always a justifiable and simple procedure under such circumstances. In his case the temperature never rose over 100 deg. Fahr., and the patient left the hospital, healed, on the 17th day after the operation, it being a curious fact in connection with it that permanent relief was experienced. At present the man was under Dr. Pye-Smith for phthisis only; and it might be assumed that he possessed a strumous rather than the calculous kidney which had been diagnosed in his case.

Mr. BARKER remarked that the recent progress of events had exposed the exaggerated opinions formerly entertained as to the danger of incising the kidney. Two years ago he recorded a case in which, through accident, a man was so severely injured that his loin was slashed through to a depth implicating the kidney to a serious extent, but notwithstanding the patient made a satisfactory recovery. Again, about one and a-half years since, he had freely cut into a diseased kidney with a bistoury in vain search to find a possible stone, the bleeding being of the most temporary description; and in yet another similar instance he experienced only slight bleeding of the kidney cortex on cutting into it, while such as did arise very quickly ceased. He felt that no fear need in future be entertained to prevent free exploration of the kidney by puncture. Mr. Barker concluded by declaring a preference for freely cutting into the kidney for removal of the stone, this seeming more advisable to him than attempting to reach it through the pelvis with the view of avoiding even extensive wounding of the organ.

Mr. M. BAKER said it should be remembered that cases of another kind than those described in the papers present themselves for treatment. He had related such a case at the late Congress. The patient was a woman, aged 43, with tumour in the right renal region. Pus was always present in the urine. The kidney was first punctured and pus drawn away, and three weeks later the tumour was explored through a lumbar incision, and found to consist of a sacculated kidney containing a large branched phosphatic calculus, which was dislodged with difficulty, there being profuse hæmorrhage. The patient was much collapsed afterwards, never rallied, and died three days after operation. The calculus weighed nearly two ounces. Such cases were distinctly different from the class under discussion, which were those of small calculi. In all cases of the nature he had described, he would advise removal of the kidney.

Mr. BARWELL had never removed a stone from the kidney, all the examples of renal calculus coming under his care having been such as necessitated extirpation of the entire organ. He thought the papers read suggested the importance of not permitting cases in which stone should be suspected, to go on in pain and misery, when simple incision and puncture would at once and certainly settle the nature of the mischief. The incision could be performed absolutely without danger, and might even be looked on as a trivial operation. It involved no serious risk of any kind to the patient. He suggested that the cases described should be kept under future observation, in order to ascertain whether any tendency had been induced in them, either to reformation of the calculus, or to loosening or floating of the kidney itself, as an after-effect of the operation.

Dr. BARLOW made reference to the dangers of operating on such cases as that related by Mr. Baker, but which were not fairly to be placed alongside of such as were fit subjects of Mr. Morris's operation, for comparison of the results obtained. Three years ago he (Dr. Barlow) had under his care a Polish Jewess, who for a long time had been passing pus with urine to the extent of one-third of the total amount. She was cachectic in appearance, and had a large renal tumour in the right loin. This was examined, patient being under ether, by Mr. Couper, and calculi were discovered by the grating produced by manipulation. Dr. Barlow had suggested puncturing the mass with a hypodermic needle, but this was not done. Next day an incision having been made down to the tumour, the pus was cleared out and three large calculi removed, but the kidney could not be extirpated in consequence of extensive adhesions. The patient died, but, being a Jewess, no post-mortem could be obtained. In another case of his own, a scrofulous kidney was operated on without any blood at all being lost from it.

Dr. LONGHURST considered the cases reported indicated the appropriateness of the operation, but still great discretion would be required in selecting those fittest for the purpose. Early life favoured success, but middle and late life endangered it. In his own experience, he came into relation with two cases last year. One of them, a nobleman, with renal calculus, was urged to submit to operation when attacked with pain in Paris. He refused, and later on, having returned to England, died, when post-mortem examination revealed that both his kidneys were blocked by calculi. In the other case, a gentleman had been for eighteen months troubled with symptoms of renal disease, and at the end of this time passed several small stones. Adjourning to Brighton, he rested quietly there for some time, and was much easier. Returning to town, he again passed a small stone, and had since enjoyed good health. He was between 60 and 70 years of age, and operation in his case would have been attended with danger, while being, as the result demonstrated, wholly unnecessary.

The PRESIDENT was sure that everyone would congratulate the surgeons who had recorded the cases under discussion, on the happy results they had obtained. In connection with them, however, there were one or two points of pathological interest that deserved to be noticed. The calculi had been shown not to be of uniform chemical composition, urates, oxalates, and phosphates having been found in different cases, and it could not fail to be of interest to know this might occur. It would also, in this connection, be an important gain could it be ascertained at what rate renal calculi increased in size, the difference between the rates of growth of renal and vesical stones being a very striking factor. The reason for it was difficult to explain. Might it be consequent on the greater concentration of the vesical urine as compared with that in the kidney? Mr. Butlin's case was most instructive from a diagnostic point of view, testicular pain alone having been the guide to renal mischief in it, the additional difficulty of no blood in the urine having been associated with it. Great importance also attached to the proof given of the value of an exploring needle as aiding the detection of stone in the kidney; it might be found, however, that an acupuncture needle fixed on a handle would form a more efficient instrument for the purpose than a needle held in a forceps. This simple instrument gave at once reliable information not only as to the presence, but even as to the size of the stone. Mr. Beck had shown the expediency of cutting down to the calculus through the organ itself, and the flow of blood momentarily encountered reminded him (Mr. Lister) of an occasion on which he cut into the liver in the presence of Sir J. Fayer, and being alarmed by the immediate gush of blood, was reassured by the latter surgeon's remark, that the occurrence was unimportant, and that the bleeding would speedily cease, which it did.

Mr. HAWARD was glad to hear and endorse the opinions expressed favourable to early operation. He agreed that total removal of the kidney was advisable under such circumstances as Mr. Baker narrated. In his own first case, however, evacuation of pus afforded relief. Removal of the kidney was less simple than removal of the stone, and in Dr. Whigham's case this plan of procedure was rendered impossible by the dense matting together of surrounding tissues.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 1, 1882.

RENAL SURGERY.

AMONG recent achievements in the domain of operative surgery, none is likely to be fraught with greater benefits to humanity than the improvements effected in the modes of dealing with calculous deposits in the kidney. Not only are the symptoms produced through the presence of these bodies distressing in themselves to a degree that renders life a burden to the unhappy sufferer, but they necessarily tend to put a period to existence, which, moreover, is terminated amid sufferings that evoke most painful reflections in the mind of every sympathetic on-looker. It is, therefore, a matter for hearty congratulation that surgical skill has now so far triumphed over this particular form of disease as to be in a position, not merely to determine the presence and nature of the trouble, but, in a majority of cases, to successfully remove it also; and this at the expense of the least amount of risk compatible with the performance of an operation involving the exposure and mutilation of an abdominal viscus.

To Mr. Henry Morris must be ascribed the credit of reviving a procedure designed to effect this object; and especially must his name be associated with it in the future as that of the surgeon who led the way to its adoption as a modern improvement, by illustrating the certainty of success attending its performance in suitable cases.

The paper communicated in 1880 to the Clinical Society of London by Mr. Morris, and entitled Nephrolithotomy, is the starting point of the later history of the operation; and on Friday last there were added to this, three other contributions on the same subject,

accounts of which will be found in another column of our present issue. These reports, together with the discussion that ensued upon them, may be accepted as demonstration of the feasibility of removing renal calculi by operation; and in several ways they tend to show how far such operations may be legitimately resorted to with good prospects of successful results. Perhaps the most interesting communication was that made by Mr. Butlin, whose admirable description of the difficulties of diagnosis encountered in his case, calls for unstinted praise. The history he supplies should be accepted as a timely warning against hasty conclusions respecting the nature of a complaint; for it cannot be denied that, even now, it is far too common a practice, particularly with younger surgeons, to "jump at" diagnosis founded on the presence or absence of special indications usually associated with the presence of a suspected disease. In the instance referred to, the principal guide to a correct judgment was that afforded by acute pain in the testis; there was no bloody condition of the urine, no deposit, except a trace of calcium oxalate, no special lumbar pain to point out the real seat of mischief; and we may accept it as undoubted proof of diagnostic ability that the ultimate decision on the case was so perfectly accurate. Once finally settled that the kidney contains a stone, then the question of operation is virtually decided also: but the management of this stage of treatment is the most critical part of the whole matter. In Mr. Morris's case the presence of a stone was revealed by the resistance it offered to the point of the knife introduced into the kidney; it must be evident, however, that such an occurrence is possible in the most favourable circumstances only, viz., when the foreign body lies superficially in the kidney, and presents at some point in its surface accessible to inspection or to touch. Very different is it when, as in Mr. Beck's case, the calculus is deeply imbedded; then, if the knife alone is to be depended on for proof of its existence and determination of its location, there must be performed a series of exploratory incisions the magnitude of which might well deter from the attempt. All this, happily, is avoided by employing for such sounding purposes, an ordinary needle, preference having been expressed for a darning needle held in a torsion forceps. With this simple instrument punctures may be made in all directions in the kidney until the stone is discovered, and this without the least fear of creating either serious hæmorrhage, or subsequent irrecoverable injury of the tissue. A little enthusiasm respecting this brilliant suggestion may very properly be excused; young as the proceeding is at present the advantages it can already justly lay claim to entitle it to all the praise accorded it, while in the future it will probably be productive of practically unlimited blessings.

The position of the stone being known, and an idea of its size communicated by the exploring needle, the question of removal arises. To effect this, two methods are proposed. By one, attempts are made to reach it with as little injury as possible to the renal parenchyma; the other is to cut boldly down to the calculus, and extract it by the opening thus made. Almost universal assent is now accorded to the latter plan, the older objec-

tions on the score of bleeding being, by one accord, overruled. The evidence in favour of this proceeding is both interesting and conclusive. Several operators have described how at the first incision into the kidney substance, even alarming bleeding occurred; but all agree that this almost immediately ceases, and is succeeded by no hæmorrhage of any importance, while after-recovery of the cut structures is uninterrupted and complete. The testimony to this effect admits of no dispute, and without entering into any theoretical explanation of the fact, may be forthwith accepted as an unassailable truth.

So much for the removal of renal calculi by operation, which may now be safely regarded as among established surgical procedures. We need not pause to describe the methods adopted for reaching the kidney; they may be varied by individual surgeons in slight degree, but generally they will be such as are followed in lumbar colotomy. We must, however, advert to the question of selection of cases in which the operation may be pursued with advantage. Mr. Marrant Baker describes a case in which nothing short of entire removal of the kidney could have been attended with successful results. A moment's consideration of the facts surrounding it will prove this, and demonstrate also the inutility of any other proceeding wherever a similar state of things is found to exist. The kidney in these cases is little more than a pus-secreting sac, in which enormous calculi are developed to the extent of even filling the entire space. In Mr. Baker's patient the stone weighed nearly two ounces. Moreover, it rarely happens in such examples, unfortunately, that removal can be effected, owing to extensive adhesions set up round the kidney. Dr. Whigham's communication contains a description of the kind. Such cases are obviously not to be included among those in which nephrolithotomy is possible, and at once they should be eliminated from the discussion. Whether, however, as Dr. Longhurst suggests, it will be found that all persons of over middle age are to be considered unfavourable subjects for the operation, will, we imagine, depend on the connection found to exist between the condition of the kidney and the period during which it has been the seat of calculous deposit, and here is evident the wisdom of Professor Lister's suggestion, that inquiries should be instituted with the object of determining the rate of growth of renal calculi. We venture to think that the duration of existence of the stone in the kidney will, by and-by, be the principal factor employed in deciding on the propriety of operating for its removal, irrespective of age alone, other things, such as constitutional state, &c., being favourable. It will, however, be essential to the satisfactory progress of the operation that some definite knowledge shall be obtained respecting the relation between first symptoms of renal calculus and the growth of the calculus itself. Concerning this question, we are at present wholly in the dark; too much enlightenment in respect to it cannot be obtained. How far Mr. Lister's ingenious supposition that the differences observed between rate of growth of vesical and renal calculi is founded on truth remains to be shown; it is probably not far from a real explanation of the matter.

Thus, then, eliminating those obvious cases in which,

from various causes, the kidney has ceased to preserve its essential structure, and is thoroughly invaded and transformed, we may accept the certainty that a means is offered of restoring the functional equilibrium of patients suffering from calculous disease of the organ, and that so far the operation can be safely performed in young subjects who have not passed the stage of disease at which general disintegration of the tissue of the organ supervenes. This is itself a triumph of surgical art, and to its authors is due, and will be accorded, full measure of the praise they so richly deserve.

THE DUBLIN HOSPITALS BOARD.

A DUBLIN morning paper recently made the following remark respecting the efficiency of the Board:—

“It may be argued, and of course with some truth, that the entire Board of Superintendence is a sham, and that, therefore, to put this gentleman (Sir George Owens) upon it would be quite appropriate. Such an argument we could not gainsay. The Board as at present constituted is a sham, and mainly for the reason that on it are a number of men connected with the administration of the Dublin Hospital. The entire system of the management of the Dublin Hospitals requires overhauling, and to expect this to be done by the managers themselves is very Utopian indeed. If the Board of Superintendence were composed of ‘live men’—to use a Yankee expression—they could do public service, but constituted as the Board is, it is worse than useless.”

The Dublin Hospitals Board was established by the 19th and 20th Vict., cap. 110, in the year 1856, for the purpose of superintending the distribution of £17,000 granted each year by Parliament towards maintenance of Dublin hospitals, and, as a vigilance committee, to watch the management of these institutions. But, in fact, the supervision is of very little value, because the Board has heretofore been packed with members of the management of the subsidised hospitals, who are thus engaged in supervising themselves, and naturally find no fault with their own administration. Moreover, the public gains little or nothing from the proceedings of the Board, and is debarred from criticising either its acts or the management of the hospitals under its charge by the fact that the Parliamentary Report of its doings is habitually kept back until the time for effectual criticism has passed away.

For example, the latest information which the public or Parliament now possess of the proceedings of the Board is contained in the Report for 1881 which lies before us. This document was laid before Parliament twelve months ago, and was then nearly four months old, for it bears date November 2, 1880. But the facts and figures contained in it are six months older still, for they refer to the year ending March, 1880, and some of the transactions reported upon occurred a year earlier than this, in April, 1879.

Thus any one who desires to learn or to criticise the management of the subsidised hospitals is limited, in doing so, to transactions of three years ago, the interest in which has long passed away. We want to know—

a. Is it absolutely necessary that the year reported on should end in March instead of September?

b. Is it not possible to produce the Report of what occurred in March at an earlier date than November?

c. Is it necessary that the document should, after its completion and adoption by the Board, be kept secret from November to the following March?

As to the contents of the Report, we would say that the secretary seems disposed to tell as much of the real truth as the Board will allow him, but it could not be reasonably expected that his criticism would be very trenchant, considering that his paragraphs have to be revised by the persons criticised. As an instance of this, we note that in no issue of the Report has comment been made upon the monstrous expenditure of some of the subsidised hospitals. No notice is taken of the fact that in one hospital to which the public money goes, every bed maintained costs just £90 a year, and that of this monstrous sum the successive sick occupants consume only £25, while the voracious establishment of officials swallow up the remaining £64. In other words, it costs the public in that hospital about £2 10s. for officers to spend £1 on the sick patient.

Is not this a subject worthy of consideration by the Dublin Hospitals Board, and why has it not been long since dealt with by them? We shall be glad to hear of any possible excuse.

THE SUNDERLAND CONSPIRACY CASE.

On the clearest possible evidence, and to the perfect satisfaction of judge and jury, and to a crowd of interested townspeople assembled in the Court, Dr. Abrath has been acquitted of the foul charge brought against him; he has also received the assurance of an intelligent jury "that he left the Court without a stain upon his character." The result of the verdict is to throw upon some persons in the employ of the North-Eastern Railway Company the grave responsibility of preferring and prosecuting to the bitter end a grave and base charge of a very malicious and disgraceful character. Nothing could have been fairer and more straightforward than the conduct of Dr. Abrath and McMann from the beginning to the end of these proceedings; everything was done to bring the Railway Company to reason in a matter of so serious a nature. Mr. Day, counsel for the defendants, in a speech of remarkable force and ability, put this in the clearest light. Nothing, said he, could be freer from suspicion, for McMann's solicitor entered into a correspondence with the Company's solicitor as early as November, 1880, when he proposed that the Company should make the fullest investigation, and by its own officers; and after having become satisfied of the *bonâ fides* of the case, a certain moderate sum of money should be paid over to him for his client, to abide the issue, at the end of two years, so as to give ample time and opportunity to the Company to test in every way the duration and extent of the injury inflicted. This very reasonable offer was, after a lengthy correspondence, refused, the Company electing to harass Dr. Abrath and his patient, sending detectives to look after them, and who, it was said, were encouraged to make libellous statements against them, and spread about reports which were likely to blast the reputation of the doctor. Little progress, however, appears to have been

made in this way; and when, at the end of nine months, the case came on for trial at Newcastle (July, 1881), the Company, acting under the advice of counsel, preferred to settle the case out of court, rather than risk the verdict of a jury. A sum of seven hundred and twenty-five pounds was paid over to the injured man, and a further sum for law costs. In a week or two from this time a new difficulty presented itself. McMann was cursed with a superfluity of worthless friends, who hovered around his sick bed; and so long as they could get money out of him, or saw a chance of sharing in the money obtained from the Railway Company, they were satisfied to remain friendly; but when they discovered they were to be balked of their prey, that Dr. Abrath and other friends had taken steps to place the money out of their reach, where it could not be got at and squandered in drunkenness by them, they then sought to obtain it by violence, and went so far as to threaten Dr. Abrath's life, until, at length, he was obliged to appeal to the law for protection. Finding themselves foiled in this direction, they put themselves into communication with the medico-legal officers of the Railway Company. In the course of a very short time, and out of the flimsiest materials, a case was trumped up, which last week happily ended in the signal discomfiture of every one engaged in the prosecution. That the judge should have felt it necessary to seriously animadvert upon the character of such witnesses, or that the jury, after five minutes' deliberation, should have expressed their disgust, could have surprised no one who had mastered the facts of the case.

As to the medical evidence tendered on the part of the prosecution, this, we gather from the reports published, was not free from that partisanship which often does damage to the best cause. What indeed, could be expected of men placed in the invidious position of having to blow hot and blow cold? In July last they were clearly of opinion that McMann had sustained an injury of the spine of some sort. Mr. Wheelhouse, of Leeds, was satisfied of this, but would not pledge himself as to its extent, and therefore he requested the Railway Company to permit him to make another examination; but this his clients would not accede to, and the case, as we have said, was settled with or without the concurrence of the doctors. At Durham, last week, it was thought better not even to put two of them into the witness-box; their duties apparently being to assist the learned counsel in throwing mud at the medical witnesses for the defence; and to such an unusual extent was this carried that at last the judge angrily interposed, exclaiming, "This is really too bad." Again, in his summing-up he remarked that "he hoped that the person who was acting as prompter was ashamed of himself;" but nothing less than an expression of public opinion, backed by the judge will raise a blush on the cheek of those whose highest ambition is to earn a fee at the expense of others' reputation. In short, the bitterness with which this case has been fought out is not a little remarkable, as it gives colour to a suggestion thrown out, that it was done with the intention of intimidating the profession—"letting the doctors see that Railway Companies could, if they chose, wield an instrument of torture in cases where too humane a view was taken of an injured patient."

The general bearings of the case were ably summed up

in the *Times* newspaper last Friday; the editor says: "As for the North-Eastern Railway Company, they are probably sorry by this time that they did not take the obvious course of weighing the character of witnesses against the huge improbability that a medical man occupying a good position would stake everything upon the chance of successfully conspiring along with a man of McMann's class to secure a relatively paltry prize. They must be held to have displayed most culpable levity in bringing so grave a charge upon grounds so utterly inadequate, and the public will probably be disposed to think that mere loss of the case is by no means a sufficient punishment. No doubt railway companies are obliged to be on their guard against imposition, but they do themselves much injury by engendering the suspicion that they are disposed to use the power of the purse, and the great advantage which law and circumstances alike award to corporations in order to crush inconvenient claimants." The mean and ignoble tactics resorted to have only had the effect of leaving the Company to repent at leisure of having prosecuted a false and malicious charge against a medical man to whom professional honour should be as dear as life itself.

Notes on Current Topics.

The Expurgation of the Medical Register.

We spoke recently of what the Medical Council might and should have done, in discharge of the duty imposed upon it by the Medical Act, in removing from the Register the names of Levenston and Jamson, the one for obscene quackery, the other for making use of false titles and qualifications. We observed that the Medical Council had, in the case of Jamson, simply passed on their own duty to the College which licensed him, and cast the responsibility off their own shoulders on to those of the Edinburgh Colleges. We are informed that the exercise of the power of erasure by the Council was, in the case of Levenston, attended with great trouble and expense, and that there are great practical difficulties in the way of the employment of the authority which the Council possesses for this purpose; but we have a difficulty in understanding how this can be. We believe that it was under the 14th section (that which enables the Registrar to strike out the name of a person who is believed to be dead or gone away) that these expensive proceedings were taken; but it is of the authority given by the 29th section (to remove the name of a person guilty of infamous conduct in a professional respect) that we have spoken and our complaint is that, instead of availing itself of this law, the Council has simply reported the delinquency to the licensing body concerned, and left the name on the Register pending the action of that body. The section says that the name of any person may be removed if "after due inquiry *he shall be judged by the Council to have been . . . guilty of infamous conduct in any professional respect,*" and it seems to us that these words make the Council the sole judges of the matter and preclude any appeal whatever or any reversal of the decision arrived at, and therefore, preclude any heavy expense in the exercise of the power

which the section confer. If we are right in our reading of the law the Council must institute "due inquiry," but, having done so, may expel the offending practitioner from the profession by its own mere motion, and we, therefore, complain that the Council has placidly allowed the names of quacks and forgers to defile the official list of the profession, and has left the licensing bodies to do the work given to itself to perform.

New Lunacy Law for Ireland.

UNDER the County Court Jurisdiction in Lunacy Act of 1880 (43 and 44 Vict. cap. 39) a new system has been established for the certifying and committal of lunatics in Ireland, and a series of rules for the execution of the new law have been thereupon issued by the Judges of County Courts. Small cases in lunacy may henceforth be heard by civil bill in the County Courts, and the affidavit of medical practitioners who have examined the lunatic will be required. By the new rules "the medical affidavit shall set forth, distinctly and particularly, the character of the alleged lunacy, and the evidence as to demeanour, conversation, acts, and physical causes, upon which the opinion of the medical deponent as to the soundness or unsoundness of mind of the supposed lunatic shall be founded." Thereupon the Judge may, if the case be uncontested, make an order for the custody of the lunatic, and the guardianship of his or her property. If the case be disputed the Judge "may direct any qualified medical practitioner, other than the practitioner upon whose affidavit the civil bill has been grounded, to visit the supposed lunatic and to report confidentially to the Judge upon the circumstances of the case. The qualified medical practitioner so visiting and reporting under the direction of the judge, shall be allowed such fee as the Judge may think right, to be paid by the practitioner, or by the solicitor having carriage of the proceedings, upon the certificate of the clerk of the peace."

Testimonials.

We have been favoured with some batches of testimonials, signed by all the teachers at one of our great London Schools of Medicine. We never before fully appreciated the power of language to conceal the thoughts of the writers of these testimonials. Surely not one of the gentlemen who wrote these effusions believed a word of what he was writing. It is the custom to give such credentials to all students. There is a recognised formula, for the competent and the incompetent. The lazy student and the hard-worker receive the same form of words, setting forth their abilities, their fitness for any public appointment. There is a positive dishonesty, or want of morality about this system, that is disheartening to think about. Has medicine a tendency to lower the moral tone? An American journal has recently published a leading article deliberately stating that it has such an effect. These testimonials give colour to the thought. We would ask the teachers to consider the responsibility which rests upon them in distributing broadcast these untruths. We feel tempted to devote a whole page to copies of one set of testimonials, leaving out name of recipient, but putting in names of

the surgeons and physicians who have given them. If a young man of 22 possesses such transcendent abilities, knowledge, skill, tact, as are set forth in these *testamurs*, then he is Heaven-born, and not of this earth. For the present we shall keep them, but shall be glad if our readers will furnish us with any samples of this kind of thing, so that we may, on some future occasion, give a death-blow to the system.

Hair Pomades and Skin Diseases.

A LARGE number of cheap hair pomades are in common use, and we have reason to know that their habitual application is likely to induce serious mischief in the hair, in some cases producing eruptions on the scalp. There are some well-known brands of hair pomade, like vaseline, &c., in the market, but they are expensive, as the material of which they are made is good, and there is some cost in their production.

For the cheaper kinds, all kinds of refuse are used, fats and oil from diseased animals. We need not wonder, then, if there be a slight abrasion on the scalp, that these unwholesome productions should produce serious mischief. Various perfumers are used to conceal the true odour of these pomades, so that the test of smell is set at fault and is no criterion as to their character.

We would recommend all who use hair pomades or hair washes to obtain prescriptions and have them made up by some respectable chemist; they will thus have a certain kind of guarantee as to the purity and nature of what they are using.

The Charge of Branding an Apprentice.

LAST week, in the Queen's Bench Division, Dr. Maunders was found guilty of having committed an assault on a boy named Devenish by burning him with a hot poker, and damages were assessed by the jury to plaintiff at £80. The incident has an important interest for medical men, so that it may be desirable briefly to recapitulate the facts of the case. The plaintiff was found secreted in the bedroom of his master's daughter, and on being ordered to leave the room, he paid no attention to the command, either being or pretending to be in an unconscious condition. The defendant, Dr. Maunders, was then summoned by the boy's employer, and having been supplied with a heated poker, applied it, as he says, once, and lightly, as the plaintiff asserted, frequently, to the legs of the latter. At any rate, the desired effect was produced, and whether shamming or real, the fit disappeared, and neither then nor immediately after was any complaint of severe ill-usage uttered by the boy. According to his evidence in court, however, he was frequently and seriously injured by the hot iron, and in proof, exhibited numerous scars on different parts of his legs. These were described by Mr. A. T. Norton, of St. Mary's Hospital, who was called as an expert witness, as discolourations which might have been caused either by burning or blistering, and he noticed one mark $4\frac{1}{2}$ inches long on the outer part of the calf which might have been caused by blistering, but which a poker could hardly have produced, since it would not lie that length along a rounded surface. Conflicting, however, as the testimony was, the jury were satisfied of its truth in certain points, as their verdict sufficiently

shows; and in the light it throws on the possible danger practitioners may incur by heroic treatment of malingering or hysterical persons, it behoves us to utter the warning it conveys. More than once recently, results of proceedings instituted against medical men in criminal courts have emphasised the necessity for avoiding even the appearance of assault in such cases; and much as those who recollect the traditions that guided medical practice a generation ago may be inclined to ridicule the idea, it must none the less be accepted that no proceeding is justifiable on the part of a doctor that would not be equally legitimate if pursued by a layman, so far, that is, as physical treatment is concerned. There are certain cases, it is true, that require to be met by prompt and energetic coercive measures, and in every surgeon's experience these are of constant occurrence. Such, for instance, are those examples of hysterical mania, which the douche will alone control; such an one also was that submitted to treatment by Dr. Maunders. The threat of physical suffering to be inflicted is, as a rule, sufficient to influence the majority of these patients. In the eye of the law Dr. Maunders erred in applying it when he found the mere threat unavailing, and inasmuch as by so doing he contravened the spirit and letter of the law, he cannot be said to have been unduly punished. His case, however, will, we are sure, be a warning for the future, both to him, and to all others placed in a like position.

Death of Professor Schwann.

THE eminent biologist of world-wide renown as an original investigator in the domain of histological anatomy, Theodore Schwann, has just died, aged seventy-two years. Few men among living authorities in science have done more to advance the limits of our knowledge than was accomplished by him during the active years of his life; and a feeling of universal regret will be experienced that another, and that his, name is added to the long roll of our recent losses in this direction.

Mr. Keith and Listerism.

IN reference to the sensation produced at the International Medical Congress by Mr. Keith's open abandonment of Listerism, a correspondent of the *New York Medical Record*, signing himself "H. O.," brings certain charges against the Scotch surgeon which are certain to evoke from him either an explanation or a denial. According to "H. O.," Mr. Keith omitted to inform the members of the Congress that in the twenty-five cases, of which five terminated fatally, and which were the last cases treated by him on the principles of Listerism, he employed a solution of carbolic acid *one-tenth stronger* than that prescribed not only by Lister, but by the commonly adopted proportions of the spray. It will be remembered in this connection, that of the fatal cases which determined Mr. Keith's rejection of Listerism, three succumbed to carbolic poisoning, and one died from renal hæmorrhage; and in the light thrown on them by "H. O.'s" assertion, no surprise will any longer be felt at the result. We do not wish to reproduce the expressions made on Mr. Keith's conduct in this matter by our American contemporary's correspondent, but we cannot conceal the importance of his communication on the

supposition that his information is as well substantiated as he declares it is. The blow dealt against Listerism by Mr. Keith has been admitted on all hands; and if it can be proved to have been unfairly delivered, this will explain what it has puzzled us, among many others, to understand. Thus challenged, it remains for Mr. Keith to reply to the charge, and we trust he will be quick to do so.

A Danish Scheme of Anti-vivisection.

THE Danish Society for the Protection of Animals forwards a circular offering prizes of 2,000 and 1,000 francs respectively for essays on the subject of replacing recently killed for living animals in prosecuting physiological investigation:—"The essays may be written in the Danish, Swedish, English, French, or German languages; they must be clearly and legibly written, signed with a motto, which is also to be placed on an accompanying envelope, containing the name and address of the writer. These are to be forwarded before the 1st September, 1882, to His Excellency, Mr. A. de Haxthausen, President of the Danish Society for the Protection of Animals, at the office of the Society, Copenhagen." The circular proceeds to say:—"Our Society is only too well aware that the claims of humanity are not to be satisfied by these means as extensively as it could wish. It will, however, feel itself richly rewarded if its efforts result in diminishing the number of experiments in which animals are subjected to great and lingering agony. In this earnest hope we respectfully request all humanely-disposed scientific men of every country in the world kindly to comply with our invitation."

We do not doubt the executive officers of the Society are actuated by most excellent motives, or that they will receive many praiseworthy communications. But we do unhesitatingly aver a belief that no real advantage to scientific inquiry is likely to result from the proceeding, or that British anti-vivisectionists would permit such means of pursuing physiological study ever to exist unchallenged.

The Election of a Professor of Anatomy in the Irish College of Surgeons

Took place on Thursday last. There were ten candidates—viz., Dr. Abraham, Curator of the College Museums; Dr. Allen, Senior Demonstrator of Anatomy in Glasgow University; Dr. Anderson, Demonstrator and Assistant to Professor Redfern, in Belfast College; Dr. Charles, Lecturer on Practical Physiology in St. Thomas's Hospital; Dr. Cunningham, of Edinburgh; Dr. Knott, Senior Demonstrator in the School of the Irish College; Dr. Ledwich, Lecturer on Anatomy in the Ledwich School; Dr. Reid, Senior Lecturer on Anatomy in St. Thomas's Hospital; Dr. White, Demonstrator in the Sheffield Medical School; and Dr. Young, Lecturer on Surgical Pathology in Owens College. As required by the bye-laws of the College, seven of the Council were selected by lot—viz., Messrs. MacNamara, Porter, Mapother, Butcher, Denbam, Swanzy, and MacDonnell; and the testimonials of the candidates were taken in charge by them. After the usual private deliberation,

they announced that they had elected Dr. Cunningham, who was thereupon declared to be the new Professor. Dr. Cunningham is very highly distinguished. He is an M.B., M.Ch., and M.D. (with 1st honours) of the University of Edinburgh, 1874, and gained a gold medal for his thesis. He is also F.R.S.E. His present position is that of Senior Demonstrator in the University of Edinburgh, in which capacity he has administrative charge of the Practical Anatomy Department in the University School. He delivers, jointly with Professor Turner, a winter course of lectures on Topographical Anatomy; and is solely responsible for a similar course on some more special branch during the summer session. Last winter the students attending the Practical Anatomy class numbered 666, and during the past summer, 236. He is also Lecturer on Physiology to the Royal Veterinary College in Edinburgh, since 1876. Dr. Cunningham's public writings on anatomy and histology are very numerous, and of the highest class; and his attainments and capacity as a teacher are vouched for by many of the leading anatomists and physiologists, not only in the United Kingdom, but on the Continent. The appointment is one to which no exception can be taken, inasmuch as Dr. Cunningham occupies a professional position to which few candidates could claim to have attained. We congratulate the College on having secured his services, which cannot fail to be of inestimable value, not only to its school, but to the progress of anatomical and histological science in Ireland.

Provincial Hospitals.

THE method of electing surgeons to our provincial hospitals demands reform. It is most humiliating to the candidate, and unprofessional in every sense. Custom has, however, sanctioned it; custom must, however, alter. In every provincial town there is a general hospital, supported by voluntary contributions. Every guinea subscriber has certain privileges, amongst them being a vote at the election of the honorary surgeons or physicians. There may be a thousand subscribers; some may have more votes than others. When the surgeon offers his services to the institution he has to canvass all the subscribers; he has to ask the favour of the vote and interest of may be a thousand persons. He makes a regular canvass, and has to go, cap in hand, from door to door, on the humiliating errand of asking for votes. This is the first step. In the next place, he has to advertise in the local papers; he has to blow his own horn. If there are a number of candidates he has to put an extra degree of wind into his petition for election, to blow his horn louder than his competitors. He sets forth his qualifications in full, where he has been educated, what prizes he has taken; in fact, he gives a *resumé* of his life history, and backs this up with testimonials. If we compare all their addresses, there is a wonderful degree of similarity in them; and if we look at their testimonials we shall find that they are all framed on the same model. The puzzled subscriber or elector does not know how to decide between the candidates; they are all so clever—Coopers, Pagets, Fergussons. He very wisely throws the testimonials into the waste-paper basket, and

gives his vote to his own doctor, if he is a candidate, or to the man he knows out of the batch of candidates. This state of affairs should be altered. There should be a small elective body selected from the bulk of the governors. They should have the power of filling up all vacancies. Canvassing should be forbidden so strictly that it should be a bar against election. Public advertising should be done away with. It does not add to the dignity of the profession to read the addresses of medical men side by side with the advertisements of the vendors of patent candles, cheap teas, or blacking. The candidates may be permitted to send out private circulars to the small elective body, which is all that is required.

Dispensary Drugs and Special Medicines.

In the Irish Supplement to our present issue we publish an important correspondence between Dr. Wallace, together with other medical officers of the Parsonstown Union, and the Local Government Board for Ireland. The instructions printed on the newly revised Drug List issued by the Local Government Board set forth that medical officers who required any medicines not named in the list should make a special requisition for them. In accordance with this order, Dr. Wallace and others asked for certain drugs, which, however, the Local Government Board objected to being supplied, on the ground that "the list of medicines is sufficient to meet the reasonable requirements of medical officers." To this Dr. Wallace replied that—

1. The prescribed list contains no pepsine, nor any preparation of free phosphorus, nor of the hypophosphites, and excludes articles in such every-day use as vaseline, boracic acid, pancreatic emulsion, iodoform, salicylic acid, non-official pearl-coated pills, india-rubber bandages, and the like. These and other articles are so valuable as remedies, and so universally used, that I fail to see that they are outside the "reasonable requirements of medical officers."

2. It is well known that the medicines contracted for are supplied at such low prices as to destroy confidence in their strength and purity. The only way open to medical officers to get medicines in which they have confidence is to order them as specialities, with the name and under the seal of some maker of well known and good repute.

The Local Government Board replied that proprietary and patent medicines have been purposely omitted. Many of them are of extremely doubtful value, and owe their reputation principally to a system of constant advertising. However, if any even of those medicines be desired by a medical officer in any special case, it is within the power of the guardians to order them on special requisition.

The effect of this letter is to make the guardians the judges of the necessity for any medicinal agent required by their medical officer, which, we need hardly say, they are totally incompetent to decide upon. It would be impossible and improper to restrict Irish Poor-law medical officers to the preparations named in the British Pharmacopœia, which, as Dr. Wallace, points out, omits a multitude of medicines in every-day use by all practitioners, and contains a multitude which are almost never

prescribed. Of course, Poor-law medical officers should exercise a reasonable discretion, and not order expensive drugs except for good reason; but where such reason exists, it is their right, as well as their duty, to have all the most efficacious means at hand wherewith to treat their patient. If the guardians or the Local Government Board refuse the means of treatment, they must accept the sole responsibility for the life of the patient.

Lectures at the Royal College of Surgeons of England.

THE following lecture arrangements have been made at this College for the present year:—

Professor Parker will commence a course of nine lectures on "The Morphology of the Mammalian Skull" on Monday next. Professor Flower will then deliver nine Lectures on "The Anatomy, Physiology, and Zoology of the Edentata," commencing on Monday, February 27th. In June, Professor Hutchinson and Mr. Yeo will complete the lectures for the year, the former by the delivery of a course of six lectures on "Temperament, Idiosyncrasy, and Diathesis in relation to Surgical Disease," and the latter by a course of three lectures, the subject of which has not yet been decided.

These lectures will be delivered on Mondays, Wednesdays, and Fridays, at 4 o'clock p.m. precisely each day.

Prosecution for Dissemination of Puerperal Fever.

At the recent Assizes at Maidstone, Caroline Tomsett, a midwife at Tonbridge, surrendered to take her trial for the manslaughter of a woman named Morgan. The prosecution was undertaken by the Treasury. The offence imputed to the prisoner was that, by negligence and want of proper precaution, she had infected the deceased with puerperal fever, and had thus, by culpable negligence, caused her death. On August 25th last the prisoner attended the deceased in her confinement, and two or three days afterwards she was attacked with the fever, which proved fatal on September 1st following. Dr. Stanford, who attended the deceased, was examined. He believed that the prisoner was very careful with her patients. A fortnight or three weeks before August 25th he told her that he feared she was carrying some septic poison about with her, and advised her to wash her hands in carbolic acid or some disinfectant, to have her clothes disinfected in the oven at the infectious hospital, and to be otherwise careful. He did not then know that she had been attending patients suffering from puerperal fever. Dr. Coates deposed that the prisoner asked him how long a time it ought to be before she attended another case of confinement, and that he told her she should not go near another case for at least a month. Mr. Justice Grove, in summing up, left it for the jury to decide whether the prisoner had knowledge that the other women she had recently attended had been suffering from the fever, and if so, whether she had been guilty of criminal carelessness in acting as she did. The jury, after some deliberation, returned a verdict of "Not guilty."

The Vaccination Controversy.

THE next monthly conference of the London Society for the Abolition of Compulsory Vaccination will be held in Steinway Hall, 15 Lower Seymour Street, Portman Square, Marylebone, on Friday evening, Feb. 3rd, at 7.30 o'clock, when the chair will be occupied by Dr. Andrew Clark, and a paper read by Dr. W. B. Carpenter, C.B., entitled, "The Increase of Small-pox Mortality in London during the Year 1880, without any corresponding Increase in other Parts of the Kingdom, a Reason—not for a Repeal of the Compulsory Vaccination Act, but for increasing the Efficiency of its Operation." Medical men holding different views on this vexed question have been invited.

The Compulsory Education Act.

How many years will it be before we shall be able to sum up the value of the present system of compulsory education, to estimate its gains or its losses, to prove its results as seen in the elevation of our national life?

How many Faradays, Newtons, Herschels, Huxleys, Tyndalls will it produce? Shall we have a large development of genius, or a number of harmless mediocrities, as the result of our higher Board schools? Time, the daughter of Truth, must unfold the answers to these queries; meantime we may direct attention to one aspect of our educational system—viz., the compulsory education of children of five years of age. If the Kindergarten method be adopted with children of five, no harm can result from their attendance at school, but if they are trained and taught under the ordinary system of education, then harm must ensue, and we shall reap in the future a harvest of insanity, from the over-working and destruction of cerebral matter in a state of development. This is not an imaginary statement. We are not alarmists. Children of five should not be forced; their brains should not be disturbed or exhausted by set lessons; their physical development at this period is of more importance than their mental development. Many parents take a pride in the precocious talent of their offspring, but in after years they regret that they did not understand how dangerous it was to prematurely develop such an organ as the brain. Their hopes have been disappointed, for the promising boy of five has been at twelve a dull, heavy, stupid lad, and each year has added to their discomfort, by proving that as manhood was reached, the intellectual development has retrograded, purely in consequence of the destructive degeneration or wasting of the brain, in early childhood, by forced lessons—efforts of memory in reciting long pieces of poetry, or doing arithmetical problems. The lesson we desire to impress on parents is a simple one. Up to seven or eight years of age let the child's physique be the chief care of the instructor. A healthy frame is a priceless boon. If the general physique is good, the brain will participate in all the advantages resulting from this condition; the power to learn will be all the greater; and with this power the child of seven will make up for the two years lost by a quicker acquisition of knowledge.

Putting it in a simpler form, we may say, that if a child of five knows how to read, and another child aged

seven only knows the letters of the alphabet, the latter will soon catch up the other child, will soon read better, and excel in the acquisition of whatever they are both studying. The Act presses hardly upon the child of the working man. The School Board attendance officer visits his house if his child aged five does not attend, whilst the same officer does not visit the better classes. Compulsory education will benefit the working classes. Education is provided very cheaply for them; it is perhaps as well that it should not be without its alloy, and that those who have to pay for the Education Act should have some privileges.

The Parkes Museum of Hygiene.

AN important meeting of the Executive Committee of the Parkes Museum was held on Friday last, Professor Berkeley Hill, F.R.C.S., in the chair.

The Curator, Mr. Mark H. Judge, as Secretary of the recent International Medical and Sanitary Exhibition, presented the final report of the Exhibition Committee, which, after giving a detailed account of the origin and success of the undertaking, concluded as follows:—"The work for which the Exhibition Committee were appointed having now come to an end, they have the satisfaction of handing over to the Executive Committee of the Museum the sum of £933 11s., together with furniture and fittings to the value of £100, while contributions to the Guarantee Fund to the amount of £86 19s. have been transferred to the Parkes Museum Building Fund, making the financial result of their labours a profit to the Parkes Museum of £1,120."

The Honorary Secretary, Dr. G. V. Pore, read a communication from the Council of University College, in which that body agreed, with some modifications, to proposals which had been made on behalf of the Museum to the Council of the College in reference to the erection of a building for the Museum. After a long discussion in which Professor Berkeley Hill, Professor Hayter Lewis, Dr. W. R. Gowers, Professor Corfield and Mr. Rogers Field, took part, the modifications suggested by the Council of University College were accepted, and it was resolved that steps should be taken to obtain the funds necessary for carrying out the scheme, which embraces: 1st. The building of an addition to the north wing of the College for the purposes of the Museum. 2nd. An endowment for the maintenance and management of the Museum. 3rd. The Museum to be open free to the public, and to be placed on a somewhat similar footing to the University College Hospital, i.e., to be autonomous with due representation of the Council of University College on the Executive Committee of the Museum. It is estimated that £30,000 will be required to thus permanently establish the Museum as a national institution. Towards this, Mr. Thomas Twining, of Twickenham, had written to say that he would subscribe the sum of £100, if one hundred promises of a similar amount were obtained. Promises of subscriptions may be sent to the Curator, at the Parkes Museum, University College, Gower Street. Subscriptions may be paid to the account of the Parkes Museum, at the Union Bank, Argyll Place, Regent Street.

Surgical Society of Ireland.—Presentation to Dr. B. W. Richardson.

THE meeting of the Society on Friday night last witnessed the ceremonial of a presentation to Dr. Benjamin Wills Richardson, Chairman of the Court of Examiners of the Irish College of Surgeons, on his retirement from the office of Hon. Sec. of the Society. The presentation was a handsome silver tea and coffee service and salver, subscribed for by the members of the Society, and it was presented to Dr. Richardson by the Vice-President of the College, Dr. Barton, who accompanied the gift by a warm expression of the good feeling of the Society towards its retiring executive officer. A report of the entire proceedings, with Dr. Richardson's reply, will appear in an early issue, but we cannot allow the occasion to pass without joining in the expression of esteem to which the Vice-President gave utterance. Dr. Richardson served the Society for very nearly a quarter of a century, having been appointed its Hon. Sec. on the 19th of Nov., 1857, and during all that time his interest in its welfare never flagged.

It is very satisfactory that he remains among us, and that he can feel that his professional brethren are not ungrateful.

WE publish in our columns of this day the first portion of a very interesting and able paper—"A Retrospect of Sanitation of former years as contrasted with that of the present day," by Dr. Davys, of Swords, read by him at a recent meeting of the Public Health Medical Officers' Association in the College of Surgeons.

THE rates of mortality last week in the principal large towns of the United Kingdom per 1000 of their population were:—Derby 15, Bolton, Birkenhead, and Leicester 16, Portsmouth, Edinburgh, and Bradford 18, Bristol, Halifax, Wolverhampton, Newcastle-on-Tyne, Cardiff, Birmingham, Leeds, Norwich 20, Sunderland 21, Hull, Salford, Manchester, London 22, Preston and Liverpool 24, Sheffield and Glasgow 25, Brighton, Blackburn, and Plymouth 26, Nottingham 29, Huddersfield 31, Oldham and Dublin 33.

AN old and valued contributor to our columns, Mr. George Macilwain, F.R.C.S., has just died at the ripe age of 85. Since retiring from active practice in London, he has resided at Matching, in Essex, where he peacefully passed away last week, full of years, leaving behind in the memories of all who knew him the knowledge of a well-spent life, an unswerving honesty of purpose, and a love of his profession which few have excelled. Mr. Macilwain was one of the oldest members of the English College of Surgeons, his diploma dating so far back as 1818. He did not attain his Fellowship till 1843.

THE highest death-rates per 1000 in the large towns last week were—from scarlet fever 4.9 in Hull, 3.5 in Sunderland, and 3.0 in Nottingham; from whooping-cough, 2.0 in Salford, and 1.8 in Sunderland; from measles, 3.5 in Norwich, and 2.7 in Preston; and from "fever," 1.8 in Birkenhead. In Hull 15 more fatal cases of scarlet fever were recorded, raising the number re-

corded within this borough since the beginning of July last to 690. The 42 deaths from diphtheria included 17 in London, 10 in Glasgow, 5 in Portsmouth, 3 in Nottingham, and 2 in Sunderland. Small-pox caused 23 more deaths in London and its suburban districts, and one in Hull.

IN the principal foreign cities the rates of mortality per 1000 of the various populations were, according to the latest official weekly returns, as follows:—Calcutta 48, Bombay 31, Paris 27, Geneva 23, Brussels 24, Amsterdam 25, Rotterdam 24, The Hague 28, Copenhagen 23, Stockholm 21, Christiania 16, St. Petersburg 47, Berlin 24, Hamburg 28, Dresden 26, Breslau 29, Munich 28, Vienna 29, Prague 31, Puda-Pesth 35, Naples 28, Turin 34, Venice 32, Alexandria 33, New York 32, Brooklyn 24, Philadelphia 24, Baltimore 26. No returns were received from Madras, Rome, and Lisbon.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

ABERDEEN ROYAL INFIRMARY.—The Committee of Management of the Aberdeen Royal Infirmary had before them on the 25th ult. a letter from Dr. Rattray, surgeon-superintendent, intimating his resignation, on account of advancing years. Dr. Rattray has filled this office for upwards of forty years.

MONTROSE COMBE LECTURES.—Dr. Stirling delivered the last lecture of this series on the 24th ult., in the hall, Montrose. The subject of the lecture was "Ventilation and Respiration," and it was illustrated by a large number of experiments. The attendance at all the lectures has been uniformly large, and the interest has been kept up throughout. Cordial votes of thanks were given to the Combe trustees, and Dr. Stirling remarked that if people would realize to what extent man is dependent on, and modified by, his physical surroundings, the teaching of George Combe and the Combe Lectures would not be in vain.

FEVER EPIDEMIC IN LANARKSHIRE.—Some weeks ago an outbreak of fever, which has now assumed the proportions of an epidemic, took place in the village of Crossford, in the Upper Ward of Lanarkshire. The disease comprises typhoid fever, diphtheria, and scarlet fever. The malady is said to be spreading along the Clyde side, as some cases have recently appeared in the village of Rosebank. Several cases of death took place in Crossford, where a person is ill in almost every house. The public school was closed about a month ago, and now the head teacher is prostrated with fever. The places affected are in the parish of Lesmahagow, and there is no doctor nearer than Lanark and Carluke, each of these towns being about four miles distant. The water supply is derived from natural springs.

OPENING OF A NEW HOSPITAL AT NEW MONKLAND.—For some years back the hospital at the New Monkland Poorhouse, from its overcrowded state, low ceilings, small, ill-ventilated wards, and the want of sanitary appliances, was found to be far behind the requirements of the time. Mr. Malcolm M'Neill, the visiting officer of the Board of Supervision, in a report issued some time ago, stated:—"The hospital appears to me to possess no single characteristic in harmony with modern views as to the treatment of

the sick." Such a state of matters existed until last week, when the sick paupers of this parish were removed to a new hospital, with greatly improved accommodation. The whole scheme has been devised and carried to a most successful issue by Dr. Robertson, the Chairman of the Board, who personally visited several of the most important modern hospitals in connection with poorhouses.

APPOINTMENT TO A DUBLIN CHAIR OF ANATOMY.—The recognition of talent denied at home is not unfrequently avowed abroad. Edinburgh medical men have a good deal to complain of in the matter of what might be called foreign teachers. We are glad to be able to record that the abilities of Dr. D. J. Cunningham have been recognised in Dublin by his appointment to the Chair of Descriptive and Practical Anatomy in the College of Surgeons there. For the remainder of the present session Dr. Cunningham will continue in his present position in the University of Edinburgh.

EDINBURGH ASSOCIATION FOR INCURABLES.—The annual meeting in connection with the Longmore Hospital for Incurables, Salisbury Place, was held, on the 26th ult., in the saloon of the Royal Hotel. The attendance was a good one, for the most part composed of ladies. Mr. T. R. Buchanan, M.P., presided. The secretary, Mr. J. T. MacLagan, C.A., read the report, which was highly satisfactory.

GREENOCK.—ALLEGED IRREGULARITIES AT THE INFIRMARY.—At a meeting of the Ratepayers' Committee, on the 25th ult., Mr. Thomas Mitchell, in the course of a long speech, referred to the working of the Public Health Act in Greenock, and expressed dissatisfaction with several of the officials connected with its administration. Speaking of the Infirmary, he said that people now felt horrified at the idea of being taken to that place when suffering from infectious disease, because it was reported that in that model institution the bodies of the dead got either lost, mislaid, or, in some way or other, were missing, and were never found again. These are certainly strange accusations, and the matter ought to be cleared up.

THE EDINBURGH TOWN COUNCIL AND THE LATE SIR R. CHRISTISON.—On hearing of Sir R. Christison's death, the Lord Provost directed that a meeting of the magistrates should be convened. A meeting was accordingly held on Friday, January 27th, when it was resolved to record an expression of the public loss which had been sustained in Sir Robert's death, and of sympathy with his family. It was further resolved that, if agreeable to the family, the Corporation should officially attend the funeral. In the course of the day, intimation of the acceptance of this offer was received. Accordingly, the Lord Provost, magistrates, and Council, in their robes of office, will take part in the obsequies, which, we understand, have been fixed for today (Wednesday).

Literature.

ON CANCER: ITS ALLIES AND OTHER TUMOURS. (a)

WHEN the surgeon of a cancer hospital writes a book on the speciality of his institution, we may well expect (to use the language of the ancient divines) a *concio ad clerum*; and it is proportionally disappointing to be treated to a *concio ad populum*, and that of the most commonplace character.

(a) "On Cancer: its Allies and other Tumours, with Special Reference to their Medical and Surgical Treatment." By F. Albert Purcell, M.D., Surgeon to the Cancer Hospital, Brompton. London; J. and A. Churchill. 8vo. Pp. 311

There is not in the entire book anything that is new, or that is not to be found in ordinary text-books. If this were all it would be bad enough; but we regret to be obliged to add that voluminous extracts are taken, sometimes with the alteration of a few words, and sometimes without any alteration at all, from the lectures on the same subject, published by Mr. Butlin, F.R.C.S., in the *Lancet* of last year. The resemblance between Dr. Purcell's description of epithelioma and that in Dr. J. Henry Green's manual (one of the best little books that ever was written) can hardly be believed to be accidental. To have copied from some obscure work would have been regrettable, but how anybody could copy from the *Lancet* of last year, and expect not to be found out, is beyond our comprehension; we can only imagine that the author thought that nobody would read the book, but that he would be remembered as a specialist writer. About thirty years ago the late Lord Beaconsfield was detected in a similar plagiarism, and *Fraser's Magazine* published (under the title of "The New Curiosities of Literature," by the Right Hon. Benjamin Disraeli, M.P.), a long extract from one of his novels (as well as we can remember, Vivian Grey), and in a parallel column the exact words already published by another author. Since that time we have seen nothing like this, except in the case of a well-known treatise on anatomy, and we trust we shall see no more of it. We are unwilling to speak severely, but we cannot avoid expressing our deliberate belief that Dr. Purcell's book is not written for the purpose of advancing medical science, but simply to advertise him as a specialist. The book is well brought out, and the wood-cuts are neat and distinct.

Correspondence.

"THE DENTAL DIPLOMA TRAFFIC."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Permit me to make a few observations which are elicited by your article on the above subject, which appeared in your issue of the 25th inst.

I will pass by your analysis of the educational attainments and occupations of the 2,500 candidates for the dental diploma, leaving it to those aggrieved the fighting of their own battle; but when you state that "the only tests of fitness required are the readily-obtained signatures of one or two unknown persons, and an examination which we believe to be utterly unreliable as a proof that the candidates have any sound knowledge of dentistry," I must challenge your statement. In the first place it is manifestly incorrect to describe the fellows of any college, professors, eminent dentists, &c., as "unknown persons," and, in the second, it is equally incorrect to stigmatise an examination as "utterly unreliable" in face of the fact that nearly 40 per cent. are rejected. No doubt the examination, like most mundane matters, is capable of improvement. It should be made more thoroughly practical. Candidates should be tested more searchingly as to their knowledge of dentistry. They should be introduced to a dental hospital, with a view to ascertain their practical acquaintance with the treatment of diseases of the mouth, dental operations, fillings, &c. Candidates should furnish evidence as to their intimacy with the *terms* used in dental pathology and surgery. They ought to be able to define the difference between a tumour and an hypertrophy, and not describe either in such horticultural phraseology as "a cauliflower growth."

As to the abolition of examinations *sine curriculo*, I consider such a step in my humble opinion would be premature, and in many cases unjust in the absence of proper arrangements (so far as Dublin is concerned) for the carrying out of a curriculum, the dental portion of which is still in embryo, if not in nubibus.

In conclusion, allow me to say that the *Medical Press and Circular* has acted a somewhat inconsistent part throughout the discussion of this matter. When efforts were made to elevate the status of dentists by making the L.D.S.T. a supplementary diploma, your journal was lukewarm, if not positively antagonistic, and its sudden and almost feverish anxiety for the dignity of the dental profession is rather puzzling, and looks like "locking the stable when the steed is stolen."

I remain, Sir, faithfully yours,

FRANK THORPE PORTER, F.R.C.S.I.

15 Upper Merrion Street.

[Our correspondent is probably aware that the only credentials of a candidate for an Irish dental diploma are the recommendations of two medical practitioners (Heaven knows easily obtained) and two "dentists of repute," whatever that rustic phrase may mean. As a matter of fact, we know from the minutes of the General Medical Council that one Dental Licentiate of the Irish College was expelled as an obscene quack, who had had no difficulty in producing these evidences of respectability, and—considering that no college can possibly have any knowledge whatever of the "repute" of the recommending dentists—we may be excused from believing that these tests of decency are altogether illusory. As regards the examinations, we have nothing to say. They are possibly as good as any such examinations are likely to be under the circumstances, but our correspondent himself admits that they are faulty, and no one will suggest that they are of themselves, and without curriculum, a sufficient test of knowledge. It is notorious that they are not, and that a host of persons who can neither spell, read, write nor practise dentistry, are admitted Licentiates in Dental Surgery under them.]

The *Medical Press* is, and has always been, adverse to requiring a surgical degree for the practice of dentistry. For it would be as reasonable to require an engine-driver to take a degree in mechanism and experimental science. Registered dentists—not to say Licentiates in Dental Surgery—ought to know as much dentistry as will prevent them killing or mutilating unsuspecting patients, and practising in the domain of surgery which is comprehended under the name. We ask no more, but we insist that neither colleges, courts of examiners, nor "grinders" should be allowed to make money by the traffic we have denounced. The dental surgeons are evidently weak-kneed, but the question is one affecting the surgical profession, and we must therefore continue to protest.]

THE DUBLIN CORPORATION AND THE CONVALESCENT HOME.

In reference to the abandonment of the projected Convalescent Home for Infectious Diseases in Dublin, an editorial note recently appeared in these columns in which it was pointed out that the movement had failed by reason of the little encouragement given to it by the Dublin Corporation. In the article in question we expressed our surprise that, though the Corporation could find plenty of money as a subvention to enable persons of insignificant commercial position to take the Lord Mayoralty, it could not provide funds to establish for the sick poor of Dublin a refuge on their dismissal from the Fever Hospital.

Respecting the comments of the *Medical Press*, the Lord Mayor wrote a letter to the *Freeman's Journal*, which we have thought it necessary to answer by the letter which follows his Lordship's below.

From the LORD MAYOR to the EDITOR.

SIR,—In your issue of the 11th inst. there is an article entitled "The Convalescent Home for Infectious Diseases in Dublin." After quoting the resolution of December, 1881, recommending the handing-over the funds collected to the Cork Street Hospital, you make the following remarks:—

"But the Dublin Corporation saw no chance of a possible row likely to arise out of such a movement, and did not anticipate that a convalescent home would afford much opportunity for family jobs, so it received the proposal coldly."

And further on you say—

"But it would not trouble itself with the spread of infectious diseases in the city, except, indeed, so far as to compel the doctors to do the work for nothing."

And finally you say—

"We regret the failure of the attempt to establish the home, but we think the promoters must have known little about the Corporation when they undertook the hopeless task of interesting them in the sick poor."

These statements are full of misrepresentations and utterly devoid of truth. Instead of receiving the proposal coldly, the proposal was made by the Corporation. The history of the question is this:—After the small-pox epidemic in January, 1879, on consideration of a letter from Mr. E. D. Gray, M.P., Chairman of the Public Health Committee, the Municipal Council on January 27th adopted the following resolution:—"That the letter be referred to the Public Health Committee, with an intimation that this Corporation would be disposed to consider in a liberal spirit any proposal that it should aid in the establishment of a convalescent home for the use of patients recovering from infectious diseases." The Council advised conference with the heads of hospitals. Several conferences were held. On February 22nd a public meeting was held at the Mansion House under the presidency of the Lord Mayor. At that meeting the principal resolutions were proposed and subscriptions given by members of the Corporation.

In July, 1880, to further encourage the project, I proposed, and Alderman Harris supported, the following resolution, unanimously adopted:—"That this Council is willing to support liberally by capitation grant or otherwise the maintenance of a convalescent home, provided the Corporation be adequately represented on the governing board."

The Mansion House Committee, largely composed of members of the Corporation, continued their labours. £4,000 were required. We could not get £1,000.

The two learned professions of medicine and law did not give £100 between them. Great doctors put down their names on committee, but gave no money. Persons of great station subscribed, but never paid a penny. The minutes are before me, and the lists of the unpaid on my desk. And thus, not from any failure on the part of the Corporation, who originated and were prepared to sustain the movement, the matter fell through owing to the absolute neglect of the great professional and wealthy classes in Dublin. So far for the complete falseness of your charge of indifference.

As to the statement about family jobs. There is not at this moment one person holding any corporate situation in any way connected with members of the body. Our medical officer—the best paid of all—is wholly distinct in family from all, and in religion and politics from the majority of the Corporation. I am acquainted with great towns in England, where, to my knowledge, highly paid officials are near relatives of the members of the Council. With regard to your last libel on the Corporation, it is more false than any. You accuse them of want of interest in hospitals. The writer of your article, if, as I suspect, he be a person resident in Dublin, knew when he penned this statement that the Corporation pays £4,000 a year towards the hospitals; and he knows that the fashionable township whose poor they accommodate don't subscribe one shilling towards them.

Therefore, Sir, all your statements are untrue, and I have to request the insertion of this letter in the paper which was so rash as to publish them.

I have the honour, Sir, to remain,

Your obedient servant,
CHARLES DAWSON, M.P.,
Lord Mayor of Dublin.

Mansion House, Dublin,
Jan. 16th, 1882.

The EDITOR to the LORD MAYOR.

SIR,—I learn from the return to me of a printed slip, which had been sent to our London office a week ago, that the Lord Mayor has addressed to you a letter in which he takes exception to some remarks in the *Medical Press* as to the attitude of the Corporation towards the Convalescent Home for Infectious Diseases, projected some time ago by certain philanthropic citizens, and since abandoned for lack of support.

I should not consider it necessary to reply to this letter but that his lordship thinks it not unbecoming to assail the professions of medicine and law resident in Dublin of acts amounting to dishonesty, and I, therefore, feel bound to show the citizens that there is no ground for his aspersions, and that the abandonment of the effort to establish the

"Home" was the work of the Corporation alone. I need hardly repeat the arguments used by the promoters of the movement to enforce upon the Public Health Committee the necessity for establishing such an institution. It will be sufficient to say that it was fully proved that infectious disease were habitually spread throughout Dublin by the patients who left hospital saturated with fever poison and returned to their homes because no other refuge for them existed. Now, Sir, under the 155th section of the Public Health Act, the Corporation had for years full power to "provide for the use of the inhabitants of the district hospitals, or temporary places, for the reception of the sick or convalescent;" but up to the time when private persons took up the subject, these powers and the urgent necessity for providing a home were entirely forgotten by Mr. Dawson, then a member of the Public Health Committee, and now Lord Mayor. In the end of January, 1879, the Corporation—who now seek to have credit for the movement—were stirred up by Drs. J. W. Moore and Duffey, and certain other physicians and philanthropists, whose ministrations among the poor had shown them the necessity for such a convalescent home, and a conference was held at the City Hall, at which these gentlemen were made to understand that the Corporation would certainly not undertake either to organise or pay for such an institution, but would grant its august approval, and a small subsidy in case the citizens chose to do all the work and pay most of the cost. This generous policy was further developed at a subsequent public meeting at the Mansion House, when the then Lord Mayor warned the meeting "not to be carried away by the feeling that there was any certainty of the Corporation granting any help to the movement." I need not dwell on the subsequent progress of the movement; it is sufficient to say that it languished and died. The citizens at large felt that it was not their business to do voluntarily and at their private expense the work which the Corporation was authorised to do by Act of Parliament, and was morally bound to do for the benefit of the citizens, and they therefore withheld their subscriptions. Those of the medical and legal professions, whom the Lord Mayor stigmatises as having acted dishonourably in not paying their promised contributions, very naturally kept their money in their pockets when they found that the purpose for which they offered it was—owing to the indifference displayed by the Corporation—impossible of attainment. They were, and are, I assert, still ready to pay towards a Convalescent Home, and I venture—with all the respect due to his lordship's office—to fling back the unjustifiable insult he has put upon the members of my profession in his letter to you.

Now that the Lord Mayor has learned that the Town Council has full power to provide a home—now that my brother-physicians have taught him the vital necessity for such an institution—now that he must be aware (from a recent vote of the Council) that there is plenty of money in the city chest for such purpose as he considers worthy—I invite him to distinguish his mayoralty by the establishment of the Convalescent Home, of which, he says, the Corporation "originated" the idea.

The paltry grants to hospitals of which his lordship makes so much use, in my opinion, no discharge in full of the duty of the Corporation to the sick poor of Dublin. Let that body perform the duty which Parliament imposed upon it, and which the citizens have for years importuned it to discharge, and the Lord Mayor will find that he will no longer have occasion to defend himself in the newspapers by seeking to shift the responsibility of the Town Council to the shoulders of the citizens.

THE EDITOR OF THE "MEDICAL PRESS."

Medico-Legal Intelligence.

THE MEDICAL EVIDENCE AT THE TRIAL OF DR. ABRATH, OF SUNDERLAND.

We have expressed our opinion upon this now notorious case in another column, and content ourselves here with a brief résumé of the medical evidence, with a word on its teaching.

No more serious charge could be brought against a medical man than that of which Dr. Abrath was accused. He was charged with attempting to defraud a railway company by inducing his patient, Michael McMann, to simulate disease and

to fabricate symptoms of injury and its consequences. To complete this fraud Dr. Abrath's turpitude was supposed to be so base that he actually was alleged to have starved his patient, inflicted injuries on him, and ill-treated him in various ways, so that McMann suffered more from the cruelty of his medical attendant than from the accident for which he claimed damages, the motive power of this diabolical fraud presumably being pecuniary gain. McMann was brought to the court on an ambulance. As to his actual condition there could not be much difference of opinion, and we believe it was admitted that he was now suffering from partial paralysis, and that he never would be restored to health. Here is the medical evidence for the defence.

Mr. John Potts, M.R.C.S., Sunderland, said he was an Alderman, Justice of the Peace, and had been Mayor of Sunderland. He attended McMann at Dr. Abrath's request, on September 19, 1880. He was quite free in the case, and was in attendance five days. On examining McMann's back he found a small abrasion, and the patient complained of pain. The abrasion was like a scrub. From its appearance it could not have been caused by a lancet or strong irritants a day or two before he saw it. From what he was told of the accident he thought the body of McMann, coming in contact with the floor of the carriage, might have been abraded. He thought its appearance consistent with the account of the accident. Carbolic ointment was applied. Witness went at different times and found no signs of any secrecy. He came to the conclusion that the man was suffering from partial paralysis in the extremities, which was caused by injury to the spine. From first to last he never had any knowledge of cutting or carving, or of irritants.

Mr. Francis, M.R.C.S., Sunderland, thirty years Surgeon to the Sunderland Police Force, said Dr. Abrath and witness applied the electric test in the presence of Dr. Heath and Dr. Phillipson, of Newcastle, on October 8. On applying the electricity to the right thigh there was a slight contraction of the muscle. When it was applied to the left thigh McMann could hardly bear it, and witness came to the conclusion there was partial paralysis. The electric test was properly applied, and subsequent tests confirmed his opinion. He never saw any attempt at concealment. He called a great many times, but never saw any signs of the man having been drinking. He did not think McMann would ever recover.

Dr. Ridley Dale, Sunderland, gave evidence respecting the application of the electric test.

Mr. Jabez Hogg, London, said McMann was undoubtedly suffering from paralysis in both legs. The objective and subjective symptoms were perfectly consistent.

In cross-examination of Mr. Hogg, the counsel for the prosecution, Mr. Seymour, threw out an imputation against that witness, for which he subsequently expressed regret, and apologised.

His lordship, Justice Mathew, made an observation on this imputation painfully true. "These are the imputations," he said, "that doctors are prepared to say of each other when one of their body is in the box. Suggestions of this kind are made over and over again. It is too bad." (Applause in court.)

These few well-timed words of the learned judge contain the whole gist of this case. Fortunately for the gentleman attacked (Mr. Jabez Hogg), he has been too many years before the profession for his conduct to be called into question, but a similar innuendo might have ruined a young man. Medical men are too ready to impute unworthy motives to their *confidés*, to stand in opposition and pronounce judgment on the opinions of competitors, to become partisans, and take sides in courts of justice; and this unfortunate state of things brings discredit upon the whole profession.

The North-Eastern Railway Company, with all the advantages of capital and influence, were able to secure the services of certain medical men who were prepared to take an oath and contra-lic the evidence on the side of Dr. Abrath. These witnesses would have us believe not only that Dr. Abrath was practising fraud, but that the medical men who were attending the case with him were so incompetent as not to be able to detect this fraud, and thus supported him through ignorance. The jury very justly did not attach the slightest value to the medical evidence given on behalf of the Railway Company. They estimated it at its true worth.

We do not envy the feelings of those professional men now that the verdict has been pronounced. This case would never have been brought into court had not medical men of this class been obtainable. We now come to the first lesson to be derived from the Abrath trial.

1st. We trust that it may lead to some alteration in our method of dealing with medical evidence in civil or criminal cases. We have for years advocated the appointment of medical experts, who shall be nominated by the judicial courts, and remunerated in proportion to the work they perform. They will act as medical assessors. Thus a great opprobrium will be removed.

2nd. Until this change in the law is introduced, we would urge upon medical men the injury they are doing their profession by taking sides in criminal or civil trials.

The great question for Dr. Abrath is, what compensation will

he receive for what he has undergone? Will it satisfy him that a jury of his adopted fellow-countrymen have pronounced a certain number of stereotyped words, that his fellow-townsmen gave him an ovation, and that the court rung with applause when he was acquitted? It would require a large pecuniary *solatium* to pay him for the mental anxiety and the indignities he has undergone.

Obituary.

SIR ROBERT CHRISTISON, BART., M.D.,
LL.D. Edin., F.R.S.E., D.C.L., &c.

THE demise of Sir Robert Christison, Bart., took place on Friday, 27th Jan., at his residence in Moray Place.

The son of Mr. Alexander Christison, for many years Professor of Humanity in Edinburgh University, the late Baronet was born on the 18th July, 1797. He was one of twins, the other being Alexander Christison, who, from 1821 till his death in 1874, was parish minister at Foulden, Berwickshire. Their mother was Margaret, daughter of Mr. Robert Johnston, of Edinburgh. Robert Christison was sent first to the High School, and subsequently attended the Arts classes of Edinburgh University, ultimately turning his attention to medicine. After graduating as Doctor of Medicine in 1819, he betook himself to the schools of London and Paris. In the latter city he became a pupil of Robiquet, the eminent chemist and *pharmacien*, in whose laboratory he worked assiduously. Here, too, he prosecuted, under the celebrated Orfila, that study of toxicology to which he had all along shown a special bent, and in which he was destined to achieve so important results. Shortly after his return to Edinburgh, in 1822, he was appointed to the University Chair of Medical Jurisprudence, in succession to Dr. Alison. This post he occupied till 1832, when he relinquished it to assume the Chair of *Materia Medica*, rendered vacant by the death of Dr. A. Duncan.

The subject of Medical Jurisprudence, when Dr. Christison entered on the teaching of it, had by no means assumed its present importance. It is a significant fact that the class, as he found it, consisted of little more than half-a-dozen students; and no less so that, after ten years' occupancy of the Chair, he left ninety pupils to his successor. Very important in this connection was the publication in 1829, of his "Treatise on Poisons," which was received at the time by physicians, jurists, and men of science generally, as the most philosophical exposition of the subject that had ever appeared, and is even now regarded as a work of great value. From his position as Professor of Medical Jurisprudence, Dr. Christison was naturally called upon to act as an expert in criminal trials; and it was not long before his appearances in that capacity secured for him the reputation of a highly-important witness. First engaged on the trial of Burke and Hare, he has since appeared in numerous *causes celebres*, both in England and Scotland, more especially such as involved the charge of poisoning; while in civil actions raising chemical questions, his services have also been in great request. As a witness, he was remarkable for a lucid precision of statement, which left no shadow of doubt in the mind of court, counsel, or jury as to his views, as was notably illustrated in the Palmer trial.

In exchanging the Chair of Medical Jurisprudence for that of *Materia Medica*, Dr. Christison was confirmed in that line of chemical research for which he had all along shown special predilection. The well known case of the Calabar bean, in which an experiment on his own person was only prevented from proving fatal by timely swallowing of his shaving water was a significant indication of the thorough-going spirit in which all his researches were pursued. Besides the treatise on Poisons to which reference has been made, he wrote the article "Poison" for the seventh edition of the "Encyclopædia Britannica," and the article "Orfila" for the eighth edition; not to speak of numerous papers, elsewhere published, on poisoning with arsenic, opium, and other drugs. As a *pharmacien*, he rendered valuable service in connection with the last edition of the "Edinburgh Pharmacopœia," merged since 1864, like those of London and Dublin, in the "Pharmacopœia Britannica," prepared under the auspices of the General Medical Council; and in his "Dispensatory," published in 1842, he presented a commentary on the then existing Pharmacopœias, characterized, like his book on Poisons, by precision in details, and

by the concise, yet happy expression of suggestive generalisations. Among other results of his experience, he gave to the world in 1838 a work on "Granular Degeneration of the Kidneys," which is still regarded as the leading authority on that subject. Another form of disease to which he devoted special attention was that of fever, in its numerous and perplexing varieties.

In the professorial chair, Dr. Christison proved a singularly lucid and instructive lecturer. As a member of the *Senatus Academicus*, and Assessor for that body in the University Court—an office to which he was elected five times in succession—Professor Christison took an active and prominent part in the management of College affairs. Among the questions agitated of late years, in regard to which he vigorously asserted himself, was that of the medical education of women. In him Miss Jex-Blake and her much-enduring sisterhood found an unflinching opponent, who, in University Court and Infirmary Corporation, lost no opportunity of resisting what he regarded as questionable innovations.

An ardent lover of all manly exercises, Dr. Christison was himself noted, in his youth, as the most accomplished athlete in the University. He handled the gloves with remarkable dexterity, was fond of quiting, showed astonishing endurance as a walker, and could run, even uphill, with the nimbleness of a mountain deer. A story is told of his having, on one occasion, accomplished the rarely equalled feat of running from the College gate to the top of Arthur Seat within twenty-five minutes. In after years, athleticism would often form part of the diversions with which the Professor and his friends relieved the cares of professional life. A favourite haunt with the brotherhood was Mr. Syme's house at Millbank; and, in the course of high jinks on the lawn there, Dr. Christison might be seen pitted to run 100 yards, with another man on his back, against Dr. MacLagan, doing double the distance unencumbered, and winning, too, by an inch and a-half in such apparently hopeless a contest. Even as an octogenarian, the vivacious Professor continued to be remarked for the almost jaunty elasticity of his step; and four years have hardly elapsed since, in pursuance of experiments as to the sustaining virtues of the coca leaf, he walked twice to the top of Ben Vorlich.

In 1857, Dr. Christison was nominated by the Crown to represent the profession in Scotland at the General Medical Council. His seat at that Board he retained till 1873. After having for many years held the honorary office of a Physician in Ordinary to the Queen for Scotland in 1871, he was created a baronet of the United Kingdom, a distinction which was conferred on the recommendation of the then Prime Minister, Mr. Gladstone. Sir R. Christison was in politics a Tory of the Tories. Dogmatic and positive in his opinions, he was inclined to lay down the law in a way that might not always be quite agreeable. To absolute strangers, and more especially to people who might assume, in however slight a degree, the air of patronising the University or the medical profession, his manner was apt to be cold and distant. Such indeed, to a certain extent, was his general bearing towards those he was not in some way or other associated with. On the other hand, friends who had the good fortune to know him intimately found in his nature a fund of geniality such as the casual observer could never have dreamt of. Warmth of heart, and simple, unaffected kindness would seem to have been distinguishing qualities of his private and social demeanour. But no less marked, in private as well as in public, was the contempt with which he treated whatever struck him as paltry or dishonourable. Anything that jarred upon gentlemanly feeling excited in him a repugnance he was by no means slow to express. Thoroughly self-reliant, and conscious at once of his own ability and his loyalty to the profession, he was entirely free from any shade of jealousy in regard to the success of other men; and closely as he identified himself with the University, he was always ready to show sympathy with professional brethren outside, if only he were satisfied that they were doing their work conscientiously and well.

Sir Robert Christison was married in 1827 to Henrietta Sophia, daughter of Mr. David Brown, of Greenknowe, Stirlingshire. Mrs. Christison died in 1849; but there survive three sons, of whom Alexander, the eldest, born in 1828, who inherits the title, was educated at the Edinburgh Academy and High School, and after serving in various capacities, is now Deputy Surgeon-General of the Bengal Army; the second, David, born 1830, has also followed the medical profession; and the youngest, John, born 1832, is a Writer to the Signet, and Secretary to the Edinburgh University Court.

NOTICES TO CORRESPONDENTS.

AGRIOLA asks for information as to the expenses attending the management of, and mode of conducting, cottage hospitals. Can any of our readers comply with the request?

M. J. D.—It is against our rules to prescribe in these columns. In your case, especially, it would be impossible, as the swelling may proceed from a variety of causes, unascertainable except by personal examination.

DR. BUCHANAN.—We hope to find room for the correspondence in our next.

SMOKE AND FOG EXHIBITION.—The concluding portion of our reports on this Exhibition is unavoidably held over for want of space.

MR. SHOTTON will find an admirable description of the syphilitic liver in Dr. H. Thompson's "Clinical Lectures and Commentaries," published through Messrs. J. & A. Churchill in 1880, pp. 117 *et seq.*

W. A. B.—The question is rather one to be decided by a legal authority. As a registered medical practitioner, you have the right of suing for payment of the account in a county court, but if a more private arrangement is possible you will be wise to effect it.

MR. EDGEBATH.—(1) "Nature's Hygiene," by Mr. C. T. Kingzett. (2) Through any publisher or bookseller. (3) Any duly qualified and registered medical man. (4) Either the "Medical Directory" or the Medical Registrar, the last being the official list.

ARISTARCHUS.—The matter has been discussed times without number, and now, as ever, no satisfactory solution of the problem can be quoted. Doubtless it would well repay labour bestowed upon it, but we must warn you against repeating former errors made in connection with it. No one can successfully investigate the question who is not both a careful observer and a skilled comparative anatomist. We shall be very glad to see the result of your inquiry if you elect to pursue it.

DR. DONALDSON.—The licence should be granted in accordance with certain specified conditions, the chief of which is that an expert committee recommends it to be issued to the candidate. In recent cases the advice of this committee has not been invariably followed. Your best plan, assuming that the question of expense does not influence you, is to prosecute the inquiry abroad, where ample facilities abound.

R. E. B.—Your teacher's advice is most excellent; you will be most unwise to reject it.

MR. WISEMAN.—The volumes are four in number, and the price of each is half-a-guinea. They may be obtained separately. The first is that which contains the papers on *materia medica*.

CURIOSITAS.—There is such a book, but we cannot recommend it.

PUBERTY.—The age is no exact one; it varies with the nationality and with the temperament. In warmer countries it occurs at an earlier date than in colder climes.

MR. W. B.—Thanks; scraps of interesting news are always acceptable.

L.R.C.S.—Thanks for drawing our attention to the article, which we had not previously seen; we shall not fail to make use of the information when the proper time arrives.

THE SUPERANNUATION DEPUTATION.—The names of Dr. Pollock, Chairman of Council of the Irish Medical Association, and Dr. Tagert, were inadvertently omitted from the list of those present at the recent deputation to the Chief Secretary for Ireland reported by us last week.

EDITOR OF THE "CHEMISTS' JOURNAL."—Regret we cannot further increase our Exchange List; it is already too large.

DR. J. H. A.—Write to the Secretary for a copy of the "Rules and Regulations" relating to the post.

FEES FROM MEDICAL MEN.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Is it usual for medical men in this town to take fees from medical practitioners? I went to consult a gentleman of standing in Street. He took his fee, which rather surprised me, having always known it to be returned. He was aware that I was a medical man.

Dublin, Jan. 27th, 1882.

Yours, &c.,
L.R.C.S.E.

[It certainly is not usual in Ireland to accept a fee from a medical brother, and we doubt that it is etiquette to offer one. Retired practitioners of independent means might, perhaps, offer a fee, which, under the circumstances, might be accepted; but the cases are very exceptional in which a medical man is paid for advice given to a member of his own profession.—ED.]

THE SUPPLY OF VACCINE LYMPH.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I shall feel extremely obliged if you will inform me how, and where, I can obtain some vaccine lymph taken from the heifer direct. I have patients desiring to be vaccinated with it if it is obtainable. Pray excuse this trouble, as I do not know any one else to whom to apply for the information.

Yours very truly,

Loughgal Dispensary, Jan. 28th.

W. W. LEEPER, M.D.

[*.* Our correspondent can obtain fresh calf-lymph on application to Dr. Renner, 228 Marylebone Road, London, W. Terms will be found on reference to our advertisement column.—ED.]

MEETINGS OF THE SOCIETIES.

PHARMACEUTICAL SOCIETY OF LONDON.—This (Wednesday) evening the following papers will be read—"Iodine-yielding Algae: a Proposal for their direct Use in Pharmacy," by James Wheeler.—"Does Cod-liver Oil contain 95 per cent. of Iodine as stated in

Gardol's 'Materia Medica,' by M. Mitchell Bird, F.C.S.—Mr. G. W. Parker, also, will call attention to an interesting collection which he has made of native medicines, &c., from the interior of the island of Madagascar, and Mr. J. G. Baker, of the Royal Gardens, Kew, who has recently been engaged in working out the flora of Madagascar, is expected to be present.

HARVEIAN SOCIETY.—Thursday, Feb. 2nd, at 8.30 p.m., Mr. Osman Vincent, "On Cases of Contraction of the Knee and other Joints,"—Dr. Day, "On Headaches in Children."

ABERNETHIAN SOCIETY (St. Bartholomew's Hospital).—Thursday, Feb. 2nd at 8 p.m., Dr. Percy Kidd will introduce the Medical Discussion on Hemoptysis.

ROYAL INSTITUTION.—Friday, Feb. 3rd, at 8 p.m., Professor Tyndall "On the Action of Molecules, Free and Constrained, on Radian Heat."

ROYAL INSTITUTION.—Monday, Feb. 6th, at 5 p.m., General Monthly Meeting.

ROYAL INSTITUTION.—Tuesday, Feb. 7th, at 3 p.m., Prof. John G. McKendrick, "On the Mechanism of the Senses."

Vacancies.

Belmullet Union, Binghamstown Dispensary.—Medical Officer. Salary, £100, and £10 as Medical Officer of Health. Election, Feb. 2.

Bridport.—Medical Officer of Health for the Borough of Bridport. Salary, £40 per annum. Applications to the Town Clerk not later than Feb. 4.

Bristol General Hospital.—Physician's Assistant. Salary, £50, with board. Applications to be addressed to the Secretary on or before Feb. 18.

General Hospital and Dispensary for Sick Children, Manchester.—Physician. Salary, £300 per annum. Applications to be addressed to the Chairman of the Medical Board on or before Feb. 8.

Glennamaddy Union, Williamstown Dispensary.—Medical Officer. Salary, £120, and £25 as Medical Officer of Health. Election, Feb. 17.

Liverpool Eye and Ear Infirmary.—House Surgeon. Salary, £80, with board. Application to the Hon. Sec. not later than Feb. 10.

Rotherham Hospital.—Resident House Surgeon. Salary, £100, with board. Applications must be sent to the Hon. Sec. on or before Feb. 28.

St. Bartholomew's Hospital, Chatham.—Assistant House Surgeon. Salary, £80, with board. Endorsed applications to the Clerk to the Trustees at the Hospital.

St. Mark's Ophthalmic Hospital, Dublin.—House Surgeon. Salary, 50 guineas, with partial board. Applications to the Registrar before Feb. 18. (See Advt.)

Appointments.

JACKSON, THOMAS, L.R.C.S.E., Assistant Medical Officer to the County Lunatic Asylum, Snenont, Nottingham.

KENNA, DENIS P., L.R.C.S.I., Demonstrator of Anatomy at the Ledwich School of Medicine, Peter Street, Dublin.

LOUGH, J. J., M.B. &c., Medical Officer to the City and East London Dispensary.

LOUGHER, R., L.R.C.P.Ed., L.F.P.S.Glas., Medical Officer for the Roath District of the Cardiff Union.

MORRIS, W. W., M.B., L.R.C.P.Lond., Medical Officer to the Eastern District of the Bingham Union.

SYMES, E. W., M.D. Edin., M.R.C.S., Surgeon to the Halifax Infirmary and Dispensary.

TREHARNE, J. L., M.R.C.S., Medical Officer for the Spotlands District of the Cardiff Union.

LENTAIGNE, J., Assistant Surgeon to the Richmond Hospital, Dublin.

Births.

FINNY.—Jan. 27, at 19 Lower Baggot Street, Dublin, the wife of J. Magee Finny, of a daughter.

Marriages.

FRANKLYN—HALL.—Jan. 28, at Millbrook Parish Church, Edward J. Franklyn, M.D., Deputy Surgeon-General, Army Med. Department, to Matilda, second daughter of the late Colonel Hall, Grenadier Guards.

Deaths.

CHRISTISON.—Jan. 27, at 40 Moray Place, Edinburgh, Sir Robert Christison, Bart., M.D., D.C.S., Physician-in-Ordinary to Her Majesty in Scotland, in his 85th year.

JEFFERY.—Jan. 19, at Pierpoint Street, Worcester, of bronchitis, John Dacie Jeffery, surgeon, aged 71.

MACILWAIN.—Jan. 22, at his residence, Matching, Harlow, Essex, George Macilwain, F.R.C.S., aged 85.

NICHOLL.—Jan. 18, at Wisbeach, David Charles Nicholl, M.R.C.S., aged 35.

OWEN.—Jan. 26, at 90 Lockyer Street, Plymouth, Thomas E. Owen, M.R.C.S. Eng., L.M. Dub., aged 46.

STARR.—Jan. 20, at Richmond, Surrey, Thomas Henry Starr, M.D. Ed., in his 72nd year.

SUTCLIFFE.—Jan. 12 (at the residence of his brother-in-law), John Sutcliffe, L.R.C.P.Lond., M.R.C.S., &c., of Deunark Hill, S.E., aged 33.

THORP.—Jan. 20, at Maldon, John Thorp, M.R.C.S., aged 79.

TOOGOOD.—Jan. 17, at Ashbourne, William Toogood, F.R.C.S.L., aged 62.

TWIGG.—Jan. 17, at his residence, near Clogher, co. Tyrone, Richard Stuart Twigg, M.D., F.R.C.S.I., in his 86th year.

WAUGH.—Jan. 20, at Stewartstown, Thomas Waugh, M.D., aged 65.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 8, 1882.

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Original Communications.

RECENT RESEARCHES INTO THE THEORY OF THE LIVING CONTAGIUM, AND THEIR APPLICATION TO THE PREVENTION OF CERTAIN DISEASES IN ANIMALS. (a)

By J. L. W. THUDICHUM, M.D., F.R.C.P., Lond., &c.
(Concluded from page 89.)

CHOLERA OF FOWLS.—There is a disease of fowls, called in France "cholera of chickens," from which many die, when once it has got access to a fowl-yard. The animals affected become torpid, are entranced with somnolence, and die without moving from the spot, the head, as in sleep, under the wing. This disease, too, is caused by a microscopic organism, first suspected by Moritz, a veterinarian of Upper Alsatia, figured by Peroncito, a veterinarian of Turin, and cultivated by Toussaint, a veterinarian of Toulouse, in the manner in which Koch had cultivated the bacterium of splenic fever and with the same success. This organism was now studied by Pasteur, and he found that while it thrived well in chicken broth neutralised by soda, it refused to live in decoctions of yeast such as would support the splenic fever bacteria, and enable them to multiply. The chicken cholera microbion killed chickens rapidly after inoculation; it did not kill guinea-pigs, but merely made them ill for a time, by producing a small abscess. The contents of the abscess always contained the microbion, which, when re-inoculated to chickens, killed them rapidly. Chickens which merely ate some of the pus from the abscess of the guinea-pig, died rapidly, and the fæces which they voided during the short sickness swarmed with the microbia. The microbia were easily destroyed by a little diluted sulphuric acid, but they retained all their virulence after cultivation in neutralised chicken broth; and this virulence was so great, that if the point of a needle was dipped into a cultivation solution in which the microbion was growing, and was then

plunged into the tissue of a fowl, the latter died—mostly in twenty-four hours. Of twenty fowls thus treated, all twenty died in two or three days—most commonly in fifty-four hours. Pasteur now found that by certain changes in the mode of cultivation of these microbia (changes which will be alluded to lower down), the infecting energy, or as we perhaps better express it, the metabolic virulence, could be greatly diminished. The modified microbion would make twenty chickens specifically ill, but kill only few or none. And these twenty or eighteen chickens, after recovery from the modified disease, would be protected from the influence of a renewed introduction of the same contagium, as well as of the first always fatal form of the disease. Pasteur had, therefore, repeated upon fowls the old experience of protection by inoculation with a modified specific contagium. Inoculation with small-pox was based upon the recognition of the existence of such modified, or mild small-pox. Cow-pox, which was supposed to be a contagious disease peculiar to the cow, and to act vicariously, in protecting men from small-pox, was supposed by some to be modified small-pox only. And this view was sufficiently strong with some—as with Badcock, of Brighton, Ceely, of Aylesbury, and Green, of Birmingham—to induce them to inoculate cows with small-pox, and to use the (modified) contagion thus produced for the protective inoculation of men, commonly termed vaccination. Much of the so-called "vaccine" lymph now used in England is actually small-pox lymph modified by one passage through the heifer, and many passages through human beings. But in the case of small-pox and vaccine, it has not yet been shown that the virus is a living being, whereas in the case of the virus of the fowl-cholera, the "mitification," if I may be allowed the term, was effected after the living nature of the contagium had been ascertained.

When the microbion in its virulent state is inoculated in the great pectoral muscle (the breast of the fowl), it multiplies there, and destroys much muscular tissue. But at last it becomes confined in a cavity with pus, and with the piece of muscle destroyed, continues in it as a sequestrum. Here the general disease ends; but the

(a) Read before the Chemical and Physics Section of the Society of Arts, Jan. 26, 1882.

microbion remains living and capable of propagation in new individuals. The abscess may be emptied out and will heal with the necessary contraction by loss of substance. Now the pectoral muscle is protected from the effects of any similar inoculation; it has acquired a special immunity, in which, if I understand M. Pasteur right, the rest of the body of the fowl does not share. The immunity of the entire fowl is only obtained by protective inoculation with the modified, not with the original, so to say, wild poison. Pasteur supposes that this immunity of the muscle was, in fact, an incapacity to nourish the microbion, caused by the suppression (or removal in the shape of pabulum) of some principle or matter which life does not restore, and without which the microbion cannot be developed. This local immunity is part of the question of the immunity of entire organisms. From this immunity, says Mr. Simon, the inference seems unavoidable, that each contagium operates with a chemical distinctiveness of elective affinity on some special ingredient or ingredients of the body; and that exhausting this particular material in febrile process, which necessarily ends when the exhaustion is complete, is the bodily change which the contagium specifically performs.

However that may be, it is certain that, at this point, the investigation of the effects of living contagia must be taken up by the pathological chemist. For the phenomena indicate various chemical changes, not only of parts of the body, but also of matter emanating probably from the microbia themselves. For when, e.g., the microbia of the fowl cholera are cultivated in a proper previously sterilised solution, and when this solution is now filtered so as not to contain any microbia, and when this solution, free from microbia, and which cannot therefore produce any disease like fowl cholera by inoculation, is injected into the subcutaneous tissue of a fowl, the animal shows some nervous disorder, and some yawning-like motion of the beak; it then becomes somnolent as in the fowl cholera itself, but after about four hours recovers as from a dose of narcotic poison. The microbion, therefore, produces a narcotic poison during its life, which acts upon the nervous centres. The disease, as a whole, consists therefore of lesions of different orders; one caused by the microbion, its obstruction of lymph—and blood—vessels, its abstraction of oxygen from the blood—corpuscles and other effects; the other order being chemical effects of a truly poisonous kind, caused by substances new to the economy, and excreted by the microbion, or left as residues of decomposition which it engenders.

But I must not discuss at too great length a disease which has probably little practical importance in this country. The fowl-yard has its diseases, and diphtheria is one of them. Young pigeons die frequently of the same disease. It would be well if all could be protected or cured. We, for our part, must pass to perhaps the greatest result of Pasteur's studies, namely, the protection of cattle—oxen, cows, and sheep—by protective inoculation, with a modified bacterium of splenic fever or anthrax, against the true and hitherto frequently fatal disease, splenic fever. Chauveau, of Lyons, while experimenting with splenic fever contagium on sheep, which he had bought in the open market at Lyons, had found that nine sheep in succession were proof against it. On inquiry, he learned that these sheep had been imported from Algiers. He then imported seven sheep from Algiers directly (Constantine), and inoculated them with splenic fever contagium of a virulent kind. A test-sheep, from Dauphinée, was also inoculated. The latter died within three days, while the seven Africans showed no splenic fever symptom, except a slightly raised temperature. Five of the Algerian sheep were inoculated twice more, with test animals by the side of them; amongst the latter being Tuscan sheep and lambs, Piedmontese sheep, and a rabbit. All the latter died, while the Africans exhibited a perfect immunity. Chauveau now went to Algiers, and experimented further;

out of 47 sheep inoculated, only 8 took the disease and died; 39 resisted to all repeated inoculation. Thus it was proved, for the first time, that any sheep could resist the splenic fever poison, which, with European sheep, had been always fatal.

THE CONTAGIUM OF SPLENIC FEVER.—Pasteur now investigated, with the aid of the French Government, the manner in which animals might become infected with splenic fever. When sheep were made to eat clover (*lucerne*), on which bacteria, reared from splenic fever contagium, had been poured, several died, but after a period of incubation, extending sometimes to eight and ten days, while the greater number escaped infection. It was, therefore, probable that many of the infections occurring in France, and which amount to three per cent. of all the flocks annually, were caused by bacteria, accidentally on the ground and on food, and swallowed by the animals with their food while pasturing. This surmise was proved, experimentally, to be probable. When animals, dead from splenic fever, were buried in arable or pasture-land, and healthy animals were allowed to pasture over the graves, the latter became infected with splenic fever. It was now shown that, when the splenic fever contagium is in the filiform stage, it perishes with the putrefying body, as it cannot live without air; but when it is in the stage of spores, or germ-corpuscles, it is not affected by the want of air, and survives. Such spores are found in and above the burying-places of animals dead from splenic fever ten and fourteen months after burial, and are capable of causing the disease in new animals. Even above animals buried two metres deep, these spores were present two years later. These germs are carried to the surface by earth worms, in whose interior they are also found. The little cylinders of earth, deposited by worms as faeces, contain the germs of the splenic fever contagium; and the rain, when disintegrating these little heaps of cylinders, spreads the germs about, causes them to adhere to adjacent vegetables, and to be carried into water courses or ditches.

Pasteur now proposed prophylactic burial of all animals which might die from splenic fever, and believes that with these measures alone the disease could be stamped out in a few years. (It had been stamped out on German farms in Saxony, an experience which is related in a letter from the Saxon Minister to the French Court in 1865.) Meanwhile, Toussaint made experiments concerning the inoculation of cattle with a mild splenic fever contagium, for the purpose of protecting them in the same manner as men are protected from virulent small-pox by inoculation with a mild form. These experiments succeeded partially; some animals died, but the survivors, which were the great majority, were protected from the effects of renewed inoculation. Similar experiments were successfully made in this country by Greenfield, now of Edinburgh. On the whole, it was again found by test experiments that cows are much stronger in resisting splenic fever than sheep. Of twenty cows which were inoculated with splenic fever in 1850 to 1852 by the Association Médicale de Chartres, only one died, while of forty-seven sheep inoculated by the same Association, thirty-five died and twelve survived. While, therefore, the cow does naturally frequently fall ill with splenic fever it does not always die, or rather rarely dies, while sheep die in the great majority of instances in which they become infected, Barbary sheep always excepted.

Pasteur now studied further the mode of attenuating, as he termed it, the contagium of fowl cholera. He had observed the first attenuated virus when he took some from a fowl which had indeed died from the cholera, not, however, from the acute, but from the chronic form, and had cultivated it for weeks and months in successively renewed solution. At first it lost nothing of its virulence; but when the cultivation was renewed uninterruptedly during from six to eight months, but at longer intervals between the sowings, the fatality of the disease, following inoculation with this cultivated contagium,

diminished or disappeared. A contagium was produced, which caused a mild, non-fatal disease, and the animal which had undergone this process was protected from the effect of the most virulent contagium, as has already been stated above. What is of importance now, is the cause of the attenuation. Pasteur surmised the oxygen of the air to be the principal cause of it. If the virus is cultivated in hermetically sealed tubes, with only a limited amount of air, no attenuation takes place, and a tube, thus charged, and kept for as many as ten months, retains the contagium in all its original virulence. This feature he believed to be a principle to which other contagia might show obedience. This was found to be the fact for the splenic fever contagion. Cultivated in the presence of air, and re-sown at long intervals (the intervals are not accurately stated, and differ from different cultivation, particularly when they are already somewhat attenuated, while others, of virulent strength, may have their sowing deferred much longer), the bacterium changed its character; it became incapable of causing death in the most susceptible of animals, but retained the power of producing some slight febrile disorder, after the disappearance of which the animal was inaccessible to the most virulent form of the contagium. It was as proof against splenic fever as a vaccinated person is against small-pox. The experience was now raised to a method of protecting herds from splenic fever. Test experiments were made at the public expense, and under responsible inspection and control. Pasteur having predicted the results to the Commission, which had made a record of the prediction, was fully borne out by the results which the Commissioner had to verify. All non-protected animals which had been inoculated with active virus were dead; all animals previously protected by inoculation with modified virus, and now tested with active virus, were living and well. Since that time, many thousands of French animals have been inoculated with the modified virus, with the view of protecting them from spontaneous splenic fever, i.e., splenic fever which they might accidentally contract where the germs of it occur.

Many are the diseases which are ascribed to, or are actually proved to be caused by, bacteria, similar to, though mostly much smaller, than those of splenic fever. One of the best known is pig-typhoid, so ably elucidated by Dr. Klein. Lately, a new one has been discovered, by Dr. Ballard, probably also originating in the pig, and affecting men who consume the pork—even when cooked.

But I must hurry to conclude this very imperfect account of one of the most important subjects of modern science. There are not wanting objectors to the protective inoculation of animals, as there are those to vaccination. They will do good by opposition if it be founded upon truth and experiment, particularly on animals. Probably the stamping out of this and kindred diseases by isolation of cases and germs might be preferable to general inoculation. But antidotes—true medicines—are wanted for most of the virulent diseases, and it is in their discovery that the chemical method of investigating disease will, in future, meet with its greatest successes.

A SHORT RETROSPECT OF THE SANITATION OF FORMER YEARS AS CONTRASTED WITH THAT OF THE PRESENT DAY. (a)

By FRANK J. DAVYS, B.A., F.R.C.S.L., &c.,
Coroner co. Dublin, Swords.

(Concluded from page 93.)

I HAVE particularly referred to the period three years preceding 1866, as it was in 1863 my duties as medical officer in Swords commenced. As the town of Swords, I may here observe, was burnt seven times by the Danes, the houses were afterwards rudely and hurriedly built,

(a) Read before the Association of Medical Officers of Health in Royal College of Surgeons, Ireland.

and when it sent two members to Parliament, each cottager was considered a voter, and hence it was that so many mud-wall houses, without even back doors, rose as if from the earth, and consequently sanitary laws were never dreamt of. In the lapse of years these mud-wall cottages crumbled away, and have been replaced by several well-built houses, but many of the cottages of the poor consist of only one apartment, and none of more than two. They are wanting in everything that should constitute them deserving of a home for a Christian family. Six months ago in this metropolitan county, a few miles from Swords, a family consisting of five (the father, his wife, and three children grown up), lived in a small cottage which had but one apartment; that was their kitchen, bed-room, dressing-room, &c. A young man, of the labourer class, got married to this man's daughter, and there bride and bridegroom located themselves, till informed, by my directions, by the sanitary officer that I reported that the house was overcrowded, and prejudicial to the health of its occupants, and accordingly the bridal party took their departure to other quarters. Here the Public Health Act was of service. In thus speaking of how degrading it must be, whether we look at it morally, socially, or otherwise, to have human beings huddled together in cabins, I am induced to quote the words of a distinguished writer on this subject, viz., "Modesty must be an unknown virtue, decency an unimaginable thing, where in one small chamber, with beds lying as thickly as they can be packed, father, mother, young men, lads, growing and grown up girls, two, and sometimes three, generations, are herded together; where every operation of the toilet and of Nature, dressings, undressings, births, and deaths, are performed by each within the sight and hearing of all; where children of both sexes to as high an age as twelve or fourteen or more, occupy the same bed."

The above is a true picture of the state of things that exists in many of the cabins of the poor in rural districts in Ireland. The houses—many of them—are badly built, with damp floors and sweating walls, and if supplied with a back room, the liquid filth from the yard is carried by a small sewer through the kitchen of the house, and within an inch or two of the surface, to the open channel in the public street. The roofs of the houses are generally covered with a rotten thatch, a form of house covering which I hope may yet disappear. The walls are often in a half-tumble down state, and in these miserable hovels the sick, as well as those in health, lie down together, and when death comes the living and the dead occupy, during the days and nights of the waking, the one apartment, and that one generally overcrowded. I am pretty certain there is not a public health officer in Ireland—by which I mean a Poor-law medical officer—but finds himself in a position to state that since the Sanitary Act of 1866, and since the passing of the recent Public Health Act, that preventable diseases have decreased in their respective districts (at least in those districts in which proper sanitation had been attended to), to the extent in numerous instances of 60 per cent. Dr. Kelly, of Drogheda, in a report published by him in the *Medical Press and Circular* of last January twelve months, set forth the great diminution of disease in his district since the passing of the above Acts, assigning at the same time full credit for these satisfactory results to the proper enforcement of sanitary measures. I may add that in my own district the falling off in the number of cases of preventable diseases is fully in excess of 60 per cent., owing to compulsory sanitation. Whilst I speak so favourably on the wisdom of the Legislature in having passed such sanitary laws, I do not mean to convey the idea that the manner in which these laws are framed is perfect. There is far too much red tapeism surrounding their proceedings. For instance, if a nuisance, no matter how pernicious it may be, requires immediate removal or abatement, the party on whose premises the nuisance exists need not take any steps in modifying or interfering with it till he receives the mandatory order from the exe-

cutive sanitary officer. In this order is embodied the recommendation pronounced by the public health officer in reference to the nuisance. The recommendation is the result of his having inspected the place where the nuisance exists, and then reporting same to the sanitary authority, the board of guardians. This latter board meets on an average once a week in rural districts, or rather they are supposed to meet once a week. The public health officer's report in reference to the glaring nuisance lies over till the following week if the board, as it often happens, does not meet the week the report is sent in. In the meantime the nuisance is in full swing, the party responsible for its removal, not receiving the legal notice to do so, takes no heed of it. Very often it is customary for boards of guardians, before directing their executive sanitary officer to issue the notice for removal of the nuisance, to order him to send the public health officer's report to the dispensary committee, to have them sit in judgment on it, because the nuisance complained of may require to be inspected by members of the committee, who could further advise as to the best mode by which to deal with it. This may appear very prudent of the board of guardians, but they should recollect it is, I might say, an illegal procedure on their part. They constitute the sanitary board, and they have no authority to delegate to any other committee or board their functions. Obviously, their doing so would, even if legal, be a further procrastination in the removal of the nuisance described in the report of the medical officer of health.

I am aware that, as a rule, Poor-law medical officers in Ireland (*ex officio* public health officers) complain bitterly of the disagreeable duties imposed on them by the Public Health Act, and that they find it very difficult, in a conscientious exercise of their functions, to avoid taking cognizance of nuisances existing on the premises of their patients. I would make two suggestions on these points—first, to avoid delay in the red-tapeism in order to have a nuisance abated or removed before the order for such would be forwarded through the executive sanitary officer. This officer, it will be recollected, cannot issue his order till he first receives the recommendation or actual purport of that order from the public health officer, and the latter sends it after his inspection of the premises. To avoid delay, I would suggest that the law should empower the public health officer, after his inspection of the premises on which the nuisance exists, to send at once to the owner a suggestion, such as he sent to the board of guardians, stating that a copy of same will be laid by the sanitary officer before the board of guardians, who will institute proceedings if necessary. The sanitary officer could lay a copy of the order given to him to serve on the owner of the premises before the board of guardians, and thus the public health officer might be saved the trouble of writing out his recommendations in duplicate. No. 2 suggestion,—as to the means by which to overcome the apparent difficulty of offending patients whose premises you have to report as pregnant with nuisances prejudicial to public health. In such cases, and in every case, I would have the sanitary officer to report such to the public health officer, and, with that document in your hand, your attention being directed to it by the sanitary officer, no sensible man could find fault with you for doing your duty. If he removed or abated the nuisance within a given time I should have said in suggestion No. 1, I would not report him to the board of guardians—in other words, the sanitary board. It might be said the sanitary officer might not be aware of the existence of a nuisance in those places, but there is nothing to prevent his calling there and judging for himself. It would be necessary he should do so in all cases, as I would have him as the witness in any prosecutions by the sanitary board. He might have to prove that he saw the nuisance as set forth in the public health officer's report, that the document produced was the report referred to, and that the nuisance was still unabated. I believe if this, or some such plan, were adopted in the rural districts, obviously less delay would occur in the

removal of nuisances, and I consider that under this arrangement of having the sanitary officer to report to the public health officer in all cases, there could not be any bad feeling entertained towards the doctor, as his inspection followed the report to him of the sanitary officer. But, notwithstanding any delay or imperfection in the Public Health Act, it is really a matter of great congratulation that immense sanitary improvements have been achieved; no longer are pigs and donkeys, and every kind of quadruped allowed to lay claim to a comfortable portion of the dwelling-house of man, no longer will the sickly mother or the nervous child be disturbed at night by the gruntings of the pig, and no longer will they be awake at early dawn by the loud braying of the donkey; no longer are filth and sinks allowed to accumulate at the very door-steps; and no longer will the fever-stricken inmates be allowed to occupy the same bed with healthy human beings. The 141 sect. of the Public Health Act can enforce their removal, but in carrying out the law in this respect a difficulty, I am sure, must arise. Who is to take the fever or small-pox (as the case may be) patient from the bed and put him into the fever-van? the relatives, already annoyed by his removal, will not lend a hand, the police will not approach the bed in which the patient lies, the driver of the van must mind his horse and won't give assistance, I would suggest that two strong nurses from the hospital should, in such instances, always accompany the fever van for that purpose. Each year, as we advance, the people are becoming gradually aware that compulsory sanitation must tend to the preservation of their own health. Although it is hard to convince them of the value of preventive measures, whilst any advertisement from the most deliberate quack setting forth a cure for all diseases immediately arrests their attention and opens their purse-strings, and to this may fairly be attributed the resources of quackery in this country. In small towns and villages in Ireland cottagers have difficulty in cleansing out their yards, as they have no place to which to remove the compost; this entails much inconvenience, especially in seasons of the year when farmers do not require to purchase manure for their lands. I consider that sanitary authorities should provide a space outside each village, remote from a house or well, to which manure and contents of ashpits should be periodically removed by a sanitary cart; the amount of money that the total mass of compost would realise would more than compensate them for the expense incurred in its removal. A farm-manure depôt could be thus easily established. It is not unusual for public health officers to complain of the apathy manifested by boards of guardians in carrying out their suggestions in removing or abating nuisances. It is my experience that the sanitary board such as Balrothery Union, when any practical suggestion is laid before it for the improvement of the sanitation of the district, or any part thereof, that the board freely enters into the matter, and if the improvements do not involve an immediate and serious increase in taxation, they either carry out the plans, or do so by instalments. In thus using the word "plans," it reminds me now—as it has often occurred to me before—to remark that a public health officer should be permitted, when necessary, to consult the county engineer. It could not be expected that a doctor would be thoroughly versed in all the details necessary in taking levels, &c., in the construction of sewers, &c., when recommending such to the sanitary board. Though I am aware that both the 36th and 17th sections of the Public Health Act deal with the sale of sewage by contract for any extensive utilisation of same, there is not in any rural district in Ireland that I am aware of, any organised system for the removal, periodical or otherwise, of compost by the sanitary authorities. But time would not at all permit me to go into any extensive details as I would desire, as to the various means I would suggest for improving still further the sanitary condition of rural districts in Ireland. This much, I may remark that I have given some proofs and mentioned some facts that would go to show that the peasantry of Ireland have been under-

going a form of moral and social decadence; in support of this argument, as well as of the comparative physical degeneracy of the Irish peasant, I dwelt on at length in a public lecture delivered by me in Dublin last December, in which I fully discussed the habits and mode of living of the rising and present generation as contrasted with those of half a century ago. The many who honoured me with their presence on that occasion considered I had fully proven the argument. I showed that it could not now, perhaps, be said of the Irishman, when submitted to the test as referred to by Sir Robert Kane in his "Industrial Resources of Ireland" in which he mentions "that, from a comparison of the Irishman in height, weight in pounds, and average strength in pounds with the Scotch, English, and Belgian, it was proved that (at that time) 'the Irishman was the tallest, the strongest, and heaviest of the four races.'" But the muscles and bones of children in those days were allowed to grow, they were not stunted and strained by being put to heavy manual labour at an early age. Little boys were not to be found lolling round public-houses chewing or smoking tobacco; their diet was not from almost their infancy strong infusion of tea, but good milk with oatmeal porridge. In thus alluding to the diet of the labourer of the present day and to my previous remarks on the comparative immunity from typhoid fever enjoyed by the peasantry, I cannot help remarking that either of two things must be deducible in reference to what we would term impure drinking water as a typhoid fever factor—viz., either that it is *not* the great potent agent in developing typhoid fever, or that its danger in that respect is rendered innocuous by first boiling the water before drinking it. From time to time I made it my special study, or duty, to watch the effects of persons using, for all household purposes, in making tea, &c., common ditch water and water from wells or pumps, concerning which I held certificates from Dr. Cameron that the water was highly impregnated with sewage matter and unfit for human use, yet not in any one instance could I trace one case of typhoid fever or diarrhoea to the use of these waters. I found that in nearly all, but not all, the water (which was in the morning put into a big kettle) was generally boiled before being used, so that when not taken in tea it was cold boiled water. Probably the deleterious properties of the water were removed by boiling.

I feel, Sir, I have protracted these observations far beyond the limits that I intended, though omitting many matters which, if the audience that I have the honour of addressing, were not composed of scientific men I would regret not having dwelt on—such as the form or construction of cottages for the rural population, the necessity of submitting plans to the sanitary board, the latter to have, as a member of its board, the county engineer, with many other subjects to which I would wish to refer.

I will now conclude, Sir, by expressing my earnest wishes that I may live to see the day when the poor labourer class of Ireland will be properly housed, when no cause for either drunkenness or any moral depravity will be infused into them by want of decent habitation, that no disgust for their homes or fire-hearths owing to their wretched dwellings will grow up amongst them or distract them from their peaceful avocations, and that there will be vested in the Local Government Board power to construct suitable dwellings for the poor in villages in Ireland, and that coffee houses by which the labourers may be tempted from the baneful influences of public-houses will become general, and that the Factory Act will be extended so as to prevent children under a certain age from being employed at severe manual labour. When these improvements take place, I will have the happiness of knowing that a large section of the community are in the upward scale of progress, and that peace, prosperity, and happiness will reign amongst them.

Clinical Records.

ST. MARY'S HOSPITAL.

A Case of Vicarious Menstruation from the Ear.

Under the care of Mr. FIELD.

A. B., *æt.* 18, single, was admitted August 22, 1881. She stated that when six years old she had a blow behind the right ear; this caused a discharge of yellow matter, which has continued ever since. She has been occasionally subject to "gathered" fingers. When about twelve years old she began to have pains in the back now and again, and became subject to sick headache. When fourteen years old she woke up one night with epistaxis, and this returned the following day, and again three days after. About a month subsequently, bleeding from the right ear came on, which lasted an hour, and was very profuse. This was accompanied by "buzzing in the ear and ticking in the head." Since then she has regularly every three weeks lost blood from the right ear. The hæmorrhage lasts not more than about ten minutes, as the patient always checks it with cold water applications. She has only once menstruated from the vagina; this was in 1879, when, after she had consulted a medical man, who gave her medicine and ordered her to put her feet in mustard and water, a slight flow was produced. Bleeding from the ear was taking place at the same time, for, as she said, "it was the proper period for it."

The patient had a large perforation in the right membrani tympani. She was in the hospital for some months, during which time the hæmorrhage from the ear reappeared regularly every three weeks. Her breasts were small. No os uteri could be felt by finger. There was copious yellow vaginal discharge.

Remarks.—The evidence that this hæmorrhage was vicarious menstruation appears singularly complete. To begin with there is the fact of ear disease, with the establishment of suppuration at six years of age. When twelve years old she became subject to pain in the back and sick headaches. Here we have two factors indicated; a liability to cerebral hyperæmia at the menstruation epoch, and a diseased surface within her tympanum ready to suffer from this periodical turgescence. To the epistaxis at fourteen years, during three days, we have another indication of the cerebral hyperæmia. This, we see, is followed, about a month afterwards, by bleeding from the right ear, since repeated regularly every three weeks. Meanwhile, she has never menstruated, except on one occasion, when the flow was of a somewhat doubtful character, and artificially induced. Vicarious hæmorrhages, such as this, have been known to occur from every mucous membrane in the body. Hinton says of hæmorrhage from the ear: "It is a symptom of suppressed menstruation." Hæmorrhages from the gastro-intestinal, bronchial, vesical, buccal, and nasal mucous membranes, from the conjunctiva, the skin, old ulcers, cicatrices, and nævi, have been frequently recorded. Although so many cases of vicarious hæmorrhages have been recorded, it appears of late years to have become fashionable to hold a wholesome scepticism as to their occurrence. This may be well shown by comparing the scanty attention paid to them by Dr. Bristowe in his standard work on Medicine, in which he barely alludes to them in dealing with the causes of hæmorrhage from the gastro-intestinal mucous membrane of the air-passages. On the other hand, Sir Thomas Watson, in his early editions, mentions them at considerable length. In discussing each form of hæmorrhage he speaks of their frequent occurrence, and gives several cases as examples. That they indicate a most remarkable condition of the vascular system—probably a local turgescence, and a general increase of vascular pressure—occurring at the menstrual epochs cannot be doubted. This has been well shown by two very remarkable cases. One was recorded by Dr. Mason (*a*) of a young lady, *æt.* 15, who had the most extraordinary hæmorrhages from the skin, occurring in various parts of her body. In this case the changes in the skin could be watched; they were instantaneous, the "skin appearing perfectly healthy and whole one second; melted away and bleeding the next." In this case the hæmorrhages, though coincident with an arrest of menstruation, did not

(a) *Edin. Med. Journ.*, September, 1866.

occur at monthly intervals, but much more frequently; and part of the period she was under observation they were daily, but her menstruation also, when it first recurred, was at intervals of only one week. Another remarkable case is recorded by Dr. Puech. (a) In this instance the patient never had any menstrual flux, though she suffered from uterine pains every month. At 17 years of age these were replaced by headaches, and at the same time her physiognomy underwent a marked change, owing to the appearance of varices of the facial and superficial temporal veins and their tributaries. These varices increased gradually, and at certain times attained considerable size, and one of them on the head burst, allowing the escape of a large quantity of blood. These hemorrhages occurred very irregularly, but instead of exhausting, they greatly relieved, the patient. From time to time the conjunctiva of the left side became congested, and once a good deal of blood was lost therefrom. The hemorrhages from the head after some time ceased, and were replaced by frequent epistaxis. Very recently still further light has been thrown upon the vascular condition which produces vicarious hemorrhages by observations made by Miss Elizabeth Jacobi, M.D. This lady has demonstrated by means of the sphygmograph that there is a general rise of arterial pressure occurring during the menstrual epoch. If to this general rise of pressure we add a local turgescence at any weak spot, we have all the factors required for the hemorrhages. Hemorrhage into the middle ear, though of an entirely different nature, and not periodical, occurs occasionally as a result of otitis, and is described by Roosa as "otitis media hæmorrhagica." His were cases of acute aural catarrh, which terminated suddenly with an abundant hæmorrhage through the drum-head. Similar discharges have been caused by Bright's disease, and are analogous to the hæmorrhages into the retina from the same cause.

Special.

THE HEALTH OF THE NAVY. (b)

ACCORDING to the Blue Book just published, the medical statistics of the Royal Navy show the following general results:—The total force in the service afloat, corrected for time, was 44,770. In that force the ratio of admissions on the sick list per 1,000 men for the year was 1172·36; daily sick 44·94. As to loss, that by death was in the ratio of 12·57; by invaliding 31·11; thus making by these causes combined a rate of non-efficiency equal to 43·68 per 1,000 for the period. The ratio of invaliding for disease alone was 29·14; and for casualties 1·96; thus showing that the latter cause has less effect among our men-of-war's men than, considering the nature of their duties, might be expected.

An interesting table given at page 6 shows the comparative sickness, according to age, during the year, and that preceding. Boys and men between fifteen and twenty-five, furnish, as on previous occasions, a sick-rate largely in excess of that observed in the other decennial periods; while the lowest ratios of sickness are, as before, those of men above forty-five. The unfortunate loss of the *Atalanta*, however, has more than doubled the death-rate of the first period, as her crew was composed almost entirely of young men.

The statistics of syphilis show by no means the favourable results that might have been anticipated, considering the operation of the Act in force against venereal diseases. On the home station primary syphilis shows an increase equal to 2·67 per 1,000 as compared with the previous year; on the Mediterranean station an increase of 1·82; North American and West Indian 16·93; (something altogether enormous, and for which no explanation is offered); South-East Coast of America 2·3; Pacific 1·85; China 1·35; Aus-

tralia 41·35—an increase which is absolutely alarming; and yet, on turning to the report having reference to that station, at page 68, not a word appears as to the circumstances to which this increase may be assigned; in the "irregular" force an increase of 10·67. In only two commands is a decrease shown, viz., East Indies, equal to 9·06; Cape of Good Hope and West Africa 1·58.

At page 54 an interesting report occurs of an epidemic of paroxysmal fever on board the *London* at Zanzibar. The first appearance of this form of disease occurred in January; the number of cases increased in February, but became fewer in March. The improvement, however, was only temporary, for in April the disease attacked fifty-four persons of the crew of that vessel. In May the number fell to twenty, and in the next three months only seven cases altogether came under notice. The specific cause of this epidemic on board the *London* was evidently not detected. On shore, with the exception of a few cases in March, the hot season of the year was unusually healthy; and, moreover, the men of the *London* employed in the cruising boats, and exposed to all those conditions which are said to generate and spread malaria, had a most remarkable immunity from it. This is one of several instances recorded in the Blue Book before us in which facts as they occurred have been altogether opposite in their nature to what, according to all principles of theory, they ought to have been.

THE "MEDICAL PRESS AND CIRCULAR" REPORT ON THE SMOKE ABATEMENT EXHIBITION.

No. III.

CLOSE STOVES AND CLOSED FIRE GRATES.—These are not so attractive from a sanitary point of view as open grates, as they lack the redeeming feature of the open fire system, viz., the great assistance to ventilation afforded by the latter. Many of those on view, though, are smoke consumers, and some are also air warmers. Of all it may be said that they are infinitely more economical and cleanly than any open fire.

Messrs. Brown and Green exhibit the "twin" stove, which is smoke consuming, ventilating, and can be made to warm two rooms if desired.

Mr. T. J. Constantine, of Fleet Street, exhibits the patent smoke consuming "treasure" stove. The fire can be partially seen.

Mr. R. W. Crosthwaite, of Upper Thames Street, exhibits Armstead's patent stove, in which, after leaving the stove the smoke is drawn round a cylinder at the top of the stove before escaping up the chimney, thus retaining more heat in the room. This is not a smoke consumer.

Messrs. Doulton and Co., of Lambeth, exhibit their portable radiating tile stoves in various sizes, designs, and colours. These are constructed almost entirely of "Doulton" ware, as little metal as possible being made use of. The flues may be either ascending or descending. They are nearly completely smoke-consuming, and have a tile ventilating shaft, through which fresh warm air streams into the room.

Messrs. Feetham and Co. exhibit an independent smoke-consuming warm air stove (with open fire) for use in halls.

Messrs. J. and F. Farwig, of Queen Street, have a slow combustion coal calorigen, on the same lines as their well-known gas Calorigen. It will burn coal or coke, last many hours without attention, is ventilating, and economical. It can be adapted to the ordinary chimney opening.

Mr. Harry Hunt, of Newington Green, has on view the "Hygiene" hot air anthracite coal stove for warming and ventilating. This somewhat resembles an ordinary fire, as it is set in the ordinary chimney opening, and is closed in front—not by metal—but by talc doors, through which the fire can be seen. The use of anthracite, or other smokeless fuel is essential, as otherwise the talc doors would soon become coated inside with soot. The air passes through a chamber lined with fire-clay. The fire projects well into the

(a) De l'Atresie des Voies Génitales de la Femme. Paris, 1864.

(b) Official Report of the Health of the Navy in 1880.

room. It can be kept alight for months without extinguishing, the ashpan being removed at intervals, and emptied.

Messrs. Musgrave and Co. exhibit their well-known patent ventilating slow-combustion air warmers which will burn coke or coal, and are smoke-consuming.

One stove exhibited need only be mentioned to be condemned. The inventor maintains that he can absorb the smoke produced by a jet of steam, and thus dispense with any flue. The slightest knowledge of chemistry should convince any one that warm water will not hold in solution, even its own bulk of carbonic acid.

Mr. W. White, F.S.A., of Wimpole Street, exhibits the "Shrewsbury Warming Apparatus." It is built in firebrick, and the only iron in contact with the fire is the fire-bar. It is smokeless, and will burn all day without care. Warm air is introduced to the room through an iron case provided with gills.

Messrs. Yates, Haywood, and Co., of Upper Thames Street, exhibit the "Miser," which is said to be extremely economical in the consumption of fuel, and nearly smokeless.

GAS AS A WARMING AGENT.—A very large variety of gas warming apparatus are shown in action. Many of these, unfortunately, are the very reverse of sanitary appliances, as they permit the escape into the room, of the whole of the fumes evolved by the combustion of the gas. The ornamental and cheerful character which many of them present does not compensate for their harmful effects. The same may be said of all the ordinary paraffin stoves, of which some are on view. The latter, although combustion may be so perfect as to give off no smell, evolve carbonic acid of course in the same manner as gas and other carbonaceous fuels, and in quantities varying according to the amount burnt. If the fumes were properly carried away, paraffin would offer several advantages over gas as a heating agent, e.g., if accidentally blown out, explosive gas is not evolved. A good ventilating paraffin stove with flue is still a desideratum, and if brought out should command a ready sale in country districts where gas is unattainable. As yet, Tait's Thermo Ventilator is the only ventilating gas stove which has been adapted to burn either paraffin or gas.

On first entering the Exhibition, one of the most prominent objects is a system of hot-water boilers and pipes heated by gas, the fumes being allowed to escape polluting the atmosphere and yielding an offensive odour. Further description is needless, as it stands self-condemned. The makers suggest its use in bedrooms and nurseries.

Mr. C. R. Stevens, of Lewisham, exhibits a combined steam and hot-air heater, in which two ordinary gas jets are made to convert water into steam, which passes through a coil of pipes. Cold air can be introduced into the room and warmed by contact with the coil. The gas fumes are removed by the flue. The apparatus is constructed to stand in an ordinary chimney opening, is cheerful in appearance, and the inventor claims that an ordinary room can be warmed by two gas jets at a cost of 3d. a day.

Mr. Gillingham, of Chard, the well-known surgical mechanic, exhibits an effective gas-heated hot-water apparatus. After extracting nearly all the heat from the gas fumes they are either removed by a small outlet pipe, or Mr. Gillingham suggests that lime may be used to absorb them, and thus obviate the necessity for a flue. This should certainly be practicable on a small scale.

Several gas-heating stoves are offered for our attention, in which the makers profess that by causing the fumes to circulate through a series of pipes, they "become thoroughly condensed and are carried off in the form of liquid." On careful examination, however, it will be found that the liquid consists chiefly of the condensed aqueous vapour formed by the combustion of the gas with trifling amounts of sulphur compounds, organic matter, and carbonic acid. It is obviously impossible to condense the bulk of the carbonic acid by the means adopted, as cold water will only absorb about its own volume, and warm water even less. For conservatories the absence of smell and condensation of the sulphur products, &c., renders them eminently suitable, but they should never be used in bedrooms, and but cautiously in sitting-rooms. This caution is the more necessary, as the prospectuses of the makers would lead the public to put a misplaced confidence in them. One variety is termed "Sanitary" and another "Hygienic." The patentees of the latter have also the audacity to advertise in a contemporary which devotes itself to health matters, "This being a

Ventilating Stove, it is specially suited for Sick Rooms, Hospitals," &c. As the only change of air produced by it consists in the pollution of the surrounding atmosphere by the stream of carbonic acid evolved by it when in action, the term "Ventilating" is surely ill-applied.

Several asbestos gas fires are to be seen in action, of which one shown by Messrs. Pugh, of Holloway, struck the writer as being particularly effective.

Gas-coke fires have been already alluded to.

Several gas heaters are exhibited, in which, by a novel arrangement, the heat is distributed over a large surface so as to radiate more heat than usual into the room. In many this was done by an arrangement of iron wire netting intermixed with a few pieces of platinum wire, somewhat resembling an ordinary fireguard, and backed in some cases with fireclay. In others a fireclay slab was partially covered in front with fibre asbestos. In all, a row of gas jets plays along the bottom edge and renders the whole mass incandescent. They are certainly effective as heating agents, especially those backed with fireclay, but burn as much gas (15 to 30 feet an hour) as ordinary asbestos gas fires. Gas heaters on this principle are exhibited by Messrs. Browne and Co. of Piccadilly ("The Piccadilly Gas Fire"), Messrs. H. and C. Davis and Co., of Camberwell, Messrs. Ewart and Sons, of Euston Road, Messrs. Leoni, of the Strand, Messrs. Waddell and Main, of Glasgow ("Hislop's Metallic Gas Fire"), Mr. Chas. Wilson, of Leeds, and Messrs. John Wright and Co., of Birmingham. Messrs. Leoni's is particularly attractive, as it is placed in a nickel-plated frame. It has the advantage that the gas does not play on metal. If used with a flue which has a good up-draught, none of these are objectionable from the standpoint of health. The writer's experience is that the upper opening of the chimney usually requires diminishing when it is used to remove gas fumes. All gas appliances have the advantage of being cleanly and saving trouble.

Ventilating Gas Appliances are more worthy our attention. In all of these the fumes before escaping are made to impart a considerable proportion of their heat to a stream of entering cold air in another tube. As a rule, they are superior both from a sanitary and economical point of view to those gas appliances which warm solely by radiation.

Messrs. Deane and Co., of London Bridge, exhibit some ventilating gas stoves by Mr. Fletcher, of Warrington, or "gas fires," as Mr. Fletcher prefers to call them, although on placing the hand in front of the flame, the radiant heat is a mere nonentity. We are sorry Mr. Fletcher says they may be used "with or without a flue."

Mr. G. J. Cox, of Maidstone, exhibits his "Regenerator" Air-warming and Ventilating Stove, with respect to which he makes a similar statement, viz., that "for halls of mansions, vestibules, public rooms, offices, and warehouses, it does not require a flue," an assertion which the health student will hesitate to endorse. One cubic foot of gas produces (when burnt) two cubic feet of carbonic acid (besides other products). When burning ten feet of gas an hour, therefore, this stove will evolve twenty cubic feet of carbonic acid in the same time, or more than an adult man does in twenty-four hours. An atmospheric burner is employed.

Messrs. Ewart and Son exhibit a ventilating gas stove with a ruby glass door, through which the flame can be seen at all times. This stove is also constructed to burn ordinary fuel.

Messrs. J. F. Farwig and Co. exhibit George's Patent Gas Calorigen. This is certainly a very efficient air-warmer, but has the disadvantage that it does not extract any foul air, but only acts as an inlet ventilator. The flame can be seen through a talc door, and the burner swings out for lighting. The tube for supplying the necessary air for combustion is so arranged with regard to that for removing the fumes that only sufficient air for combustion is supplied, and this becoming warmed in its entrance, tends to render the combustion of the gas more complete. By the arrangement adopted the danger of the flame being blown out is reduced to a minimum, and, when the talc door is closed, neither fumes nor unburnt gas can escape into the room, as the gas is completely isolated from the room. When taken direct into the outer air instead of into a chimney, provision is made for the escape of the water formed by condensation, so that it shall not run back into the stove.

Messrs. Geo. Haller and Co., of Lime Street, exhibit Kohlhof's Patent Hot-air Gas Stoves. The fumes are made to pass over as large a surface as possible before escaping, and the escape pipe is as small as possible.

Mr. Hammond, of Chandos Street, W.C., exhibits ornamental warm air-gas stoves.

Dr. Adams' Ventilating Gas Stoves are exhibited both by Messrs. Wm. Harvey and Co., of Glasgow, and by Messrs. John Wright and Co., of Essex Works, Birmingham, and Upper Thames Street, E.C. The latter firm exhibit, in addition, a stove fitted with an asbestos gas fire, and so arranged as to warm a current of fresh air, while the fumes are completely removed.

The Sanitary and Economic Supply Association of Gloucester exhibit various gas heaters designed by Dr. Bond. In the ventilating gas stoves we are sorry to observe the atmospheric or Bunsen burner is adopted, as its liability to blow out either by a down-draught or gust of air in the room renders it unsafe, although giving a little more heat, through the combustion being more complete.

Schönheyder's Patent Sanitary Stove, exhibited by Messrs. Strode and Co., of Cockspur Street, S.W., lights the apartment as well as warming and ventilating. The same firm have a ventilating sun-burner.

Messrs. Taunton and Hayward, of Birmingham, exhibit "Tait's Thermic Ventilator," designed by Mr. Lawson Tait. In appearance it resembles a Tobin's tube, but is double, the fumes passing away through the outer tube, whilst fresh air enters through the inner, and is warmed in its passage. Gas or paraffin is used as the heating agent. For gas, Messrs. Taunton and Hayward supply an atmospheric burner. The danger of this has been adverted to above. Any purchaser of the "Thermic" would do well to substitute an ordinary fish-tail, as this will give off heat enough to warm a moderate-sized room to 60 deg. in cold weather—at least, such is the writer's experience. The longer time required to warm the room is more than compensated by the extra safety with the ordinary burner. With the "Thermic," special precautions should be taken against down-draught, especially when the outlet tube is taken direct into the open air instead of into a chimney, or the fumes may be driven back into the room, and not be immediately perceived. With the "Bunsen" burner the gas might even be extinguished by a down-blow, and the room be filled with gas, thus in a bedroom asphyxiating the inmates.

One merit at least is possessed by smoky fuel—viz., that a down-blow is at once manifested, and steps taken to remedy it, while with any kind of smokeless fuel it may—at any rate temporarily—escape notice.

Most of the most important objects of interest in the way of warming appliances have now been noticed. Kitchen ranges scarcely possess a medical interest, although they may be made to serve as hygienic appliances, viz., by means of a hot air chamber placed behind the range to distribute pure warm air to some or all the rooms of a house.

Gas Warming appliances have been mentioned. Gas Lighting appliances are also freely exhibited, also Gas Governors, Gas Making Machines, Gas Engines, and even various ornamental globes.

Ventilating appliances are also well represented.

Last but not least, we must not omit to notice Baatsoh's Slag Felt, made from the Silicate Cotton, manufactured by Mr. Fredk. Jones, of Kentish Town. It is perfectly incombustible in the hottest fire. It is also sound proof to some extent as its texture is loose, somewhat resembling cotton wool. It may advantageously be used for sound proofing partitions or plugging floors in hospitals and other public buildings where its fire-proof properties will render it an advantage.

In speaking of the "Controlled Combustion" basket, brought out by the Coalbrookdale Co., it should have been added that it closely resembles one long ago made by Mr. F. Edwards, of Great Marlborough Street, a fact which the Company might have been courteous enough to acknowledge. This and many other appliances will be found described in Mr. Edwards' work on "Warming and Ventilation."

AUGUSTUS COX.

At the Central Criminal Court last week Mr. Montagu Williams applied to Mr. Justice Denman that the trial of Dr. Lamson might be postponed to the next sessions, in order to afford time for further inquiry. No objection was offered by the prosecution, and the application was granted.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 8, 1882.

PROFESSIONAL AMENITIES.

ACCORDING to pessimist views of the condition of the medical profession its members are divisible into two great classes, either of which may with equal justice be regarded as embodying the characteristics that are least admirable as human traits; while at the same time the one class is ever at variance with, or engaged in abuse of, the other. Veil it as we may the fact remains only too apparent; and so long as it continues to be so, it is futile to look for any real improvement in the status of the profession. What hope can be entertained that the public will think highly or honourably of those who are constantly being abused by members of their own calling? What faith can be felt by outsiders in a body of men not one of whom can be certain that he may not sooner or later be the object of attack by a fellow-worker in the field of medicine? It is folly to imagine that the world is regardless or ignorant of blots of this kind defacing medical practice, or that it is not mightily influenced by them in the estimate it forms of the profession as a whole. Scarcely a prominent trial passes without some one or more exhibitions of angry feeling between representatives of medicine; never, it may safely be avowed, are opposing opinions uttered in courts of law by medical men without a show of bitterness that calls a blush to the cheek of every earnest well-wisher to the profession; and yet, while this is so, we are constantly hearing complaints of the light regard in which the profession is held by the laity.

We have no desire to renew discussion on the trial

just concluded at Sunderland ; but we would refer to it as a recent proof of the truth of the statements made above, and as offering an example of the uncharitableness of medical men towards medical men. It would appear from this and similar instances, that in the heat of controversy members of the profession not only forget the respect due as much to others as to themselves, but they even also for the time ignore that they are champions of professional honour itself. It is not enough for them, apparently, to express their disagreement on scientific questions merely, but in very many cases they voluntarily add to this an element of personal abuse which is pre-eminently out of place, and which does incalculable harm by exciting in the public mind a feeling of contempt towards not only the authors of the impropriety, but towards the profession of medicine as well. Necessarily this reacts to the great detriment of all attempts in the direction of improvement, and we do not hesitate to allude to it as the most potent factor determining the inferior position held by our profession at the present time.

At certain periods of the year it is customary for hospital orators to impress on the world a notion of the dignity and honour, and nobility of the physician's calling, and to insist on the elevated status proper to the professors of medicine in virtue of their calling. It is quite conceivable that constant iteration of these interesting details might have the effect of creating a firm faith in their reality, were there not a miserable succession of petty differences and vindictive utterances on the part of members of the extolled profession chronicled in every interval separating such rhetorical displays. As it is, can we wonder that a public, treated on the one hand to loudly flourished expositions of a theoretical greatness, and on the other to a practical demonstration of the hollow unreality of the expressions employed at introductory ceremonies, refuses to recognise the claim set forth, and elects to judge the profession of medicine by the acts of medical men themselves. The consequence is inevitable, and we shall better perform the duty we owe to the profession by outspoken condemnation of the faults which so seriously affect it, than by wilfully blinding ourselves to their existence. In one sense, perhaps, it is impossible to hope for any speedy and sufficient amendment ; so far, that is, as the evidence of experts in courts of law is concerned. The state of science is such as to admit of two widely differing opinions being entertained on the subject of many diseases with the existence of the best possible intentions on the part of each witness. Even here, however, the profession could by its own spontaneous action, so alter the conditions surrounding cases of this kind as to remove much of the opprobrium attaching to existing customs. But this is a question too complicated to be dealt with in the present leader. Omitting all such instances, and for the moment accepting them as inevitable, there still remain that extensive class of cases, in courts and out of them, in which by innuendo, by actual attack, or by thinly disguised references, one medical man seeks to affect the estimation in which a brother practitioner is held. For this kind of sin we can find or admit no possible excuse ; it

is despicable, unmanly and utterly indefensible. Even if the object of attack is deserving the unfavourable notice he receives, it should never proceed from a "brother chip ;" it is not by exhibitions of petty jealousy, of spite, and of envy such as is thus evidenced, that the truth of 1st-of-October orations can be enforced ; such proceedings do nothing more than show up two miserable pretenders to professional excellence, in place of the one whose act was the original or fancied cause of offence ; and the public, the great public, that is the final arbiter of our deserts, is fatally quick to recognise every blemish of the kind, and to take sure note of it when adjudicating on the claims of "the noblest profession in the world."

We have ventured in all humility, to broach this subject because it is one that is daily growing in importance ; and because we are daily more and more conscious of the irretrievable injury being done through the causes we have mentioned ; action, speedy, sure, decided, is called for ; and the initiative must be taken by some one.

OUR COLLIERIES.—II.

WE return to the theme commenced in our issue for Jan. 25 in the hope of fully ventilating and wiping out a disagreeable and malodorous subject ; and we are glad to report that at the colliery where, at the time of our writing, so much filth and squalor reigned triumphantly, a marked improvement has already taken place, so that our exposure of the evil has not been in vain. Manager, doctor, and nuisance inspector, are stirring, and even that cumbersome body, the Local Government Board, has been moved into "inquiry." Our object, therefore, in reverting to the subject is to keep it alive, so that it may not be allowed to pass from the public gaze until so abominable a state of things shall have attained to prompt and effective remedial action on the part of all concerned.

To the owner and officials of the colliery in question it may have appeared somewhat unjust on our part to single it out for exposure, when the same description, almost to the letter, would equally apply to one-half of the collieries in the country ; but to effect practical reforms examples must be adduced, and we are satisfied with the result so far. We are, of course, unaware whether our commissioner travelled over in whole or in part the same ground lately traversed by the Local Government Board inspector, Dr. Speer ; but if that gentleman's travels did not extend there, they ought to have done, for our commissioner found at some collieries in Dr. Speer's track, not only a great deficiency in closets and rubbish heaps, or "middens," but the middens that were, were "choke full," and the refuse, filth, or waste was often scattered or piled up in the streets or roads. On inquiry as to the "why" of this, the same reply was given in every case—"Farmer Smith's, or Farmer Jones's, or the colliery carts will come some of these days, when they have leisure, or when it is needed for the land." This may be a very convenient arrangement for farmers Smith and Jones, but its results upon the health of the inhabitants of the colliery houses and the other houses is another question.

And that the duty of regular periodical cleaning of the filth stores should be nobody's business, but left in a haphazard way, to be discharged by so many apparently irresponsible people at their "leisure" is, we consider, something astounding under the operation of the Sanitary Act; and more particularly as this Act, whether well or badly administered, entails a heavy tax upon the innocent and powerless rate-payers.

We have put ourselves to no little trouble in trying to sound to the bottom the mysteries which surround this Dirt business, and we now propose to give our readers—and through them the general public—the benefit of our investigations.

The deliberate opinion formed by us as the not hasty result of these investigations is that the roundabout resistance of "red-tape" and ignorance at the central department—the L.G.B.—and the do-nothing, or, as little-as-possible policy of resistance of the local authorities—the boards of guardians and others interested—are the reasons for this gross obstruction of all law, statute and sanitary, written and unwritten. And so long as the appointment of health officers remains to be disposed of as at present, then so long will this sanitary question be like other "burning" questions—one of national import and disturbance.

In drawing public attention to sanitary derangements and deficiencies in villages or townships inhabited by coal-miners it might be urged in reply to our statements thereupon that many communities, civil and rural, throughout the land have to suffer a state of things exactly similar to that exposed by us; yet no great outcry follows. If anyone were so simple as to reason thus, the threadbare answer of two blacks never making a white is to him a sufficient reply. Moreover, this would be an additional reason for an inquiry into the causes of the drowsiness of the responsible authorities, which inquiry ought to be full enough to arouse those authorities into life and activity. Viewing off-hand the ample machinery employed and the heavy expense entailed in working the Sanitary Act, there ought to be no neglect of duty, no delay in its execution, and no complaint by or on the part of any person concerned in the operation of this Act. The theory is, no doubt, like many others faultless, but the practice entirely nullifies the theory. The Act proves to be an expensive failure because there are too many departments concerned in enforcing it; and the common saying about everybody's business being nobody's business is aptly illustrated thereby.

THE NOTIFICATION OF INFECTIOUS DISEASES IN IRELAND.

We announce with much satisfaction that the differences of opinion between sanitarians and physicians in Ireland on this subject, which received so much attention from us during the last Parliamentary Session, are in a fair way of settlement, and that a Bill has been framed which, while it will fully protect the physician's position, will effectually provide for the informing of the sanitary authority as to the existence of infectious disease. This Bill will, we believe, receive the support of all parties in the profession,

and, we venture to hope, will not be resisted in Parliament. It is as follows:—

Whereas it is desirable that due notice should be given to the sanitary authorities in Ireland of the existence of dangerous infectious diseases within their district:

3. If an inmate of any building used for human habitation is suffering from any of the infectious diseases, the person in charge of such inmate, or, if such person be prevented by disease or otherwise, the occupier or any other person having the management or control of such building, shall forthwith cause notice thereof to be given, by letter or otherwise, to the sanitary authority of the district in which such building is situated, as nearly as possible in the form contained in schedule B to this Act.

4. Every medical practitioner attending or called in to visit any person suffering from any of the diseases set forth in this Act, *may, if he think fit*, notify the occurrence of such case of disease to the sanitary authority of the district in which the person suffering from such disease resides; and every medical practitioner so notifying shall forthwith fill up, sign, and deliver, or cause to be delivered, or shall transmit by post to such sanitary authority a certificate stating the name and place of residence of the patient, and the nature of the disease from which such patient is suffering; and shall also fill up, sign, and deliver to the person having charge of such patient, or to the person having charge of the building in which the patient resides, a further certificate, the production of which certificate shall be a good defence for such person against any penalties for breach of the terms of this Act.

5. The sanitary authority shall supply gratuitously to every registered medical practitioner resident or practising in its district, forms stamped for transmission through the post, for certifying by such medical practitioner of the particulars herein-before mentioned of cases of infectious disease attended by him; and the medical attendant shall furnish to the person in charge of the patient, and also the sanitary authority, the certificate herein-before provided, and the sanitary authority shall pay to every medical practitioner who shall duly furnish to it any such certificate, a fee of two shillings and sixpence in respect of every such certificate so furnished to it.

7. Any person who shall neglect to give or deliver, or cause to be given or delivered, any notice required to be given under this Act, or who shall knowingly give false information concerning any of the particulars required to be given to the sanitary authority, shall be liable to imprisonment for a period not exceeding two months, or to a penalty not exceeding *five pounds*, to be recovered in the same manner as penalties under the Public Health (Ireland) Act, 1878.

8. Every sanitary authority shall take all necessary means to make the provisions of this enactment generally known by causing a copy thereof to be affixed at the principal door of every church and chapel in its district to which such notices are usually affixed, and by publishing the same by advertisement in some one or more of the local newspapers circulated in its district, and by such other means as it may consider advisable.

SCHEDULE A.

*The following are those diseases termed infectious in the meaning of this Act:—*Typhus fever, typhoid or enteric fever, relapsing fever, variola or chicken-pox, small-pox, scarlet fever or scarlatina, measles, erysipelas, diphtheria, cholera, whooping-cough, puerperal fever.

It will be observed that the Bill throws the entire responsibility of notification on the custodian of the patient, and not, as was proposed by Mr. Gray's Bill of last year, on the physician. It leaves a medical man entirely untrammelled and unimpeded in his intercourse with his patient, and thus obviates the objection to Mr. Gray's and Mr. Hastings' Bills, that the physician, if obliged to notify, would be excluded from every case the infectious nature of which was sought to be concealed. But this Bill recognises the fact that it is the moral duty of the doctor to inform the custodian of the patient that the disease is infectious, and that he is the most efficient agent for the

notification of that fact to the sanitary authority, and it makes provision by which the physician will be induced to take upon himself the duty of notifying, and will be remunerated for so doing. By the 4th section the medical practitioner is allowed to undertake to notify or not, just as he pleases, but, if he does accept the duty, he is bound to perform it effectually, and he will incur penalties if he fails to do so. Of course, when the medical attendant agrees to notify, and becomes bound to do so, it is right that the custodian of the patient should be free from all liability in the matter. Therefore the medical attendant is provided with a form in three parts. One of these is already stamped for post and directed to the Clerk of the sanitary authority, and it is only necessary to fill in particulars and drop it into the nearest post-office or pillar-box. The second part of the form is an undertaking to notify, which the physician gives for the safety of the custodian, and this the physician fills up, tears off, and hands to the said custodian, and it protects that person from any prosecution or penalties to which he would otherwise be liable in case he omitted to notify. The third part of the form is a record of the transaction to be retained by the physician for his own information. The working of the arrangement will be that, in case the sanitary authority comes to know of a case of unnotified infectious disease, it prosecutes the custodian of the patient, who gets off scot free if he can show the undertaking of the physician that he would notify, and then the medical attendant is himself answerable for the omission. As each notification will be a fee of half-a-crown to the physician, and as the transaction will be extremely simple, it is anticipated that almost every case which needs it will be notified, and very many cases which would be unheard of if the doctor were made the sanitary detective will be recognised early in the disease and properly cared for.

We cordially approve of the Bill, and hope that all parties will unite in supporting it. Already it has received the sanction of the Irish Medical Association and the Dublin Branch of the British Medical Association, and no doubt it will also be approved by the Irish colleges.

Notes on Current Topics.

Widows and Orphans of Medical Men.

How often do we read in our medical journals appeals for the widows and orphans of deceased *confrères*—appeals the most distressing, supported by too strong testimony, that without aid the relict and children must starve or go to the workhouse! How long will this state of things continue? Until the end of time, we fear, unless we can rouse in the hearts of every married medical man the honourable feeling, that it is his imperative duty to make some provision for those who are dependent on his brain and on his health for support. Love and affection sound well, but there can be no true love or affection when a medical man places those who have been dear to him in the humiliating position of supplicants for charity from their fellows. Can a medical man make provision? He can to a certain extent. He can make such provision that his wife will not have to

figure in the medical journals; he can leave more than will be realised by the voluntary contributions of those who are willing to help a brother in distress. There are numerous medical charities. A subscription of one guinea, or even less, a year, will make a better provision. A yearly premium of five pounds a year in some good insurance company—and there are a large number of safe insurance companies—will insure at death a handsome sum in comparison with what is raised by these appeals.

There are few medical men who cannot afford five pounds a year for an investment of this nature. The poorer a medical man is the more necessity is there for his making an effort to leave something to his children in case of his death. It is a great ethical question whether a man should marry who cannot make some provision for those he may leave behind him. There is no use discussing this subject, for there is a foregone conclusion in connection with it—viz., no matter how strong the arguments might be against the marriage of one poor person with another, the marriage would be consummated all the same. The potential power of what is called love is so great that it destroys all reason and experience. We can only urge those who are now in seeming health to consider their financial position, and cast up what the incomes of their wives or children would be if death terminated their work to-morrow. If their assets would be *nil*, then we say they should at once endeavour to provide something, however small, against the inevitable. What method that provision may take we need not advise, for there are so many open, that there is little excuse for any objections on that ground.

The Causes of the Dangers of Chloroform.

DEATHS from chloroform administration take place. It is the duty of surgeons to minimise the dangers, and to find out the causes why chloroform is, in some cases, so fatal. At the Chirurgical Society, Paris, December 21st, M. J. L. Championnière introduced this subject. In the course of his experience, he remarked that the accidents met with in chloroform administration were due to the bad quality or impurities of the chloroform. Chloroform produced more bad results now than in the early days of its use. In certain cases he had to use more chloroform, from 100 and 150 to 200 grammes, to produce anaesthesia. With a pure, good chloroform, this large quantity was not necessary.

M. Championnière proposed a very simple means of testing chloroform. If permanganate of potass be added to chloroform, the solution will pass from red to green. By distilling and re-distilling, until this reaction is no longer procured, a pure, sweet liquor may be obtained, which will possess high anaesthetic power, and this preparation may be used without risk.

M. Berger agreed with M. Championnière. Pure chloroform had a sweet smell, and did not stain; whilst impure chloroform had an irritating smell, and left a stain on linen or paper.

M. Perin (Maurice) thought it important to have good chloroform, but it was not easy to obtain a pure product. Chloroform, by inducing the anaesthetic state, must always give rise to the dangers of sudden death.

If pure chloroform can be obtained—and we believe it

can—then it is the duty of all who use this anæsthetic to ensure that what they are about to use is free from impurities. Familiarity with danger begets a certain amount of contempt for the instrument of danger ; but, looking at the individual importance of a pure anæsthetic, and the risks of chloroform, the advice of M. Championnière is well worth following. His test is simple, and easy of adoption.

Do the Inferior Crustaceans distinguish Colour ?

SINCE Sir J. Lubbock published his experiments on the perception of colour in ants, this question has attracted the attention of naturalists. Mr. M. C. de Merjkowski has examined the colour perception of the lower crustaceans. The following is an abstract of his researches, presented to the French Academy of Science :—

Mr. C. de Merjkowski selected *Dias Longiremis* and some larvæ of *Balanus* for his experiments. In a dark vase the crustacea were scattered in all directions : when, by means of a window, light was allowed to enter, they collected near the window. When a mono-chromatic light entered, they hastened to it, the same phenomena taking place with other coloured lights. From this Mr. M. C. de Merjkowski concludes they are not colour-blind for any individual colour. In order to determine whether they saw light as we see it, he had two windows placed at an angle of 40 degrees, through which various coloured lights entered. If by one opening a white light, and by the other a mono-chromatic colour entered, the crustacea always preferred the first. When a dark colour and a light colour were passed into the vase, they always preferred the latter. When two coloured rays of equal clearness were passed into the vase, the crustaceans divided into two bodies, some preferring one light, the others selecting the other. They distinguish the intensity of the vibrations of colour or matter ; they perceive colours as light ; but they do not distinguish, as we do, colour as colour.

The Hygienic Value of the Electric Light.

THE hygienic value of the electric light has been made the subject of a recent communication to *La Nature*, a French scientific journal, by Dr. Javal. Upwards of two years ago, October 29, 1879, we drew particular attention to the fact, after having instituted a number of careful observations in the reading room of the British Museum, and from experiments made with a view of determining the value of the electric light, we stated our conviction of its superior visual qualities as compared with gas and other sources of illumination, and also that there was absolutely no danger to the eyesight from its use. There can, then, be no excuse for the statement made by our neighbours on the other side of the Channel, that “ the hygienic qualities of the electric light have not hitherto been appraised at their real value.”

M. FANO, in a communication to the Academy of Sciences, shows that the choroid membrane of the eye has a more important function than that commonly ascribed to it, and has a decided influence on the distinctness of vision.

Improper Certification of Death.

THE question of death certificates has always been one on which the profession is likely at particular times to be much exercised. Were it possible in every instance to draw a hard and fast line respecting the necessity for granting them in the way that the law imposes, no difficulty would be, or need be, encountered. Unfortunately, however, there are in the experience of every medical man occasions on which it becomes all but impossible to strictly follow out the legal regulations without incurring other risks that, to young practitioners especially, would be best avoided ; such, for instance, as loss of popularity, or the gaining a character for unwillingness to “ oblige ” patients and their friends by “ straining a point ” in their favour. An admirable illustration of what we refer to is afforded in the accounts published of the proceedings instituted against Mr. John Coryn, a surgeon at Brixton, for having falsely certified that a child was born dead. From the evidence it appears that this was not the case, and that the infant had survived some time ; but at any rate it was dead when Mr. Coryn paid his first visit after the confinement, and when he gave the certificate complained of. The prosecution was directed by the registrar-general, and defendant was fined 20s. and costs. The affair is important in connection with the admission of Mr. Coryn to the effect that he had occasionally committed a similar indiscretion, being always under the impression that by so doing he was in no way acting either illegally, or in an unusual manner. Further, he contended that his sole motive was a desire to relieve his poorer patients of worry and expense, since the question of burial was a less costly matter in the case of children certified as stillborn.

We may at once assume that a practitioner placed in the position of attending a poor woman whom he delivers of a child that, dies quickly after its birth is actuated by the kindest intentions when he grants a certificate of stillbirth. But none the less he commits a grave offence, and one, moreover, from which he should abstain, even though no legal penalty were attached to its performance. When he is conscious that a living child is born, nothing can justify his personal testimony to the contrary ; such action, however meritorious the end to be attained by it, must react detrimentally to its author, and also to the welfare of the profession he should be at all times zealous to protect from every suspicion of wrong doing. In the instance we refer to an offence against the law was committed, and much as we may sympathise with Mr. Coryn's honest anxiety to relieve the burdens of his poorer patients, we cannot but think he has fully deserved the punishment awarded to him. Medical men should always, and even at all costs, adhere strictly and closely to the forms prescribed in Acts of Parliament ; and in nothing so particularly as in the granting of certificates, on the accuracy and *bona fides* of which so much of national importance depends.

DIPHTHERIA caused thirty-four deaths throughout the United Kingdom last week, whilst in Paris alone there were seventy-four deaths from this cause, thirty-seven in Berlin, and forty-seven in New York.

St. Bartholomew's Hospital.

THE resources of the staff, visiting and resident, of St. Bartholomew's Hospital, have, it has long been known, been most unduly taxed by the increasing demands made by the constantly growing numbers of those who seek the benefits conferred by the charity. In order to meet the pressing needs thus created important changes are to be made in the *personnel* of the hospital by the addition of one surgeon and one assistant-surgeon to the senior staff, and of four house-surgeons to the existing resident staff. There will thus be two important vacancies on the surgical side of the house, and among the candidates will probably be several gentlemen who have long been devoted to the service of the hospital in one way or another. The present senior assistant-surgeon, Mr. Morratt Baker, it may be assumed, will naturally be appointed to the newly-created surgeoncy, thus leaving two new assistant-surgeons to be selected from the applicants who will enter for them.

Ambulance Service for London.

ON Thursday last an influential meeting of medical men and others interested in the movement on foot to provide the metropolis with a regularly-appointed and controlled ambulance service, was held in the United Service Institution. The Duke of Cambridge occupied the chair. Sir Wm. Gull moved, and Mr. J. H. Buxton, chairman of the London Hospital, seconded a resolution to the effect that "it is desirable to form a hospital and accident ambulance service for London." This was carried unanimously, and a committee was then formed to carry out the scheme. The system to be adopted has been carried out in New York with admirable success, and although, as Mr. Holmes observed, if all policemen were members of the College of Surgeons they would still commit mistakes in diagnosis, there can still be no doubt that the new ambulance service will go very far to reduce the number of serious blunders committed in dealing with the accidentally hurt.

To Mr. Croesman must be ascribed the credit of introducing the ambulance service to this country, as it is by his efforts chiefly that the scheme has been so far advanced to completion.

Indian Medical Items.

THE great religious fair at Allahabad has come to an abrupt end. In spite of all "sanitary" precautions cholera broke out among the vast crowds assembled there. The disease does not seem, however, to have caused much mortality at the fair, but by orders of Government the pilgrims had to disperse. It remains to be seen whether in the present, as on so many former occasions, the disease in epidemic form will follow the various routes taken by them.

The first report on the working of the Contagious Diseases Act in the island of Bombay has just been published, and the Government resolution upon it takes an extremely favourable view of the benefits conferred by the Act in the diminution of disease.

Modern Dress.

MR. FREDERICK TREVES, F.R.C.S., assistant-surgeon to the London Hospital, will deliver a lecture on Saturday, February 25th, at 4 o'clock in the afternoon, at the Town Hall, High Street, Kensington, on "The Dress of the Period." Dr. Andrew Clark is announced to take the chair, and the proceedings will be under the auspices of the National Health Society. The lecture is intended to deal with the follies and absurdities committed in connection with modern clothing, and also with the serious physical injury caused in many cases by following the dictates of fashion.

The London Water Supply.

DR. FRANKLAND reports that during the past month the Thames water sent out by the West Middlesex and Southwark Companies was much polluted with organic matter, whilst that distributed by the Grand Junction and Lambeth Companies, though less so, was of worse quality than any supplied since March of last year. The Grand Junction contained moving organisms. The water drawn from the Lea by the New River and East London Companies, although better than the average Thames water, was, with the exception of that sent out by the East London in October, inferior to any supplied from the same source since March last. On the contrary, the deep-well water delivered by the Kent and Colne Valley Companies, and by the Tottenham Local Board of Health, was, as usual, of excellent quality for drinking, and the Colne Valley, being softened with lime, was also well fitted for washing and all domestic purposes.

The Jacksonian Prize.

It is rumoured that five essays have been received in competition for the Jacksonian Prize, 1881, the subject for which was "Pathology and Surgical Treatment of Diseases of the Hip-joint." For the present year the subject is "Wounds and Other Injuries of Nerves: their Symptoms, Pathology, and Treatment." Competing essays must be delivered on or before December 30th next.

Protection of Cattle by Inoculation.

At a farm near Méln, in France, experiments were recently made by M. Pasteur, in the presence of a large number of scientific gentlemen, on the duration of the action of anthracic vaccine as applied to sheep. It will be remembered that six months ago M. Pasteur vaccinated a number of sheep with anthracic vaccine, the immediate result being to preserve all those sheep from anthracic virus, whereas sheep not so vaccinated succumbed within twenty-four hours. The question was, how long the influence of such vaccination would last. Four unvaccinated sheep were inoculated with anthracic virus, as also four of the sheep vaccinated six months ago. Two of the unvaccinated sheep expired within twenty-four hours, and the other two subsequently; whereas the sheep vaccinated six months ago effectively resisted the action of the virus. Another noteworthy fact was ascertained: a lamb, the offspring of a vaccinated sheep, was inoculated with the virus; it expired within twenty-four hours,—thus proving that the protective influence through "vaccination" is not

transmitted hereditarily in this instance, any more than is the similar protective power of vaccine lymph.

Professor Parker's Lectures.

PROFESSOR W. K. PARKER'S lectures on the Morphology of the Mammalian Skull will take place at the Royal College of Surgeons in the following order:—

1. February 6th—Introductory. On the vertebrata as a group, and on the vertebrate embryo. 2. February 8th—On the development of the endoskeleton and a comparison of its cranial and spinal regions. 3. February 10th—On the superficial cartilaginous skeleton, labial, oral, and pharyngeal; on the limbs; and on the dermal (bony) skeleton. 4. February 13th—The endocranium, proper, in its gradation and development throughout the vertebrate series. 5. February 15th—The histological changes undergone by the endocranium; (a) The membrano-cranium, (b) the chondro-cranium, (c) the chondrosto-cranium, (d) the osteo-cranium. 6. February 17th—The sense capsules of the vertebrata. 7. February 20th—The visceral arches and cranial nerves in the branchiata. 8. February 22nd—The visceral arches in the abbranchiata; their abortive development and modification in relation to the sense capsules, especially in the mammalia. 9. February 24th—Recapitulation and conclusion.

Deaths under Chloroform.

AN inquest was held last week, at Malvern, on the body of a man, *æt.* 51, who died while under chloroform. Deceased had sustained a dislocation of the shoulder, and he waited upon Mr. Haynes, surgeon, who decided to administer chloroform; but, before doing so, examined deceased's heart. Soon afterwards, deceased's legs became convulsed, and he held them, but death took place in a very short time. Mr. Brown, surgeon, who made a post-mortem examination, said that deceased was in such a state of health that he might have died at any moment. The jury returned a verdict of "Died from natural causes, accelerated by chloroform judiciously and properly administered"; but some of the jury deprecated the practice of the profession in putting persons under the influence of chloroform "single-handed."

A case is also reported in the daily papers of Mr. T. Fenton, of Broughty Ferry, who was about to undergo an operation for sympathetic ophthalmia. It had not been administered many minutes before he died.

A third case of death under chloroform occurred at the Royal Free Hospital.

Poisoning.

ON Thursday week Dr. Stewart, coroner for Monaghan, held an inquest upon the body of a woman, aged 76 years, who came by her death under peculiar and melancholy circumstances. A marriage was being celebrated in the house of the deceased, and when dinner was over the company retired to the barn to have a dance. The deceased woman asked a servant girl, who was clearing away the dishes, to have a glass of wine, and, the girl consenting, the old woman took from the cupboard shelf what she supposed to be a bottle containing wine, but which actually contained carbolic acid. Before giving it

to the girl she put the bottle to her mouth to taste it, said it was very bitter, and immediately felt unwell. The old woman never recovered consciousness, and died at about eight o'clock. The jury returned a verdict of "Death from accidental causes."

The Queen's University Dissolved.

AN order of the Lord Lieutenant and Privy Council appears in the *Dublin Gazette*, containing the following passages:—

Whereas, Her Majesty has been pleased to found a University, to be known as the Royal University, under the provisions of the aforesaid statute, by charter dated the 27th day of April, 1880, which said charter vests in the said Royal University the power of conferring degrees as aforesaid;

And whereas the said University is now in a position to confer degrees;

Now we, the Lord Lieutenant General and General Governor of Ireland, by and with the advice and consent of the Privy Council in Ireland, in pursuance and by virtue of the University Education (Ireland) Act, 1879, and of every power and authority enabling us in this behalf, do, by this order in Council, fix the 3rd day of February, 1882, as the day on which the said Queen's University in Ireland shall be dissolved, and do order that from the said 3rd day of February, 1882, the said University shall stand and be dissolved accordingly.

Given at the Council Chamber, Dublin Castle,
on the 31st day of January, 1882.

Anthropology applied to Purposes of Justice.

THE police take photographs of our criminal classes, and there must now be a great accumulation of these interesting physiognomical studies. It must be difficult in London to seek out for any individual photograph; in certain cases this may be necessary. In Paris this difficulty has been considered. M. Bertillon purposes to arrange the photographs according to height of individuals. Thus, in one division would be placed those who were 1m. 55' to 1m. 60'; in another those who were 1m. 60' to 1m. 65'.

Sub-divisions might then be made according to colour of eyes, length or shape of head, special deformities, as loss of hand, finger, pock-marks, &c. We recommend this suggestion of M. Bertillon to the head of our Criminal Investigation Department, Mr. Vincent.

Queen's College, Belfast.

IT is stated that the number of students entered for the present winter session amounts to 565, being an increase of about ten per cent. upon the previous winter session. Of these, 355 have been enrolled in the Faculty of Medicine, making the medical school of this College the largest in Ireland.

WE learn with delight that an anti-vivisectionist who subscribes £20 yearly towards carrying on the anti-scientific agitation has been fined for maltreating an "unoffending" animal in his possession.

Sir George Owens and the Dublin Hospitals Board.

IN quoting last week a portion of an article from the *Freeman's Journal* we inadvertently included a paragraph which reflected on Sir George Owens' fitness for a seat on the Board of Superintendence of the Dublin Hospitals. The objection of the *Freeman* to Sir George Owens is simply that he is not of the approved politico-religious colour, with which objection we have nothing to do, nor have we the least sympathy with the opinions of the *Freeman* on the point. We, therefore, regret that this portion of the quotation was inserted, inasmuch as we were thereby made to appear hostile to Sir George Owens' appointment, which we are not. In our opinion, he is better suited for the position than the majority of the members of the Board; and we hope he will distinguish his appointment by stimulating that conclave to activity.

Homœopathy.

AT the meeting of the South-Western Branch of the British Medical Association the subjoined resolutions were passed unanimously:—

1. That this meeting desires to express its entire disapproval of the views, in relation to consultations with homœopathic practitioners, expressed by the readers of *Addresses in Medicine and Surgery* at the annual meeting of the Association at Ryde in 1881.

2. That this meeting desires to direct the attention of the Committee of Council of the Association to the resolutions in regard to homœopathic practitioners passed at the annual meeting of the Association in 1852, and re-affirmed at the annual meetings of 1858 and 1861; and now calls upon the Committee of Council to put in force as speedily as possible Bye-law 3 against homœopaths and all members of the profession who assume designations implying the adoption of special modes of treatment.

Funeral of the Queen's University.

THE dissolution of the Queen's University in Ireland was on Friday marked by a novel and strange spectacle. It occurred to the students of the Queen's College, Belfast, that the occasion demanded some demonstration, and that that demonstration could not take a fitter form than that of a mock funeral of the University, the untimely end of which is much regretted in the North. The idea thus conceived was carried out on Friday. A coffin was paraded, and following was a long line of youthful mourners. Some of the students wore their gowns, and some mourning bands in the form of white pocket handkerchiefs—in fact, these were the "semblance and suits of woe," but it is to be feared there was no more. When the "funeral" procession reached the College grounds, where the grave was dug, an oration extolling all the virtues of the deceased was delivered, which contained more truth than is sometimes to be found in funeral orations. Then, to the solemn strains of the "Dead March in Saul," the defunct University was laid to its rest. In the evening the Royal University was burned in effigy.

THE overthrow of the Gambetta Administration involves a loss to science in the removal of Dr. Paul Bert from the Ministry of Public Instruction.

The Laburnum Poisoning Cases.

CONSIDERABLE interest and discussion have been excited in the North Riding of Yorkshire relative to the deaths by poisoning of two little girls at Slingsley last month; and the coroner's inquest, which has been twice adjourned, has brought out by conclusive evidence the fact that death in both cases resulted from swallowing the berries of the laburnum. This tree is such a common favourite in gardens that a knowledge of its deadly characteristics cannot be too widely known, and children be warned against its seductive fruit. Much care has been taken in the investigation of these cases, and by a series of elaborate tests, Mr. Fairley, public analyst for the North Riding, obtained good evidence of the presence of cytisine, the poisonous alkaloid present in the seeds, bark, leaves, flowers, and all parts of the *Cytisus laburnum* (the common laburnum tree). Cytisine is a substance having a bitter taste, and distinguished from many other alkaloids by its insolubility in ether, chloroform, benzol, and carbon disulphide. Most of its salts or compounds with acids are uncrystallisable, excepting the nitrate, which crystallises readily. It gives well-marked reaction with certain re-agents, such as bromine water and solution of iodine in potassium iodide, &c. Lastly, cytisine is very poisonous, and Mr. Fairley obtained by extraction with alcohol from each of the stomachs a substance which after purification possessed all the above properties. A very small portion of the alcoholic extract from the stomach of the elder child administered to a mouse caused its death after a few hours. The case presents one singular feature of great interest to the profession, for although many instances have occurred before of children being poisoned by eating the seeds or some other part of the tree, this is the first authenticated case in which death has followed, and where a regular inquiry has been made into the case. At the conclusion of the inquest, the jury expressed a desire that the tree from which the children had eaten should be rooted up, to which request the owner promised to at once accede.

Modified and Natural Small-pox.

WE may draw special attention to the correspondence in our present issue between Dr. Buchanan and Mr. P. A. Taylor, M.P., on the subject of the modification of small-pox. Much interest will be felt in the subject on account of Dr. Buchanan's professional reputation, and from the nature of the evidence he adduces to prove his conclusions.

The Liabilities of Counter Doctors.

A CHEMIST and druggist of Kidderminster has been sued in the County Court by a victim of his counter-practice in surgery, and mulcted in the full damages recoverable—viz., £50, with costs. The plaintiff had applied to the defendant for something for his finger, in which there was a deep-seated abscess. The case was treated in the common counter-practice fashion, and the finger was permanently disabled.

Obligatory Vaccination in Switzerland.

THE *Gazette Hebdomadaire* says that, during the passage of a new law on epidemics the Swiss National Council adopted by ninety votes against twenty-three the prin-

ciple of obligatory vaccination. Every infant born in Switzerland must, according to this law, be vaccinated during the first year of its life, or at latest during its second year; and infants born out of Switzerland, if not previously vaccinated, must submit to the same rule. No child can be permitted to frequent a public or private school without a certificate of vaccination.

DR. ARCHIBALD H. JACOB, Surgeon-Oculist to the Lord Lieutenant, and formerly Ophthalmic Surgeon of the City of Dublin Hospital and the Dublin Eye and Ear Infirmary, has been appointed Ophthalmic Surgeon to the Richmond Hospital, Dublin, *vice* Dr. C. E. Fitzgerald, Ophthalmic Surgeon to the Queen, who has resigned.

THE annual rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of their population were—Derby 17, Leeds 18, Edinburgh and Hull 19, Bradford, Sheffield, Portsmouth and Leicester 20, Wolverhampton and Halifax 21, Bristol, Glasgow, Norwich, and Newcastle-on-Tyne 22, Birmingham, Preston, Blackburn, and Cardiff 23, Manchester and Bolton 24, Brighton, Salford, Nottingham 25, Oldham, Huddersfield, London, and Plymouth 26, Sunderland 27, Liverpool and Birkenhead 28, Dublin 35.

IN the principal foreign cities the rates of mortality per 1000 of the various populations were, according to the latest official weekly returns, as follows:—Calcutta 40, Bombay 34, Paris 29, Geneva 29, Brussels 23, Amsterdam 25, Rotterdam 26, The Hague 26, Copenhagen 29, Stockholm 22, Christiania 25, St. Petersburg 48, Berlin 23, Hamburg 29, Dresden 25, Breslau 29, Munich 35, Vienna 30, Prague 34, Puda-Pesth 37, Naples 28, Turin 29, Venice 25, Alexandria 31, New York 32, Brooklyn 25, Philadelphia 24, Baltimore 26. No returns were received from Madras, Rome, and Lisbon.

IN the large towns last week the highest annual death-rates per 1,000 from scarlet fever were 3.6 in Hull, 3.5 in Sunderland, and 2.4 in Brighton; from whooping-cough, 2.9 in Brighton, and 2.5 in Huddersfield; from measles, 2.9 in Blackburn, and 2.4 in Norwich; and from "fever," 2.1 in Newcastle-on-Tyne, and 1.2 in Birkenhead. The 11 fatal cases of scarlet fever in Hull raised the number recorded within the borough since the beginning of July last to 701. The 34 deaths from diphtheria included 14 in London, 6 in Glasgow, 5 in Edinburgh, and 4 in Portsmouth. Small-pox caused 21 more deaths in London and its suburban districts, one in Brighton, 2 in Salford, and one in Oldham.

As an instance of the serious waste of public funds going on in some of our medical charities and institutions may be mentioned the fact that, at the present time, there are 98 patients on board the small-pox hospital ship, *Atlas*, in the Thames, and 96 officials to attend them; worse still at Homerton Fever Hospital, where there are 48 patients and 70 officials. At Stockwell Fever Hospital there are 37 patients, and 57 officials to look after them. This matter was brought before the Metropolitan

Asylums Board at its meeting on Saturday last. Small-pox has been steadily decreasing in London for months past; and it appears to us monstrous that these large staffs are not reduced in like proportion.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

TYPHOID FEVER IN EDINBURGH.—It was reported on the 1st inst. to the Edinburgh Public Health Committee that the returns for the month of January showed 388 cases of infectious disease, including 167 of measles, 110 of scarlatina, 100 of typhoid, 6 of diphtheria, and 4 of typhus. Of cases of typhoid, 10 were in the New Town, 50 in the Old Town (of which 37 were in the St. Leonard's district), and 40 in the Southern Suburbs. On inquiry into these cases, it appeared that, with one or two exceptions, the houses in which they had occurred were in a satisfactory sanitary state. The milk used by most of the infected families in the Southern Suburbs and a few of those in St. Leonard's had been traced to one dairy, and the supply from this source had been stopped. The outbreak had gradually declined since the 19th ult., and no new cases had been reported for two days past.

THE LATE SIR ROBERT CHRISTISON.—We learn that there is good reason for believing that the immediate cause of Sir Robert's death was carcinoma of the omentum. For two months prior to his death Sir Robert had suffered from loss of appetite and other dyspeptic symptoms; he himself, we believe, however, first diagnosed the true nature and character of these. The funeral, on Wednesday, Feb. 1st, was largely attended, the *cortège* extending from one end of George Street to the other.

PRESENTATION OF BUSTS TO THE UNIVERSITY OF EDINBURGH.—At the last meeting of the Senatus Academicus of Edinburgh University, Principal Sir Alexander Grant presiding—two presentations were made to the University, one being that of a bust by Mr. Hutchison of the late Professor Sanders, M.D., and the other of a bust of the late Professor Hodgson, from the hand of the late Mr. Brodie. The busts have been placed in the library hall of the University.

THE ALLEGED DISAPPEARANCE OF A CORPSE FROM GREENOCK INFIRMARY.—A good deal of excitement and public indignation has been aroused during the past week by the disclosure of certain facts relative to the removal of a body, it is supposed for dissection purposes, from the Greenock Infirmary in November last. The official correspondence bearing on the case may be briefly summarised thus:—On Saturday, the 19th of November last, Hugh Sinclair, a man in the employment of the Caledonian Railway Company, and resident in Crescent Street, Greenock, died in the Infirmary from the consequences of a strain, which took the form of an inflammatory swelling behind one of the deceased's ears. Sinclair's wife was with him when he died, and immediately after the death she left for home to get linen to dress him for burial. On Monday, 21st November, she called at the Infirmary along with another woman to dress her husband's corpse, but in the lobby Drs. Whiteford and Dobie requested that they might be allowed to look at Sinclair's head, as they wished to examine into what they thought an unusual cause of death. This Mrs. Sinclair agreed to, although she now denies having given the doctors authority to cut the head. She called back to the Infirmary on the afternoon of the same day—21st November—to dress

the body of her husband, but on going into the mortuary there was only one dead body there, and it was not her husband's, but that of a fisherman named Logan. Since then Mrs. Sinclair has not seen the body of her husband, and she has, through a legal agent, called upon the Infirmary directors to deliver it up. The officials of the Infirmary say that the mistake occurred owing to erroneous identification by Logan's mother of Sinclair, as being the body of her son, and that, as a consequence, Sinclair was first interred as Logan. The directors say that the demand to exhume Sinclair's corpse from the common pauper ground would now be attended with much difficulty, as many burials have now taken place in the "parochial pit" since 21st November. The latest phase of the question is that the Infirmary directors and Mrs. Sinclair's law-agent are about to make a joint application to the Sheriff for the exhumation of the body of Sinclair, so that it may be dressed and interred in a purchased grave. It will therefore be seen that the authorities are on the horns of a dilemma.

FUNERAL OF SIR ROBERT CHRISTISON, BART., M.D., F.R.S.—The funeral of Sir Robert Christison, whose obituary we gave in our last, took place on Wednesday, and was one of the largest public funerals witnessed in Edinburgh for many years. At half-past one o'clock a private service was conducted in the house of the deceased by the Rev. Dr. Scott, of St. George's Church, at which there were present nearly 50 relatives and friends. Immediately on the conclusion of this service a short public service was held in St. George's Church, in which there were a large number of the representatives of public bodies and others. At its close the University Company of the Volunteers, and the students of the University and general public attending the funeral were formed into procession, and the *cortège* as it wended its way to the new Calton burying-ground, where the remains of the deceased were to be deposited in the family burying-ground, was of imposing length. No attempt at an oration was made over the grave, extreme simplicity in detail characterising the entire proceedings, and almost universal signs of mourning along the entire route, and by the assembled multitude were observed.

Correspondence.

HYPODERMIC INJECTION OF QUININE AS A PROPHYLACTIC IN CHOLERA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The suggestions which you did me the favour to publish in your issue of May 12th, 1880, on the above subject, having reached India, I had the honour to receive on Nov. 18th, 1881, from Dr. Cunningham, the surgeon-general with the Government of India, the following communication:—"That, owing to the danger attending the hypodermic injection of quinine in this climate (India) the practice has been prohibited. As the injection of the acid solution given in your formula would probably be attended with equal danger, and no certain advantage, as determined by experience, I regret that I do not feel justified in advising such a practice."

One cannot but admire the judicious caution of an officer placed in so responsible a position as is Dr. Cunningham, but I ask you to allow me to draw attention to a paper by Dr. Charteris, of Glasgow, in the *Lancet*, of Nov. 12, 1881, page 822, on the hypodermic injection of quinine in ague. Dr. Charteris used a solution of twenty grains of sulphate of quinine, and fifteen grains of tartaric acid in half an ounce of water. He writes that twenty minims of this solution were injected every two hours; (the number of such injec-

tions is not stated). "The injection caused no pain, and it was followed by no abscesses. I can testify as to the pain being nil, and to the absence of any inflammation . . . It seemed to have the effect of warding off the attack (ague) according to the man's statement."

As bearing on this subject it may be useful to quote Major Serpa Pinto, (a) who writes (Vol ii, p. 90):—"The following day I was much worse, being attacked with severe inflammation of the liver, for which I applied caustics of pulverized quinine." Again, at page 91 he writes:—"The pulverized caustics of quinine, and three grammes of that medicament, which I introduced into the system in three hypodermic injections at short intervals, calmed my feverish state, so that on the 10th (having injected on the 9th) I was able to rise, feeling considerably relieved." Again, at page 94, vol ii, he writes:—"The repeated hypodermic injections of quinine in strong doses had, against my expectations, nevertheless, overcome the fever, so that by six o'clock on the morning of the 12th I felt so much relieved that I determined to pursue my voyage."

I have not come across any remark, in Major Serpa Pinto's volumes of evils following the hypodermic injection, or the application to blistered surfaces of quinine.

I have injected hypodermically, quinine dissolved in dilute muriatic acid, without abscess or severe inflammation following, but in future I shall use Dr. Charteris' formula.

Yours, &c.,

WILLIAM H. PEARSE, M.D.

1 Alfred Place, Plymouth.

THE SALE OF POISONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The state of the law affecting the sale of poisons is at present attracting much attention in England, where the "Poisons Act"—faulty as it is—appears to be fairly carried out. Infractions of the Act, at least, lead to prosecution, when attention is called to them.

It is well that the public, as well as the medical profession, should be made aware that in Ireland this Act (33 and 34 Vic. cap. 26) is *absolutely a dead letter*. Has any one ever heard of a single prosecution having been instituted in Ireland under the Act? I have not. All over the country the most deadly poisons are sold by grocers, ironmongers, and other small traders, many or most of whom are not only ignorant of the dangerous nature of the commodities which they spread broadcast, but are even ignorant of the existence of such a chapter in the legislation of the country as a "Poisons Act." I have myself seen a package of potassium cyanide, containing half a pound, sold across the counter in the city of Dublin to a messenger boy, without any reference, or a single question asked, as to who the purchaser was. So far from complying with the necessary formalities prescribed by the Act in the way of entry in book, introduction, &c., the parcel had not even the word "Poison" marked upon it.

Cases such as this have been frequently brought under the notice of the Council of the Pharmaceutical Society, who, I regret to say, are powerless in the matter.

Under the Pharmacy Act (Ireland), (38 and 39 Vic., cap. 57), which constitutes our Society, and grants to our licentiates in the future the sole privilege of selling the scheduled poisons, the Legislature, with a due regard to vested interests (which even at so recent a date were considered to be entitled to some respect), reserved to all persons (sec. 31), no matter how ignorant, who were at the time engaged in the sale of poisons, the right to continue their dangerous trade. No machinery was provided for registration of such persons, nor can any check be imposed by our Council, who are supposed to have some responsibility in the matter, and who are most anxious to interpose between the public and a very alarming danger.

Two years ago, a deputation from the Council of the Pharmaceutical Society waited on one of the permanent officials of the Irish office, by whom they were favourably received, and upon whom they impressed their views. These were, that powers should be given to our Council, by a Short Act, to compel all persons whose vested rights were preserved by the Pharmacy Act to come in before a certain date, or register their names,

(a) "How I crossed Africa." By Major Serpa Pinto: 1881.

giving satisfactory proof that they were at the passing of the Act engaged in the sale of poisons. This would no doubt authorise many ignorant persons to engage in a dangerous trade, but there would be some feeling of responsibility arising out of the fact of being registered; there would be a desire to prevent other persons totally unauthorised from engaging in the traffic; there would be some observance of the requirements of the Act; and above all, there would be some finality in the arrangement; and at some time the sale of poisons would be confined to those who had proved by examination their fitness to deal with such things. Any proceedings taken now are certain to be met by the defence that the person prosecuted was within his rights in selling poisons, and it is unnecessary to say how difficult it would be to obtain a conviction in this country.

Nothing has been done by Government since to give effect to our suggestions, nor will anything be done until some great calamity takes place, when perhaps attention may be called to the subject.

I have no doubt that the matter, if ventilated through your columns, will receive the attention of the medical profession, and if pressed by them, may lead to some effectual amendment in the law.

I am, Sir, yours, &c.,

J. E. BRUNNER, M.D.

68 Grafton Street, Dublin,
Jan. 26, 1882.

MODIFIED AND NATURAL SMALL-POX.

THE following correspondence has been forwarded to us for publication by Dr. Buchanan:—

A LETTER ADDRESSED TO P. A. TAYLOR, Esq., M.P.

DEAR SIR,—I feel obliged by your courtesy in sending me your pamphlet.

I have read it with deep interest, but at the same time with profound astonishment, that you should entertain and make public the doctrine therein set forth.

You are obviously an expert logician, and if you had accurate data before you, would, I believe, rarely come to a wrong conclusion. Unfortunately, in the question which you raise in your pamphlet, only one half of the data are known to you, and of the other half you seem not to have the most remote conception.

You are, perhaps, wisely distrustful of the statements of men whom you believe to have a pecuniary or other personal interest in the statements they make. Will you accept the testimony of an octogenarian, who has no interest to serve but the interest of truth, and who has, I believe, seen as much of the *natural small-pox* as any man now living?

I presume you understand that by *natural small-pox* we understand the disease as it occurs in persons who have not been protected, either by vaccination or by inoculation with the matter of small-pox, and that we use the term in contradistinction to *modified small-pox*, the form which the disease assumes in persons who have been protected in either of the above ways.

Now it is only this last form of the disease that you have ever seen, and of the former you have no idea whatsoever. Could I but reverse the car of Time, and carry you down with me to Glasgow in the year 1819-20, you would in the course of a few hours understand the whole natural history of small-pox.

There is a severe epidemic of small-pox raging in the city. The inhabitants have been all protected by the wise regulations of the Faculty of Physicians and Surgeons. The men above 20 or thereabout have all been inoculated with small-pox matter, or have had the natural disease, (a) and of those not one took ill, so much more thorough is the protection given by having had small-pox than that which vaccination confers.

Among the young people who had been vaccinated a brisk epidemic prevails. There is high fever, with an eruption of papules with a clear liquid on the summit, which gradually blackens, or in more severe cases passes into purulent matter.

(a) I believe I was the last person in Glasgow who underwent inoculation for small-pox, our family physician, Dr. Anderson, keeping to the practice of Lady Wortley Montague, after all his colleagues had become converts to Jenner,

The disease was over in six or eight days, and there was not a single death so far as I knew.

But I have now to draw a more melancholy picture, when I direct your attention to a third class of the inhabitants—strangers who had come to Glasgow in quest of employment chiefly from the north and north-west Highlands. These poor people were for the most part quite unprotected, and took the disease in its most virulent form. They were carried to wards appropriated to them in the Fever Hospital of the Glasgow Royal Infirmary, which was then in the back wing of the old house.

As you enter the ward you are assailed by an acrid stench, *sui generis*, which compels you at once to shut your mouth and compress your nostrils.

The man you see in this bed has just been brought in. He has the confluent small-pox, the worst form of the disease. He is in a state of such extreme prostration, that in whatever position he is laid, he is quite unable to change it; but he is in the hands of kind and intelligent nurses. His face is swollen to double its natural size, and covered with large irregular blebs filled with putrescent greyish matter. The patient in the next bed lies on his back, encased in a mask of brownish-black scabs. The next one is farther on, sitting up picking the scabs from his bleeding face and skin. We need not go farther, for the other cases are quite similar. The mortality varied from one in three to one in four and upward, according to the period of the epidemic and other circumstances. I trust your eyes are now opened, and that you see the fallacies in which you have involved yourself and your readers.

The great glory of the immortal Jenner does not consist in his having extirpated small-pox, which is as ripe as ever, but in his having converted the most loathsome and fatal affection with which God in his wrath ever afflicted the human race into a trifling or mild disease.

Your attempt in your pamphlet to tear the laurels from the honoured brow of Jenner, and the direct tendency of the pamphlet is to bring back among us the natural small-pox—an open enemy to the human race would attempt the same thing. But I willingly and fully acquit you from all malevolent intent, because you speak in ignorance. But it is surely not wise in you to oppose the whole Medical Faculty on their own field, and in a most important practical question; besides misleading your constituents, and others into paths, where you yourself are groping your way in the most profound darkness. My advice to you, therefore, is that you should commit to the flames the numerous copies of your pamphlet still on your hands.

With much respect for your high position as a Member of the Commons' House of Parliament,

I remain, yours sincerely,

186 Bath Street, Glasgow,
Dec. 28, 1881.

ANDREW BUCHANAN.

P. A. Taylor, Esq., M.P.

P.S.—I intend publishing this letter, and should you honour me with a reply, I shall, with your permission, publish it at the same time.

MR. P. A. TAYLOR'S REPLY TO DR. BUCHANAN.

DEAR SIR,—I beg to thank you for the courtesy of your observations on my letter to Dr. Carpenter, as also for your offer to print my reply with your own letter.

My answer will be very short. You declare that "The great glory of Jenner is not in having extirpated small-pox, because it is as ripe as ever, but in having turned it into a mild disease."

If you will do me the favour to read my letter more carefully, you will perceive that official statistics are dead against your theory, and prove beyond all doubt that the ratio of deaths to cases, in small-pox, is quite as great in the *protected* England of the 19th century as in the *unprotected* era of the 18th.

I am, dear Sir, yours faithfully,

P. A. TAYLOR.

22 Marine Parade, Brighton,
Jan. 7, 1882.

A. Buchanan, Esq., M.D., LL.D., &c.

DR. BUCHANAN'S REPLY TO MR. TAYLOR.

DEAR SIR,—I have read over your pamphlet again, attending particularly to the statistics, as you ask me to do. The

most interesting to me are those in which you compare the deaths in the small-pox hospitals in reference to the number of cases in the vaccinated and the unvaccinated, and find it to be *eighteen* in the one and *nineteen* in the other, omitting fractions. Now I have no doubt this is a true ratio, for it accords with the experience of every physician, that if vaccination fails to impart its preventive efficacy, the disease assumes very much the form of *natural small-pox*. But when you infer that a saving of life to the extent of one per cent. is all that is gained by vaccination, you forget that it is only the worst of vaccinated cases that are sent to the hospital, and that for one such case there are at least fifty in which the disease was a mere trifle. Among the lower ranks the disease very frequently is never discovered—a man feels quite well, and takes his food, and is not disturbed by a few pimples on his face. The thing is only discovered when some person gifted with the *tactus eruditus* looks perhaps on two pimples on the back of the neck, or on the brow, and pronounces them to be genuine variolous pustules; he follows this up with the proposal to send the patient to the Small-pox Hospital, to the indignation of the patient and his friends; and hence the systematic concealment of small-pox among the lower orders. The sanitary authorities, in such cases, should be quite satisfied with confining the patient to his own home, as is done and allowed in richer families; for there should never be one law for the rich and another for the poor.

It is quite clear from what I have stated above, that no trustworthy report of cases of *modified small-pox* can ever be expected from the sanitary authorities. But the ratio of deaths from *small-pox after vaccination* to the number of cases can be readily determined by any medical man who keeps an accurate record of his cases. I cannot pretend to have done so, but speaking from memory, I would say that not more than one in fifty cases would have been a fit patient for an hospital; but to be fairly within the mark, let us say 25; that is, one case in 25, or 4 in 100, are sent to the hospital. Now of these there die 18 per cent. Combining these ratios, the result is that the death-rate from modified small-pox in 100 cases is 0.22, that is, one-third of a per cent., or one death in three hundred. In my own practice I have seen very bad cases, but never a single death. This result accords with the testimony of my brother.

Quite recently an attack of small-pox took place among my grand-children; one of the children took it, but whence it came from is a mystery. The house is quite isolated, and there was no small-pox in the neighbourhood. Ten days afterwards, the usual period of incubation, other six children took it—all but the baby, who had providentially been vaccinated a short time before. None of the patients lay in bed for a single day. They had good spirits and good appetites, and were all quite well again in eight or ten days. How thankful should we be to Almighty God, who has given to us and to our children a mild and painless disease in the place of the loathsome and fatal *natural small-pox*!

I am, dear Sir, yours sincerely,

186 Bath Street, Glasgow,
Jan. 11, 1882.

A. BUCHANAN.

P. A. Taylor, Esq., M.P.

Obituary.

MR. OWEN, OF PLYMOUTH.

WE regret to announce the death of Mr. Thomas Edward Owen, surgeon, which took place last week at his residence, Locker Street, Plymouth. The deceased gentleman had been in a delicate state of health for some time past, but had been able to attend to his professional duties. On Wednesday evening he was taken ill, and removed to his residence. He vomited quantities of blood towards midnight, and two hours later passed away as if in a quiet sleep. Mr. Owen was forty-four years of age, and formerly practised at Totnes, but for the past seven or eight years has resided in Plymouth. He was M.R.C.S., England; L.S.A. and L.M. (Dublin); formerly house surgeon at the Rotunda Hospital, Dublin, and the Royal Free Hospital, London.

Literature.

KOUMISS, OR FERMENTED MARE'S MILK. (a)

THE reader of Dr. Carrick's work on "Koumiss, or Fermented Mare's Milk" will find much to interest and instruct him. We learn that the first time koumiss is mentioned by name is in the "Ipatof Chronicles" of the 12th century, where it is told how Prince Igor Seversky was taken prisoner by a nomad tribe of Mongolians dwelling in the south of Russia, and the captors got so drunk upon koumiss that they allowed their prisoner to escape; from which we are to conclude that koumiss was stronger, or people's heads were weaker, then than now.

William de Rubruquis, a French friar, who travelled in Tartary in 1254, says that koumiss makes the inside feel very comfortable and it intoxicates weak heads. If this be so, the individual who finds that he cannot drink koumiss without some degree of intoxication resulting, must infer that his head is a weak one, and will not stand alcohol, even when blended with such a wholesome liquor as milk.

Chapter III., treating of the chemical changes which milk undergoes during fermentation is worth careful perusal, for the author has carefully worked out the chemistry of the process according to present knowledge. The chemical change effected in milk as it becomes koumiss appears to consist in the sugar (lactine) undergoing the vinous as well as the lactic fermentation; in the greater part of the casein becoming separated from, while a small part is dissolved in, the whey; and in a slight decrease in the amount of albumen and lacto-protein, at the expense of which the ferments feed. When milk is fermented by the aid of yeast at a temperature of 80° to 90° F., lactic acid very speedily develops, but it is not until the lapse of five hours that a true vinous odour can be detected in the milk. Brisk agitation of the milk and exposure to the air powerfully aid the vinous fermentation, and fulfil also the important indication of preventing the lactic acid, formed early in the process, from passing into the noxious butyric acid. Furthermore, to prevent butyric acid developing, the milk must not be too rich in fat. Mare's milk being rich in lactine and comparatively poor in butter is well adapted for the preparation of koumiss.

We cannot pursue further the chemistry of koumiss-making, but would draw the attention of the reader to the appendix on the fermenting of cow's milk. Cow's milk koumiss appears, from the remarks of Dr. Carrick, at page 266, to have been prejudiced in his estimation by the over-laudation bestowed upon it by some of its supporters. We believe that if Dr. Carrick would follow the rule that we ourselves endeavour to pursue when seeking to estimate the value of any new remedy, and which is entirely to discard all "testimonial" and then to try the preparation fairly on patients, he would find that well-made cow milk koumiss has earned for itself some claim to credit as a useful dietetic agent in cases of weakness and irritability of stomach.

The Tartars, it seems, do use cow's milk for making koumiss when mare's milk fails, and Dr. Polubensky, who had derived much benefit personally from the use of koumiss made from mare's milk found, during many a winter, that fermented cow's milk very well replaced the genuine article in his diet list. Dr. Polubensky's directions for preparing koumiss from cow's milk are fully detailed, and can be followed out easily enough.

Lastly, the effect of living at Samara, or on the Steppes, and drinking koumiss appears to have a wonderful effect on consumptive invalids. Prof. P., a phthisical gentleman, went, by the advice of Dr. Carrick, to Samara for the koumiss cure. In six weeks the professor had grown into a round-faced, fresh-coloured, plump individual, whom Dr. Carrick failed to recognise. Five bottles of koumiss daily and the Steppe air had increased this man's weight by 14½ pounds. Increase of weight in cases of well-developed

(a) "Koumiss, or Fermented Mare's Milk, and its Uses in the Treatment and Cure of Pulmonary Consumption and other Wasting Diseases." With an Appendix on the methods of Fermenting Cow's Milk. By George L. Carrick, M.D., L.R.C.S.E., L.R.C.P.E.; Physician to the British Embassy at St. Petersburg; Secretary and ex-President of the St. Petersburg Physicians' Society, &c., &c. Pp. 294. London and Edinburgh: Blackwood & Sons.

phthisis has been observed by all who have visited the koumiss cure establishments of Oranbourg and Samara.

We would wish to awaken interest in this book of Dr. Carrick's; it is written in a thoroughly professional spirit, and, before sitting down to write, the author made six different journeys to the Steppes to see the cure at work there in the establishments of Dr. Postnikof and others. Before 1858, the year in which the establishment of Postnikof started, the number of patients who left their homes to undergo the mare's milk cure could be counted by the dozen; now, according to Dr. Shermazanof, there are nearly 1,500 patients treated annually in the several koumiss establishments in the vicinity of Samara alone.

It is well known how cow milk koumiss has already obtained a good footing in this country under the auspices of Dr. Jagielski, and we can only hope that an agent of evident promise may obtain a fair and extended trial.

TROPICAL DYSENTERY AND CHRONIC DIARRHOEA. (a)

In his work on Tropical Diseases, Sir Joseph Fayrer has brought together so much information, valuable especially to the medical officer in India, that it becomes somewhat difficult, out of so much that is valuable, to select even a few points whereon to comment. On the subject of Dysentery he gives (p. 10) a series of tables showing the ratios of sickness and mortality by the disease in 1878 in each of the three presidencies. According to that table the ratios per 1,000 mean strength were:—In Bengal 39.7 admissions; in Madras 93.9; Bombay 35.3; India generally 49.3. The rates of mortality per 100 cases treated of the same disease on the same occasion were respectively—3.80, 3.25, 3.14, and 3.52. Thus it appears that, whereas in Bengal the liability to attack was somewhat greater than in Bombay, and very much less than in Madras, the death-rate among those attacked was considerably greater than in either of the smaller Presidencies. It would be interesting to compare figures thus given with statistics of years long past. For example, in 1812, viz., the first year for which statistics are available, among the British troops in Bengal the ratio per 1,000 strength admitted on account of dysentery was 281; the ratio of deaths per 100 treated for that disease was 8. Those were times when much severe work, including exposure of our troops in India, was performed by soldiers; when in barracks they were crowded together; when rations consisted for the most part of salted food and spirits; and when the type of disease generally among them was very much more severe than it is at the present time; and yet, while the rate of prevalence was seven times greater than it was in 1878, the rate of mortality in the severer form was little over twice that of the later date. Hence it follows that the rate of mortality as compared to severity was absolutely less at that early date than it now is. As to the causes of the disease, those most commonly in operation are enumerated at page 30, viz.—“vicissitudes of climate; exposure to cold and heat; sudden alternations of temperature; exposure to damp winds; the ill-effects of moisture of the rainy and drying-up season in September and October; exposure of the body, especially the abdomen, during sleep, or when perspiring; the sudden laying aside of flannel body-clothes, and so on.” He alludes (p. 43) to the greater prevalence of the disease in India than in other climates; he then discusses the pathology and morbid anatomy of the disease, quoting the observations on these points made by Drs. Goodeve, Chevera, and other eminent authorities on Indian diseases. In discussing the treatment of dysentery (p. 6) the author refers to the administration of ipecacuanha in large doses, in place of the system of small doses, as had previously been the case from the year 1658, when, under the name of the radix dysenterica, the drug was first introduced into England from Mexico. That method has been a good deal followed in India since 1858, when a paper on the subject appeared in the *Lancet*. Unfortunately, the Army Medical Blue Book does not furnish the means of instituting a comparison of mortality by particular diseases throughout a series of years. From information available, however, we learn that in the Bengal Presidency, in the year

from 1st April, 1855, to 31st March, 1856, &c., prior to the introduction of large doses, the admissions on account of dysentery were 1,114; the deaths 98; equal to a ratio of 8.7 per 100; that in 1868, when the treatment by large doses of ipecacuanha was in the first flush of fashion, the admissions, 1,867 in number, gave 104 deaths; equal to a ratio per cent. of 5.5. Thus, no doubt, statistics show a considerably diminished death-rate after the date when the new system of treatment was adopted. But does it follow that this decrease was in consequence of that new method? By no means. From improvements in the conditions under which the soldier lived, brought about as a result of the Royal Commission regarding the health of the troops in the Crimea, the prevailing type of this disease, as of others affecting the soldier, became diminished; then also, in consequence of the influx of newly-arrived regiments and soldiers to take the place of those that had served in the Mutiny, the mortality as shown by figures occurred by first attacks, rather than in persons who had suffered several, as had previously been the case. But the fact is, statistical figures by themselves are by no means infallible or safe guides with regard to medical matters, involving, as these do, so many circumstances of which arithmetical symbols can take no note. In cases of inflammatory dysentery, ipecacuanha in large doses may, and does moderate the vascular condition. But so also do the application of leeches, fomentations, warm-water enemata by means of the long tube, as used by O'Bierne many years ago, and the employment of calomel and opium internally. In cases of hemorrhagic, scorbutic, or purely malarial dysentery, on the contrary, the administration of ipecacuanha in large doses proves directly pernicious; while, in any case, the extreme nausea and discomfort in other respects which follow its administration induce many medical officers to employ less unpleasant remedies. And this they do with equally good effect.

Then follows a chapter on Bael fruit as employed in the treatment of dysentery. *Aegle marmelos*, the tree which yields the wood-apple, Bael, or Naraidu as the fruit is respectively called by English residents in India, and by natives of Bengal and Madras, belongs to the natural order Aurantiaceae. Probably on account of its medicinal qualities it is cultivated in the vicinity of Hindoo temples, and on account of its ternate leaves is considered typical of the Trinity of Brahmin mythology, as the Oxalis and Trifolium severally are to the Trinity of our own faith. With regard to the actual properties of the fruit in the treatment of dysentery, opinions differ. In cases of chronic diarrhoea the carminative properties of the pulp render it a decidedly pleasant medicine to take. In Calcutta an agreeable sherbet prepared from it is much used both by natives and by Europeans during the rainy season as a prophylactic against bowel complaints generally; in Madras, however, it does not appear to be so. In the Straits of Malacca the rind of the *Garcinia mangostana* is made use of both as a prophylactic against and a remedy in dysentery. In China the *Ailanthus glandulosa* is similarly used, and it is stated with such success that the natives of “the central Flowery Land” consider their own method of treating dysentery to be more successful than that adopted by European physicians.

Sir Joseph Fayrer adds chapters on Liver Abscess; on Malarial Cachexia; Beri Beri; Bronchocele; Elephantiasis; on the *Filaria sanguinis hominis* in relation to Endemic Diseases; on Sunstroke; Dengue; Health of Children in India; Preservation of Health; and Rainfall in relation to Health and Disease.

OBSERVATIONS ON THE CÆSAREAN SECTION, CRANIOTOMY, AND OTHER OBSTETRIC OPERATIONS, WITH CASES. (a)

THE publication of this work on a rather difficult but important subject will be a matter of much satisfaction to all obstetric practitioners, whether specialist or otherwise, from the fact that it presents an able résumé of the whole matter. Where opinions are so diametrically opposed as on the

(a) “Tropical Dysentery and Chronic Diarrhoea.” By Sir Joseph Fayrer, K.C.S.I., &c., &c. London: J. and A. Churchill, 1881.

(a) “Observations on the Cæsarean Section, Craniotomy, and other Obstetric Operations, with Cases.” By Thomas Radford, M.D., F.R.C.P. Edin. F.R.C.S., Eng., &c.; Hon. Consulting Physician to St. Mary's Hospital, and the Manchester and Salford Lying-in Hospital. Second Edition. London: J. and A. Churchill.

justifiability of this operation, it is hardly for us to express ours, further than to say that, with all Dr. Radford has added the case remains pretty much in the stage of "not proven." The whole subject is very carefully handled, and the arguments made use of are forcibly, if not altogether convincingly, put. To the impartial reader it is, however, evident that the work is that of one who believes in his subject almost enthusiastically, and therefore, he cannot help noting the strong bias that prevails throughout the book. That this is a decided advantage is indisputable, as it holds the subject up clearly from a decided point, that is to say, the author has here laid before us all that can be said in favour of the operation. When an obstetric practitioner of more than 40 years' standing expresses an opinion founded on experience, we listen with respect and carefully weigh his reasons. The work is divided into two parts, the first, dealing more with the discussion of the operation and its necessity, the second being more practical, and giving cases. In Chapter I. the necessity of Cæsarean section as an obstetric operation is dwelt upon fully, and the reasons for having recourse to it at all, enumerated, and the various causes rendering delivery *per vias naturales* impossible, noticed. In Chapter II. the statistics of Cæsarean section are alluded to; this is followed by a glance at the various causes of maternal and infantile mortality, the causes of which are very fully discussed, with regard to the former especially. One point justly dwelt upon is the extra chance of recovery in cases when early performance of any obstetric operation is had recourse to, instead of waiting till the whole physical powers are exhausted or depressed.

One of the most important chapters is that devoted to the performance of the operation. In these days when we find the peritoneal cavity continually freely opened and exposed, with ultimate good recovery, most of the dread and uncertainty formerly surrounding the performance of such serious operations as Cæsarean section, have been dispelled, and we are compelled to look to other causes for the high mortality, than either the susceptibility of the parts concerned, or the condition of the patient at the time. To the man who finds himself in a position requiring the performance of this or similar operations, the minute directions given here are valuable, and for the first time, laid before us in a special form.

The author lays stress upon ascertaining exactly the position of the uterus before making any incision, and also what change of form may have taken place from abnormal shape or distortion of pelvic cavity. For reasons which he gives, a lateral incision through the uterus is chosen, before making which it is desirable not only to learn the position and shape of the organ, but also the location of the placenta, so as to avoid wounding it if possible. In Chapter IV. he says, "Before the incision is made it is of the utmost consequence to raise the deflected uterus up, or else the fundal tissue which abounds with large anastomosing vessels, must unavoidably be divided. Neglect of this caution has, no doubt, led to hæmorrhage which happened in some of the cases. A division of the structure of the upper part of the fundus must certainly interfere with the regular or efficient contraction of the organ, and thereby produce a gaping character of the wound."

In the remaining chapters of the first part, the alternative operative measures for effecting delivery in cases of contracted or distorted pelvis are fully discussed and weighed *pro and con*. The employment of the long forceps—turning in cases of slight distortion—the induction of premature labours—the induction of abortion at an early period of gestation—when it is evident that, by no human means, short of Cæsarean section can anything above a half-developed child be delivered through the pelvic opening.

Ovariectomy, in itself a moot point, and evoking much discrepancy of opinion is fairly and well discussed, adverse opinions being freely quoted and debated, the relative value of the two operations being fairly laid before the judgment of the reader.

In his concluding chapters Dr. Radford enters freely into the matter of the relative value of maternal and infantile life. Stating all that can be said on the matter whether ethically as a question of morals, or maternally, as a cause of stern necessity, when life has to be saved.

The second part of the work is devoted to the concentration of the references to all ascertained cases of this operation, in the hope that it may prove valuable to all "who are desirous to analyse and compute the risks and dangers of it, in com-

parison with the results of those alternate operations which are recommended to supersede its performance."

In this part every circumstance bearing upon the case in any way is considered and tabulated. The general connection with the result estimated. The points more especially noted are the number and kind of previous labours, the mode of delivery, the state of the os uteri, the situation of the placenta, the line of incision, the constitutional state, the use of anæsthetics, the reputed cause of death, and the result of any post-mortem examinations. In the cases given, all such practical matters as the occurrence of hæmorrhage or peritonitis, the sutures used, the occurrence of exhaustion, &c., are, as far as possible, given.

A most valuable feature in the work is the appendix of tables giving some account of every known case in this country, 131 in all. Comprising year, name and address of patient, by whom related, operator, cause of difficulty, duration of labour, and result. The only omission in these tables which might be rectified, would be to state if possible the number of the pregnancies in each case.

In conclusion, we have only to say that, this is the most complete monograph we have on the subject, and therefore doubt not its good reception by obstetricians.

PASS LISTS.

Royal College of Physicians of London.—The following candidates having passed the required examinations, were admitted members, January 26, 1882:—

- Bevor, Charles Edward, M.D. London, 129 Harley Street, W.
- Bradshaw, Alexander Frederick, Devonport.

Royal College of Surgeons of England.—At meetings of the Court of Examiners on January 19th, 20th, and 23rd, the following gentlemen, having passed the required examination for the diploma, were duly admitted Members of the College:—

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> Amies, Frederick Richard. Bonignac, Joseph Ludovic. Booth, Edward Hargrave. Brinton, Rowland Danvers. Bunn, Charles Grirling. Clegg, John Hague. Cockburn, Lestock Westherley. Coveney, John. Douty, Joel Harrington. Fotherby, Henry Arthur. Foulds, Joseph Jas., L.K.Q.C.P.I. Fuller, Andrew. Giles, W. Broome, L.R.C.P.Ed. Goddard, Walter Horace. Heyes, Joseph Langton. Hoyd, Herman Emile, M.D. Honman, Andrew. Hurry, Boyd, B.A. Cantab. Edmont, James, M.B. Edin. | <ul style="list-style-type: none"> Maher, William Odillo, M.D. Q.U.I. Mattel, Edward, M.D. Malta. Mortimer, J. D. Ernest. Payne, Frank Cobham. Payne, John Woolard. Pigott, Peter. Ries, Richard. Bout, Charles. Scott, Bernard Charles. Spicer, R. H. Somes. Taylor, C. A. Andrews. Thomas, G. T. Harley. Todd, Charles Edward. Utting, George Hookering. Voisey, Clement Bernard. Wadia, Dhanjibhai, L.R.C.P. Ed Watson, Archibald, M.D. Paris. Webb, Malcolm. Wedmore, Charles, E., Cantab. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
- Williams, Walter Treloing.

Army Medical Service.—The following is a list of Surgeons on Probation in the Medical Department of the British Army who were successful at both the London and Netley examinations, February 6, 1882:—

IN M. Reid	No. of Marks	J. W. Jerome	No. of Marks
W. H. P. Lewis	2,325	W. W. Pike	1,675
W. Dick	2,229	M. E. Fitzgerald	1,670
*F. J. Jencken	2,141	L. H. Trueitt	1,670
F. H. Treherne	2,105	J. M. Irwin	1,665
S. F. Loughheed	2,100	F. J. Nealon	1,650
J. C. Haslett	2,075	E. O. Wight	1,640
H. J. Barratt	2,065	W. A. Morris	1,625
H. E. R. James	2,025	F. H. M. Burton	1,610
H. O. Trevor	1,990	J. Heath	1,605
A. F. Russell	1,985	C. H. Nichol	1,605
R. J. Fayle	1,971		

† Gained the Martin Memorial Gold Medal. * Gained the Montefiore Second Prize.

Indian Medical Service.—The following is a list of Surgeons on Probation in Her Majesty's Indian Medical Service who were successful at both the London and Netley examinations, 6th February, 1882:—

	No. of Marks		No. of Marks
† L. T. Young	5,217	E. B. Roe	4,485
**J. B. Gibbons	5,205	John Smyth	4,460
* G. J. Shand	5,010	H. Greany	4,090
D. St. J. Grant	4,828	E. P. Youngerman	3,980
D. G. Crawford	4,640	J. Kernan	3,980

† Gained the Herbert Prize, the Martin Memorial Silver Medal, and the Parkes Memorial Bronze Medal. ** Gained the Montefiore Medal. * Gained the Prize in Pathology.

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.

DR. MACILROY (Portglenone).—1. Neale's Digest is a most exhaustive and valuable catalogue of papers published in medical periodicals, but nothing more. It contains nothing about treatment. 2. The new scale of fees has been issued behind the back of the Irish Medical Association and kept studiously secret from them. We very much wish for a copy of it, if you could get it.

FEES FOR EXAMINATION OF DANGEROUS LUNATICS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—A reply to the following questions in the next issue of your valuable journal would much oblige,

Yours truly,
L. E.

The family medical attendant (who is not a dispensary doctor) of Miss D. is called upon to visit her. He considers her a dangerous lunatic. Are the magistrates empowered and legally compelled to call in the district medical officer (Poor-law) to examine her and sign the certificate for her removal to the district asylum and ask the friends of the patient to pay the doctor his fee?

A young lad who is subject to bronchial attacks during the spring months, his present residence is low and damp, and exposed to east winds, is of a lymphatic temperament, and wishes to try a change of air during the months of February and March—a dry, bracing climate agrees best with him. Would Rostrough (co. Down) suit him, or would you recommend one of the English or Scotch health resorts? and, if so, where?

[1. The 10th clause of the Act 30 and 31 Vic., cap. 118, which covers this matter, is as follows:—"10. Whenever any person shall be brought before any two Justices and it shall be proved to their satisfaction that such person was discovered and apprehended under circumstances denoting a derangement of mind, and a purpose of committing some crime for which, if committed, such person would be liable to be indicted, the said Justices shall call to their assistance the medical officer, or, if there be more than one, the nearest available medical officer of the dispensary district in which they shall be at the time, and if there shall not be any such medical officer available, then the nearest available medical officer of any neighbouring dispensary district, who shall examine such person." By a subsequent Act the Justices may order payment of a fee by the guardians, but, of course, if the friends of the patient have already paid, the magistrate will not give such order. This law applies only to dangerous lunatics brought up by the police. As regards the harmless insane, the friends must pay, or no one, and any medical practitioner may certify. 2. We request our readers to answer this.—Ed.]

DR. CROFT.—Thanks for the interesting little pamphlet. Mr. On Lee evidently intends to retaliate. He thinks that as Englishmen have formerly made money in China it is high time to turn about and see what a Chinaman can do in England. He flies at high game, for few of his order would advertise their fee at a guinea.

DR. SHAND (Glasgow).—We hope to find room for your communication "On Vaccino-Tuberculosis and Vaccino-Syphilis" in our next number.

AN OLD SUBSCRIBER (Galway).—The health resorts most suitable for cases mentioned in your note are all on the South Coast, viz., Hastings, Ventnor, Bournemouth, and Torquay.

MR. T. B. CAIR (Leeds).—Received as we were at press.

L. E.—We don't know to what your note refers; please explain.

COST OF THE L.R.C.S.I.—A correspondent writes: Would you please answer the following queries through your Journal, and oblige:—

1. What time elapses from the time a student passes his preliminary examination until he gets his L.R.C.S.I. & L.M. in a case where he is going in for those two degrees only? 2. Is there any book published as a guide to medical students? 3. What is the amount of fees for hospital lectures (approximately) for the above degrees?

[1. Nominally four years, really two years and nine months. 2. "Students' Number" of *Medical Press*, 3 Molesworth Street, price 6d. 3. Lectures, about £20; hospital, £37 16s.; diploma fees, £26 5s.; grinding, extra.—Ed.]

MEETINGS OF THE SOCIETIES.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—This (Wednesday) afternoon, at 4 o'clock. Prof. W. K. Parker, "On the Morphology of the Mammalian Skull."

HUNTERIAN SOCIETY.—This evening, at 7.30 o'clock. Annual General Meeting for the Election of Officers.—8 o'clock. The Hunterian Oration will be delivered by Dr. Robert Fowler, in the Theatre of the London Institution.

ROYAL MICROSCOPICAL SOCIETY.—This evening, at 8 o'clock. Annual Meeting for Election of Officers and Council.

EDINBURGH OBSTETRICAL SOCIETY.—To-day (Wednesday), at 8 p.m., "A Case of Exomphalos, where the Intestines of the Fœtus presented during Labour," with Specimen.—"Fibromyxoma Duplex Ovariorum. (From the clinique of Prof. Simpson, St. Petersburgh.) By Dr. Popow, Pensa. Communicated by Dr. J. Matthews Duncan, London.—"Clinical and Experimental Observations on the Bladder during Parturition," by Dr. J. Halliday Croom.—"On some

Points in the Physics of the Rectum and Bladder," by Dr. D. Berry Hart.

ABERNETHIAN SOCIETY (St. Bartholomew's Hospital).—Thursday, Feb. 9th, Dr. Stowers, "On Skin Diseases in Relation to Syphilis."

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Friday, Feb. 10th, at 4 p.m., Prof. W. K. Parker, "On the Morphology of the Mammalian Skull."

ROYAL INSTITUTION.—Friday, Feb. 10th, at 8 p.m., Prof. Frankland, "On the Climate of Town and Country."

CLINICAL SOCIETY OF LONDON.—Friday, Feb. 10th, at 8.30 p.m., Mr. Knowlsey Thornton, "On a Case of Threatened Suppression of Urine after Ovariectomy; arms packed in cold wet towels; recovery."—Mr. Balmanno Squire, "On a Case of Erythema Iris."—Dr. D. W. Finlay, "On a Case of Aneurism of Ascending Aorta" (patient will be shown).—Mr. R. J. Godlee, "On a Case in which a piece of Grass swallowed by a Child made its exit in an Intercostal Space."

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Monday, Feb. 13th, at 4 p.m., Prof. Parker, "On the Morphology of the Mammalian Skull."

ROYAL INSTITUTION.—Tuesday, Feb. 14th, at 3 p.m., Prof. John G. McKendrick, "On the Mechanism of the Senses."

Vacancies.

Bodmin Union, Cornwall.—District Medical Officer. Salary, £32 2s. per annum. Applications to be sent to the Clerk to the Guardians on or before Feb. 23.

Bristol General Hospital.—Physician's Assistant. Salary, £50, with board. Applications to be addressed to the Secretary on or before Feb. 18.

Drogheda Union, Monasterboice Dispensary.—Medical Officer. Salary, £110, and £20 as Medical Officer of Health. Election, Feb. 21.

Glennasmaddy Union, Williamstown Dispensary.—Medical Officer. Salary, £130, and £25 as Medical Officer of Health. Election, Feb. 17.

Liverpool Eye and Ear Infirmary.—House Surgeon. Salary, £80, with board. Applications to the Hon. Sec. not later than Feb. 10.

Radcliffe Infirmary, Oxford.—Junior Resident Medical Officer. Salary, £80, with board. Applications to be forwarded to the Secretary not later than Feb. 22.

Rotherham Hospital.—Resident House Surgeon. Salary, £100, with board. Applications must be sent to the Hon. Sec. on or before Feb. 23.

Appointments.

BALLARD, P., L.R.C.P.Lond., M.R.C.S., Medical Officer to the Fourth District of the West Ashford Union.

BARTON, J., Medical Officer to the South City Dispensary, Dublin.

CARRINGTON-SYKES, M., L.R.C.P.Lond., M.R.C.S., House Surgeon to the Beckett Hospital and Dispensary, Barnsley, Yorks.

DWYER, Dr. J., Medical Superintendent of the District Lunatic Asylum, Mullingar.

EVANS, W. G., L.R.C.P.Ed., L.R.C.S.I., Medical Officer to the Second District of the Frome Union.

HARDIN, W., L.K.Q.C.P.I., F.R.C.S.I., Medical Officer to the West Drayton District of the Uxbridge Union.

KNIGHT, W., M.B.C.S., L.R.C.P.Ed., Surgeon to the Western General Dispensary, Marylebone.

MATTHEWS, W. C., M.B.C.S.Eng., Medical Officer of Health for the Township of Gorton, near Manchester.

RYAN, W. H., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer to the Seventh District of the Newport Fagnall Union.

STIVEN, E. W. F., M.D., L.R.C.S.Ed., Medical Officer to the Harrow District of the Hendon Union.

WALLACE, A. C., M.R.C.S., L.R.C.P.Lond., House Surgeon to the Idacolin County Hospital.

WALKER, E. B. S., M.B., Junior Assistant Medical Officer to the Sussex County Asylum.

WILLIS, J. M.D., M.R.C.P., a Physician to the Infirmary for Consumption, Merrigat Street, Cavendish Square, W.

Births.

BLAKE.—Jan. 29, at Dene Side, Great Yarmouth, the wife of Henry Blake, M.B., of a son.

FIRLAY.—Feb. 3, at 21 Montagu Street, Portman Square, London, the wife of D. W. Finlay, M.D., of a son.

GILCHRIST.—Feb. 1, at 11 Park Village, Regent's Park, London, the wife of Campbell Gilchrist, M.B., of a daughter.

Marriages.

GUNN—BURKE.—Feb. 1, at the pro-Cathedral, Marlborough Street, Dublin, Christopher Gunn, M.D., to Mary Catherine, only surviving child of John Burke, 14 Upper Sackville Street, Dublin.

Deaths.

ALFORD.—Jan. 21, at Southsea, Samuel Alford, M.R.C.S., young est son of Henry Alford, F.R.C.S., of Taunton, aged 58.

COLLIER.—Jan. 24, at Brackley, Northamptonshire, John Collier, M.R.C.S., in his 80th year.

CRONIN.—Feb. 1, at Claremont House, Brixton, Edward Cronin, M.D.

DAVISON.—Jan. 28, at the residence of his friend, Major K. Cumming, The Firs, Hounslow, H. A. Davison, M.B., second son of Henry Davison, Esq., of Armagh, Ireland, aged 26.

GRIFFIN.—Jan. 29, at the Crescent, Monkstown, Richard Griffin, M.D., L.R.C.S.E., L.K.Q.C.P.I.

NUNN.—Jan. 23, at The Oaks, Colchester, Roger S. Nunn, M.R.C.S., aged 69.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 15, 1882.

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Original Communications.

HEADACHES IN CHILDREN. (a)

By W. H. DAY, M.D.,

Physician to the Samaritan Hospital for Women and Children.

WHEN I was honoured some time ago by a request from the Harveian Society to read a paper this session, I hesitated, fearing that I might fail to introduce any subject in practical medicine which had not been worn threadbare by repeated discussion. Aware, however, that the members of this Society are essentially practical, that they live, as it were, with disease as it actually exists, and have great opportunities of watching its course and progress, I felt that I had no right to refuse the request, and that if I failed to impart information myself, the introduction of this subject for discussion would elicit something new and profitable; some facts, at least, which would add to our stock of knowledge. The subject of headaches is so familiar, and its victims are so numerous among all classes of the community, that every practitioner is acquainted with the malady as it presents itself in the course of his experience. If I say a few words on the two great factors of headache from a pathological point of view, I hope to make the subject clear to some extent. In the cerebral circulation there is a close relationship existing between the nerves and blood-vessels. There may be too little blood in the brain, in which case we speak of *cerebral anemia*. There may be too much blood, which we term *cerebral hyperæmia*. Then, too, the amount of blood in the brain is much influenced by the fulness of the ventricles, the subarachnoid spaces, and the lymphatic spaces, or sheaths surrounding the cerebral blood-vessels. The watery fluid which these spaces contain is identical with the cerebro-spinal fluid, and they communicate with one another. When the brain is anæmic the spaces are large; when hyperæmic they are small. Whatever significance we may attach to the headaches of adults, and however

we may be disposed to neglect their treatment, there is no doubt about the importance of attending to the headaches of children. Neglect in the early treatment of a headache in a child often invites ill-health, and terminates in irrecoverable disease.

When a child complains of headache our most careful scrutiny is demanded, and if it be too young to describe its sufferings, its manner and appearance are highly suggestive of some cerebral disturbance. Look at the little child of some ten or twelve months old, who is well developed, and comes of healthy parents. There is the excitement of dentition, and the little thing is observed to put its tiny hand to its head, which it rolls, perhaps, from side to side, and the anxious mother at last detects a slight irregularity in the muscular movements of the eye-ball. Reflex nervous irritation is conveyed through the fifth nerve to the brain, and irritation so awakened may be followed at any moment by a convulsion. The child is wakeful, uneasy, and restless. The brain, so needful of rest at this early period of life, is susceptible of mischief. I think there is hardly a practitioner among us who, on looking back, has not, in the course of his early experience, had reason to think he has overlooked these significant symptoms, and at the same time felt surprised at having neglected them. Habitual headaches in older children indicate an exhausted and irritable brain, and if intellectual exertion be carried too far in such cases mischief is likely to ensue. It seems extraordinary that educated men who have the care of young persons should not see this danger in the anæmia produced by over-study, the irritability and excitability of manner, and the impossibility of concentration, so necessary to the accomplishment of any undertaking. If intellectual exertion be carried beyond a certain point, the brain becomes anæmic, fatigued, and the nutrition in the ganglionic cells of the cortex becomes impaired, diseased, or in some way altered from health. Whatever may be the exact change in these cells, due, perhaps, in a great measure, to the absence of healthy blood, the inference is most probably correct, that children so suffering cannot readily grasp new ideas; and if strong and powerful efforts are put forward in this direction, the knowledge is not retained, the object is

(a) Read before the Harveian Society, February 2, 1882.

frustrated, one idea is mixed up with another, and confusion results. This, I apprehend, is just enough to illustrate the grand problem that the body must be looked to as well as the mind; and the younger the child, the greater is the necessity for the delay of intellectual training. And it does strike one as very extraordinary that the nervous system, which is the last to attain complete development, should be the first to be overtaxed in this age of forcing and strain, when revolutionary ideas are apt to overrule the judgment. It is not that the moderate exercise of the brain in early life is injurious; on the contrary, it is conducive to health. The mind is then flexible and plastic, impressions are enduring, and habits of concentration are easily acquired. It is the premature and excessive exercise of it which is prejudicial when the bodily powers need the chief attention.

No rigid rules—no cast-iron system will do for the training of all children. All are not cast in the same mould. Any system of education must be elastic, since mediocrity is the rule, and if more be expected of some children whose physical development is at the same time feeble, then disease or premature ill-health is the consequence.

Headaches are often *hereditary*; they have attacked children of the same family who have been brought up at a distance from one another, and whose surroundings have been quite different. In such cases there is something peculiar in the nervous system itself—a tendency to nervous disease. It will, I think, be often found on inquiry that the parents of such children are liable to nervous disease, nervous exhaustion, paralysis, &c., and perhaps some children of the family have had epilepsy, chorea, or asthma.

In many instances, too, there is some faulty condition of the blood. The brain badly nourished, through a scanty supply of blood, and that poor in quality, loses its balance, and cannot resume its tone.

I will now briefly allude to some of the varieties of headache in children. *Neuralgic* headache (one-sided headache) is not a very common type in children, but it oftener occurs than is generally supposed. So far as my experience goes, it has been met with chiefly among three classes of children: 1. Those of the neurosal temperament, whose nervous system is easily fretted, excited, and therefore sooner exhausted. If such children are pressed too much with their studies, then they the more readily suffer. Any degree of intellectual exertion is exciting to children of timid and delicate constitution, who are not only too anxious to learn, but cannot throw their studies off the mind. 2. Those children who have been reduced by some long and exhausting illness, in-door confinement and bad air. 3. Those born of delicate parents, and who are badly fed.

A striking example of the latter comes vividly before me. A girl, 12 years of age, thin and pallid, was said to have had an attack of erysipelas three years before she came under my notice, when I saw her for severe neuralgia. The pain began in the right temple, and remained at this spot more or less for fourteen days; then it passed over to the other side of the head, where it stopped for three days, and then returned to the first-named spot, where it remained at the time I saw her. It never attacked the top of the head, nor the occiput; nor did it ever cause sickness. The child looked half-starved; never got meat or milk, and lived chiefly on bread and tea. Her home was dark and miserable. For the first ten days of treatment she was relieved by citrate of iron and bromide of potassium. Then the pain returned in the right temple, for which an effectual remedy was found in arsenic and quinine.

In March, 1881, I was asked to see a little girl, 11 years of age, who, like all her brothers and sisters (of whom there were seven), was pale and delicate. A common cold, attended with enlarged cervical glands and sub-acute tonsillitis, was followed by severe paroxysms of neuralgia on the right side of the head, fullness of the

conjunctival vessels, and lachrymation. The pulse was very weak, and did not exceed fifty beats a minute when the pain was present. The patient had been subject to this form of headache from the age of four years. She had never lived in an aguish district, nor had she ever been the subject of more than the ordinary diseases of childhood.

A nervous and fidgetty boy, 10 years of age, with a cardiac murmur of anæmic origin, was seized with severe neuralgia of the right eye and temporal region in November, 1881. It was accompanied with sickness and lachrymation. Learning, which was a great effort to him, was persevered with against my advice. A month later he had chorea, when the headache ceased; but the choreic movements have continued up to the present time; and any effort at study would not only increase them, but renew the headache. I could multiply such examples as these.

Neuralgic headache in connection with dental caries is by no means uncommon in children from six to twelve years of age. Whenever the headache is one-sided, the mouth should always be examined, for a decayed tooth may be keeping up the pain, and if so, cod-liver oil, iron, quinine, and arsenic will be of no service. In January, 1882, a little boy six years of age was brought to me with severe neuralgia of the right side of the face and head; his mother said he would cry by the hour together, and was afraid to eat. On examining his mouth the second molar tooth was much decayed, and from this the pain evidently sprang. A dentist was consulted, and I have no doubt that he removed the offender. During the second dentition, when the teeth are forcing their way through tightened gums, neuralgic headache is occasionally met with. I have known the pain at once relieved when the gum lancet has been freely used. Mr. Nunn has related a case of supra-orbital neuralgia in a young lady of 11, which yielded to the lancing of the second molar tooth. (a) When during the second dentition the teeth are slow in appearing, neuralgic headache involving the fifth nerve, as they ramify over the brow and temple, is frequently very acute in boys and girls.

Another class of headache is that which is *nervous* and *congestive*. The term "*nervo-hyperæmic*" was given to it by the late Dr. Symonds, of Clifton. It is a condition in which the cerebral vessels are overloaded, and the nervous element is disturbed also. This form of headache is met with in children of both sexes, and is as much due to cerebral hyperæmia as to nerve disturbance. Shocks to the nervous system and overloading of the digestive organs are among the most frequent causes. The pain is, for the most part, confined to the forehead, and seldom seizes any other part of the head.

A healthy-looking and well-nourished boy came under my notice when nine years of age. He had suffered from diphtheria and whooping-cough. In his fourth year he was seized with frontal headache, after an accident by which his nervous system was severely shaken, but which did not involve his head. The attacks lasted about a week, and were considered bilious; he was sick, lost his appetite, the eyelids became dark, and he could not bear any noise, especially that of children playing about him. When the attack commenced there was much congestive excitement, the pulse was full and frequent, the skin flushed, and the temporal arteries throbbled.

Previous to the pain coming on, he passed a quantity of pale urine, his extremities were cold, and his face was pallid. In the morning he would be feverish, and complain of a burning sensation all over him, and great general discomfort. He had two attacks in a year, one of which lasted a month. Salines, mercurials, and arsenic had been ordered by his medical attendant, but his general condition was good when I saw him, and the attacks, although lasting for some time, were very rare. I recom-

(a) *British Medical Journal*, May 5th, 1877.

mended the simplest diet, a mild aperient occasionally, and ten grains of bromide of potassium twice a day. A year afterwards I heard that he had no return. These headaches often begin as early as the sixth year, when the mind is being exerted, especially if such children are delicate, and of nervous temperament. As time passes on, if nothing is done to relieve them, the attempt to read or to fix the attention on anything, a strong light or noise, will induce a seizure. The truly sick and bilious character of the malady becomes changed with more impaired health; pain now chiefly affects the top of the head, the headache of anæmia, or one side of it. In the latter situation it is a genuine neuralgia. But it is often noticeable that the same patient will get row and then a genuine bilious attack, in which the tongue is furred, the urine is turbid, and the vomiting is so urgent that the bringing up of bile, and loss of all appetite, are very unlike the former variety.

These two kinds of headache are as much opposed to each other as pleasure and pain, or heat and cold. Whatever circumstances are present in relation to the one are absent in the other. The nervous system is not in the same state; its vitality is heightened in the one case, it is lowered or exhausted in the other. If we look at the rapidity with which the one is sometimes followed by the other, as it is in persons of a mobile or sensitive temperament, it is probable that the vital functions are easily depressed. Pain is to be estimated by comparison, and it cannot be present to any great extent without influencing the vital functions. Most agonising cases of congestive headache are occasionally met with in children the subjects of confirmed epilepsy, and those suffering from advanced mitral disease of the heart with hypertrophy.

Headaches are common in ricketty children, due to brain exhaustion, and to pressure from an increase of serum both in the lateral ventricles and between the convolutions. The head gets large, whilst the face appears to shrink. The children so suffering sleep badly, toss about at night, and are excitable and peevish during the day. Confinement to school and study, deficient or bad food, will often bring on a seizure by lowering the general health. Bromide and iodide of potassium, belladonna, &c., are useful in these cases. In the intervals of the attack cod-liver oil and pure air are not to be forgotten.

(To be continued.)

VACCINO-TUBERCULOSIS AND VACCINO-SYPHILIS.

By J. CAPPIE SHAND, M.B., C.M.,

Physician for Diseases of Women and Children, Glasgow Public Dispensary.

A PAPER was read on the 3rd of this month by Dr. Wolfe at the Glasgow Medico-Chirurgical Society, in which he described a case of tuberculosis affecting the eye. He pointed out that a small particle of the tuberculous mass having detached itself, gravitated through the clear fluid, and itself became the centre of tubercular development.

I would call attention to the fact that this case is of great importance in visually establishing the truth of the danger of transmitting that disease through the medium of vaccination from one individual to another. Moreover, as it is quite a recognised fact that local tubercle is developed by local inflammation, especially in the subject predisposed to tuberculosis, and bearing in mind that vaccination is a local inflammatory process, it becomes clear that a probability almost amounting to a certainty exists, that tubercle may be introduced to the previously healthy individual through vaccination. Hence, it is necessary, before we take lymph from one infant to inoculate another, to examine, not only the condition of that infant, but also to inquire into its family history, which is practically impossible. Everyone knows that an

apparently healthy child may be tubercular, but this also applies to other diseases, notably to syphilis, and it may shortly substantiate my statement by recording the following case:—

Three years ago I was in attendance on the widow of a clergyman for a severely ulcerated leg. It did not look syphilitic, but as it would not yield to ordinary remedies, I afterwards used successfully the green iodide of mercury. I then obtained the further information that a child of hers contracted syphilis "through a wet nurse," and after the discharge of the latter the lady had a chancre on her mouth, the result of which I have just mentioned. This boy, however, although having an occasional rash looked so healthy that one of our first medical men, who was then attending, expressed his urgent desire to obtain lymph from the child after being vaccinated, which I may add he secured.

All I have to say in favour of animal, rather than humanised lymph is, that a breeder of cattle selects for breeding purposes those cattle which he considers healthy and free from disease, and consequently, I would expect greater immunity from hereditary disease amongst them.

I think syphilis may frequently be produced as well as tubercle, and remain in the system for a length of time before being recognised; and I am further of opinion with reference to vaccination that it should be optional, although apparently desirable, and that it should be put upon such a footing as to prevent it from propagating such diseases as tuberculosis and syphilis.

A VISIT TO THE HOWLING DERVISHES AT CONSTANTINOPLE.

By H. N. D.

THERE is perhaps no large city where it is more difficult to obtain information upon subjects which are at all outside the scope of every-day life than in the Constantinople of 1881. The European residents know and care about little beyond the course of exchange; the hotel people are apathetic and ignorant, and the professional *dragoman*—his stereotyped description of mosques and tombs once exhausted—seems to be absolutely unobservant. He is at least barren of all information which a visitor who cares to know more than *Murray* will tell him, would like to acquire. You see some unknown drug in the bazaar, and want to find out its name and use; he cannot even translate its Turkish synonym into any European tongue. You want to buy some hashish, he has never even heard of it—to understand the import of some constantly recurring street scene, he never appears even to have noticed it before. It is, therefore, not surprising that on such a subject as a religious observance the most complete ignorance should prevail on the part of those with whom the ordinary tourist can expect to come in contact. It was this difficulty which presented itself to me when a few weeks since I proposed to myself a visit to the *Tekie* or *Convent of the Howling Dervishes* in the city of the Sultan. There are two of these places on the Bosphorus, one at *Scutari* and the other in a deep ravine which lies between *Pera* and the river. It was this latter which I visited. It is about half an hour's walk from *Misseri's Hotel*, and although a carriage can be had, a great part of the road is so steep that in any case much of the journey must be made on foot.

It is noteworthy that while every book of Eastern travel contains an account of the evolutions of the dancing (or as they should more properly be termed the *turning*) dervishes, the proceedings of the sect known as "*les hurleurs*," or howlers, are either not mentioned at all or are dismissed in a

few words. It is not of course clear to the European mind why one set of devotees should turn and another set shout, but no one who has seen either or both modes of exercise can avoid the conclusion that they are the outcome of that form of religious enthusiasm which makes the performance of any peculiarly difficult task an acceptable offering to the Deity. There are some general features which are common to all the orders of dervishes, and if I shortly summarize these, the purport of the scene which I am about to describe may be somewhat better understood. The *tekie* or convent of the Turkish dervish is not a house of retirement, where in solitude he performs monastic vows, but rather a place of reunion where daily meetings for prayer take place, and where especially the weekly function of the order is performed. The dervish has in fact no permanently binding vow, but may at any time resume the life and avocations of an ordinary citizen. But each order has its own rules and liturgy, and above all its own peculiar observance based upon some mystical idea. It has its chief or *cheikh*, a personage of no mean importance, as may be gathered from the fact that the cheikh of the turning dervishes (in their case dignified by the title of *Mollah-houmkiar*, or religious sovereign) is the person who girds with the sword of Osman, a newly-elected Sultan. Under this chief are the *déds* or fathers, who correspond to the professed monks of our western institutions, and after these the *murids* or novices, affiliated to, but not by any means so strictly bound to the rules of the order. The *murid* may for example be a shopkeeper, a pacha, or even the Grand Vizier himself, if, for the sake of acquiring the religious influence so all important in the East, anyone of these should find it to his advantage to temporarily connect himself with the sect. Finally, all these orders have their good and their bad aspect; the good, that the shelter and food of the *tekie* are granted even to the poorest member of the confraternity; the bad, that whether they turn or howl or repeat in cadence, nine hundred and ninety nine times, the name of Allah—the *raison d'être* of one and all is, that by the performance of miracles, the exorcism of evil spirits, and the sale of amulets, they find, through the superstitions of the people, an easy way to its purse.

I knew little or nothing of all this when I found myself in the convent of the Howling Dervishes at Pera, so that my observations were unbiassed by any preconceived notions of what I saw. The *tekie* was placed in the midst of some gardens of fig and quince trees, and was entered by a courtyard which had a fountain in its centre. As I went in, under a shed on my right there was a man in a turban, so evidently at the receipt of baksheesh that I responded to his unspoken demand by a donation of some *paras*. Then I ascended a narrow stair, and someone showed me to a seat on a bench in a gallery which was evidently reserved for *giaour* spectators, for already seated there were several people from the hotel. The *function* had just commenced. My gallery was placed at one end of an oblong wooden room of which the prevailing colour seemed to me to be green, and round three sides of the floor of which ran a railing. The floor itself was covered with matting. Standing in a line against the wall opposite were thirteen persons. Some of these wore the orthodox turban and dress of the true believer; others, that modified modern costume which consists of a jacket, short drawers, and a *fez*. One was—the *fez* excepted—completely in European clothing. One was a negro and one a soldier. This variety of dress quite scattered to the winds any childish notions, derived from the Arabian Nights, that a dervish was an old, much-turbaned man with

a white beard, clothed in a girdled caftan, and leaning upon a staff. And indeed these scoundrels (I do not think I am villifying the minority in using the only word which fairly describes the impression created by the faces of the majority) were of all ages between eighteen and fifty, but there was not among them one old man. In front the cheikh squatted on a sheep-skin, (a) and beside him were two or three aides. The chief had not the villainous look of the rest of the brotherhood, but was a benevolent looking man, still in the prime of life, and wore the flowing green robe and the green turban indicative of the accomplished pilgrimage to Mecca. Several apparently quite unconcerned spectators occupied the space inside the railing, and a child in a turban and flowered yellow bedgown waddled about the unoccupied space on the matted floor.

As I took my seat, the thirteen had, as I have said, ranged themselves against the wall. Each had passed one arm over the shoulder of his neighbour, and the hand of that arm rested there. The other hand was, as well as I remember quite free. They leaned against the wall and against each other; next they swayed their heads, first to the left and then to the right, and then all bowed forward as if moved by a single impulse. Then at once they began a chant, which I took down quite phonetically, and not without some difficulty, under cover of my hat, being warned by a friendly elbow that note-taking might give offence. I know that books of travel tell us that a penitential Mohammedan says when at his prayers, "*La ila' ha illah la'*," but what these dervishes said, was—

"Eh, lo ah la, le ah uh
Ie, hoo, a hu, é, é, é,
Es a ba, a lalla, sta
Bra, ma chemia, à, à."

The movement and chant went on continuously for quite half an hour, gradually getting faster and louder. All the native spectators in the room became more or less infected, and kept time to the wail by bowing their heads. The cheikh had risen from his sheepskin, and beat time with his arm much like the conductor of an orchestra. That he also urged on his disciples was evident from his gestures. After some forty-five minutes of this, the performers were manifestly getting exhausted, but I certainly could not find it in my heart to pity them in the least. They were one and all panting with the exertion, and what had at first sounded like a dirge or coronech now became something between a bark and a howl: that is, the sound was sometimes sharp and quick, and sometimes prolonged. Very frequently it degenerated into a groaning "sough," which indicated the extent to which the physical powers of the performers were being taxed. It now became quite clear that they could not hold out much longer, and they did, in fact stop, but it was only to form a circle, apparently for prayers, and after an interval of at most three minutes, to commence *de novo*. I was unable to follow this, so to speak, Second Act, because my attention was now drawn off to a new development. But the excitement of the performers had now reached such a pitch that their cries and contortions could only have been equalled had an exceptionally fanatic corps of the "Salvation Army," locked up in a lunatic asylum, surreptitiously got at the whisky. There was a curtained entrance at the right side of the room, opposite to where I sat, and through this, sometimes singly, sometimes two and three together, came in a number of persons, some

(a) Not on a prayer-carpet, be it observed. The sheepskin is an evident survival of the pastoral origin of this, and some other sects.

apparently deaf, or lame, or blind, and others of whom it was not possible to say if there were or not anything the matter with them. One by one each advanced humbly, but in the most business-like manner possible, to where the chiekh stood, and saluted him. Then for the most part they lay down at full length while he coolly walked over their prostrate bodies. When the patient arose, the chiekh whispered something to him, and then either passed his hands over his eyes, breathed into his ears, or stroked down some part (most frequently the back or thighs) which was presumably affected. No women presented themselves, but several little children were brought in, and in their cases the *chiekh*, now supported by his assistant so as to avoid too heavy a pressure, walked over them just as he had the others, always beginning at the feet and proceeding upwards. I do not remember that I heard a single cry from one of the little victims, but I might have easily missed that in the Babel of sound. All the adult invalids having been operated upon and having been assisted to rise, first kissed the hand of the chiekh, then pressed it to the forehead, and having again kissed it, retired with a profound salaam. When all this was over, a number of articles which seemed to me to consist principally of crockery chimney ornaments and handkerchiefs, were brought in and presented to the chiekh. I, seeing him touch and inspect them with apparent approval, naturally supposed them to be presents from the benefited faithful, but, asking afterwards, was told that they had been sent to be "blessed." If this were so, I can only say that the blessing was done *en bloc*, and with praiseworthy promptitude.

Just at this stage, one of the youngest of the dervishes fell upon the floor, with frothing mouth and convulsed limbs, in fact, in an unmistakable epileptic fit. This seizure did not cause the very slightest surprise to anyone, and two or three of those present gently restrained and soothed the sufferer, who was soon, to all appearance, as well as ever. There was now nothing more to see, and I left.

There is one point in connection with this subject on which I wish to write without advancing any opinion, but rather with the view of eliciting information. This is the possible *sexual* motive of these exhibitions. It is quite true that no women took part in them, but it is also true that women are frequently, if not always, present as concealed spectators. I need only note, in passing, the admitted connection of some form of sexual excitement with all violently demonstrative religious displays; but it must not be forgotten that in the East the causes of such phenomena cannot be looked for from a purely Western standpoint, but are affected by customs happily but little prevalent in Europe. Sitting near to me in the gallery was a medical man who was strongly impressed with the idea that the whole performance must be looked upon in this light, and called my attention to the circumstance that towards its close two of the men had had seminal emissions. The character of their clothing was such as to make an evidence of this kind apparent. I saw the indications which were pointed out, and in view of the epileptic attack could easily refer them to this, but taking into consideration the temperature of the room and the violence of the exercise, I do not feel certain that they might not be due to other causes.

It is expected that the Home Office will appoint Professor E. Ray Lankester, F.R.S., to the Chair of Natural History in the University of Edinburgh, recently vacated by the resignation of Sir Wyville Thomson.

Clinical Records.

MIDDLESEX HOSPITAL.

Case of Strangulated Inguinal Hernia—Operation—Death.

Under the care of Mr. HENRY MORRIS.

[For the notes of this case we are indebted to Mr. W. ROGER WILLIAMS, F.R.C.S., the Surgical Registrar.]

THE patient, a clerk, *æt* 24, was admitted into the hospital on Jan. 6th, at 7.10 p.m., with the following history:—

Six days ago he strained himself in lifting a heavy piece of timber; at the time he was not conscious of having sustained an injury. On the morning of the fourth day after this occurrence he vomited several times, and then noticed a swelling in his left groin. He has since kept in bed; vomited frequently; the bowels have not been moved, and he has lived chiefly on slops.

Condition on Admission.—The patient is a thin, pale man, looking haggard and distressed, with dark areolæ round the eyes.

On admission, he was in a state of collapse, the skin moist and clammy, the extremities cold. Pulse, 110, small and weak; temperature, 98° F. He continually vomits a grumous, dark-brown, acid fluid, which at first had not a faecal odour, though this soon became apparent. There is a tense tumour in the scrotum on the left side, about the size of a fetal head, tender on even slight manipulation; this was readily determined to be an inguinal hernia.

The abdomen was resonant on percussion, not much distended, and tender only in the vicinity of the left inguinal region.

At 9.45 p.m. the symptoms were aggravated and the vomit distinctly stercoraceous. Mr. Morris performed herniotomy. Taxis had been tried outside the hospital, so it was not resorted to. Anæsthesia being induced, a nearly vertical incision, about 3 inches long, was made in the left inguinal region over the neck of the tumour. When the sac was opened a considerable quantity of blood-stained fluid escaped, having an offensive odour. It contained a large piece of omentum, not much damaged, as well as three or four coils of small intestine of a dark port wine colour, but retaining their lustre, evidently severely strangulated, and in a condition bordering on gangrene. The stricture, which was at the neck of the sac, was divided upwards. The omentum was transfixed by three double ligatures and tied as three pieces; the part beyond the ligatures was then excised. The bowel was gently returned into the abdomen, great care being taken not to push it beyond the internal abdominal ring. The wound was closed by sutures, and a simple dressing applied.

There was recurrence of the sickness after the operation, but the vomit had not a faecal odour. The other symptoms were unrelieved.

The patient died at 8.30 on the following morning.

This account of the case is mainly from the notes of Mr. Waldron, the Senior House Surgeon.

Autopsy seven hours after death: weather mild: post-mortem rigidity well marked. An empty hernial sac extended down the left inguinal canal, nearly to the bottom of the scrotum. The testicle was outside the back of the sac, near its lower part. The inguinal canal was patent, the little finger could be passed along it into the peritoneal cavity. The abdomen was distended. The visceral and parietal layers of the peritoneum, at the lower part of the abdomen, were injected; and the adjacent coils of intestine were slightly glued together. A considerable portion of the great omentum had been removed. Nine inches of the ileum, at about its middle part, had been strangulated in the hernial sac. There was no rupture of the gut. Where the bowel had been nipped by the neck of the sac it had a greenish yellow appearance, as of incipient gangrene. The intervening portion was very deeply congested, but the peritoneum had not lost its lustre. The mesentery corresponding to this part of the gut, which had descended into the hernial sac, was much congested, and in two places there were spots of hæmorrhage beneath the peritoneum; this part of the bowel contained blood-stained fluid. Both sides of the heart contained partially coagulated blood. The lungs were congested, especially the bases posteriorly.

Liver smooth, pale—weighed 42 oz. Right kidney congested; left ditto, pale. Spleen, large—weighed 6 oz. No other changes worth noting.

The autopsy was performed by Dr. Fowler, and this account is from his notes.

Special.

FRANCE.

[FROM OUR SPECIAL CORRESPONDENT.]

EXTIRPATION OF A FIBROUS TUMOUR.—At the meeting of the Académie de Médecine, M. Depaul communicated an interesting case of an enormous fibrous tumour impeding the progress of labour, and which he extirpated successfully. The subject was a woman *æt.* 32, who, a few days before her entry into his service (Hôpital des Cliniques), felt something issuing from between the labii, and a midwife being called, announced that the tumour consisted of a portion of the placenta that had become detached. A medical man being subsequently called, confirmed the opinion of the midwife, and ordered the woman to the hospital, where she was seen by M. Depaul. On examination M. Depaul found a tumour about the size of the closed hand outside the vulva, of firm consistence, and exhaling a very fetid odour. On introducing the finger the vagina was found to be completely filled with the tumour, so that it was impossible to penetrate as far as the os. Further examination was postponed to the following day, but that same evening labour set in. The tumour had considerably increased in volume, and was in such apposition to the vulva that it was impossible to pass the finger into the vagina. The waters had burst, and the child, to judge by the intermittence of the heart beats, was evidently suffering. There was no time to be lost, so M. Depaul drew down the tumour by degrees with the hand. By an attentive examination of this enormous mass he was able to discover its point of implantation, which was situated on the left part of the anterior lip of the os. By the bistoury the ablation was effected, and there was no hæmorrhage. The child in a few minutes followed; it was alive, and has since, as well as the mother, done well. An histological examination of the tumour, which weighed nearly 4lbs., proved the mass to be composed of connective and non-striated muscular tissue, with some irregular cavities containing a sanguineous fluid. A provincial member related another interesting case of a voluminous tumour (*choudrome*) occupying the right side of the thoracic wall and penetrating into the mediastinum, even to the pericardium. The tumour, which was of 14 years' growth, was a little larger than the head of a new-born infant, and situated upon the fifth right intercostal space, and extending to the corresponding border of the sternum. The consistence was that of cartilage, and in some places that of bone. The skin, which was of natural colour, moved freely over the tumour. An operation having been decided upon, a crucial incision was made, and the cutaneous flaps dissected. The greatest part of the base of the tumour was easily detached, but over the intercostal space it was found necessary to cut into the mass itself, as the chondrome appeared to pass through the space in question, going from without inwards. The knife was still carried to a depth of an inch, but the morbid tissue penetrated still further. The wound was closed, except over the excavation. During the three weeks which followed the operation, *débris* of the morbid tissue were extracted. The finger introduced into the wound touched the heart. At the end of two months the wound was entirely healed, and although

a considerable period has elapsed since then, the tumour has not returned.

USE OF IODOFORM.—Iodoform, it would appear, cannot be used indiscriminately, even in external applications, without producing toxic effects. A German medical journal gives the details of two cases of poisoning solely due to iodoform dressing. No other cause of death could be discovered, and the symptoms in both cases were identical. The cerebral symptoms were the most pronounced, consisting in a stupor from which the patient was aroused with difficulty, and to which soon succeeded coma. There was also paralysis of the sphincters and aphonia, contraction of the muscles of the neck, retraction of the abdominal muscles, and a very frequent pulse. The temperature was normal. In the first of these cases over five ounces of iodoform were used for caries of the bone. The toxic effects appeared on the second day, and death ensued four days afterwards. In the second case over four ounces of iodoform were employed, and for nine days the patient did well, but on the tenth, symptoms of poisoning set in, and death occurred six days afterwards.

FRACTURE OF THE PATELLA.—M. Poinot, who has particularly studied fractures of the patella in relation to its treatment, gives the following *résumés* of his researches:—"Articular puncture ought to be practised each time that there is considerable effusion. After the tapping, and in cases where the ordinary apparatus is insufficient, recourse might be had to osseous suture as recommended by Kocher. In every case the apparatus should be closely watched until the swelling subsides. Opening of the articulation for osseous suture is to be recommended in recent fractures where the effusion has not been sufficiently evacuated."

A NOVEL REMEDY.—Your correspondent was called lately to see a boy of ten who was reported to be suffering from attacks of epilepsy. On arriving at the house he found the child sitting up in bed apparently in perfect health. The mother attributed the happy condition of her son to the treatment she had adopted, which for the benefit of your readers I give in full. A live cat was caught and killed, the head taken off, and the belly opened down the whole length; the intestines were extracted, and then both halves were, all smoking and hot, applied to the stomach and left *in situ* for twelve hours. However, the mother said the poor cat smelled so awfully (I should think it did) that it was with the greatest difficulty she persuaded her son to keep it on the prescribed time. This odour was, however, by no means attributed to the cat by the parent, but to the disease. I may add that the convulsions were excited by the presence of worms, that a dose of *Koussé* soon expelled.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

A MEETING of the Surgical Society of Ireland was held on Friday evening, Jan 13th, 1882, in the Albert Hall, Royal College of Surgeons.

Mr. B. WILLS RICHARDSON, F.R.C.S., presided.

Mr. TUFNELL, hon. sec., read the minutes of the previous meeting, which were confirmed.

MORBID SPECIMENS.—(1). TUMOUR IN OBTURATOR HERNIA.
(2). A CASE OF PHARYNGEAL OBSTRUCTION.

Mr. HENRY GRAY CROLY exhibited a specimen of obturator hernia, being the first of the kind in his experience at the Society. The patient was a woman, *æt.* 70, admitted into the City of Dublin Hospital suffering from all the symptoms of intestinal obstruction. He had previously been asked to see the case by Dr. Puroell, under whose care the woman had come

six days before her admission, when she complained of a colicky pain in the abdomen. Up to the 17th the bowels were regular, but on the 19th symptoms of intestinal obstruction set in, with vomiting and great pain. There was no tension of the abdomen. He had made a careful examination for hernia externally, without discovering any tumour. On the 21st, symptoms of collapse set in suddenly, and the interesting point arose to get her out of the state of collapse and perform abdominal section to discover the cause of the obstruction. Though hypodermic injections of ether were used, the collapse continued till she died. On the post-mortem examination signs of peritonitis were discovered, and a small tumour. The tumour (which he exhibited) was found in the right thyroid foramen, and with the slightest pressure on the intestines it was easily reduced into the cavity of the abdomen. There was no dulness on percussion where obturator hernia was usually found, and there was no tension. The specimen was interesting in connection with the question of laparotomy. Where no tumour was found, the habit was to poultice, &c.; but had the woman been sent at an earlier stage into hospital, and abdominal section been performed, she would have had a fair chance of being relieved of the strangulation. Here the characteristic symptom of obturator hernia—namely, pain down the thigh from pressure on the nerve, was not present, the tumour being small, and not giving pressure sufficient to produce that symptom.

Mr. THOMSON exhibited rather a curiosity in regard to the process of deglutition. The patient was a pensioner, who having received his pension went into an eating-house last week to dine. During dinner the specimen of beef stuck in his pharynx, and could not be dislodged. The man fell on the floor insensible, and was carried to the Richmond Hospital. The resident pupil on duty tried to remove the piece by passing the fore-finger of each hand back into the pharynx, seizing hold of the beef and drawing it into the mouth, but the mass was so large that he could not then extract it through the oral orifice, and he had to finish that portion of the operation with forceps. Artificial respiration was continued for some time without result. The cause of death was the wedging of the mass of beef, weighing two ounces, in the pharynx.

ADJOURNED DEBATE.—THE THERAPEUTICAL AND POISONOUS EFFECTS OF CARBOLIC ACID.

The adjourned debate on Dr. Warren's paper, was resumed by

Mr. WHEELER, who said Dr. Warren in his paper had alluded to the local application of carbolic acid. He had himself read a paper before the Society last session, in which he showed clearly the disadvantageous effects of that drug, used according to what was termed Listerism—that was to say, the spray; and when of fixed strength, he had in that communication pointed out how one case of his was poisoned in a manner analogous to what Nussbaum had described as death by aseptic fever, and how another case of his was nearly poisoned. There only came within his immediate knowledge one instance of poisoning by the internal administration of the drug, in which case he did not arrive before death had occurred. It had been said that carbolic acid, being used in a slipshod way would account for many of the accidents. Well, it would be allowed that Mr. Keith did not use it in that way. He would accordingly read from the *Medical Gazette* his views in a leader entitled "Listerism—is it a failure?" "It has been said, and was repeated by Volkman and Kuget, that intra-peritoneal surgery was the touchstone of Listerism. Prof. Keith has been quoted by the world over again and again, as not only a warm disciple of Lister, but as illustrating in his remarkable success in ovariectomy, more than any other surgeon, the value of the antiseptic, or rather the Listerian method. No one can deny that so slowly were his few words uttered, that I can almost repeat them *verbatim*. You can imagine the effect much better than I can describe it, when he said that for several months past he had abandoned the antiseptic (Listerian) treatment altogether. True, he said, he had eighty successive recoveries under Lister's method, and stopping there it would be a wonderful showing; but out of the next twenty-five I lost seven. One died of acute septicæmia in spite of most thorough antiseptic precautions, three of unquestionable carbolic acid poisoning, one of renal hæmorrhage." He went on to say "that, out of the eighty consecutive cases, many came too near dying, that a large number got a high temperature—105°, 106°, 107° the evening following the operation, but they happened to pull through. He then

said that for four months past he had abandoned the antiseptic method (meaning Listerism) and relied upon perfect cleanliness, care in controlling hæmorrhage, and thorough drainage; that his cases were giving much less trouble, and he was getting more satisfactory results." If these words were contrasted with what he (Mr. Wheeler) had laid down in his paper—namely, surgical cleanliness, physiological rest and drainage, there would not be found much difference between what Keith had advocated and what he had named antiseptic surgery, in contradistinction to Listerism. The article continued that Prof. Keith said he had never much faith in Listerism, and would not have continued to use it so long, but for the fact that so many eminent men were carried away by it. But hear the reply of Lister, who was set down to close the discussion. To the dismay of his followers, he went on to argue the rapidity with which wounds of the peritoneum healed, and the remarkable absorbing power of that membrane, and therefore its ability to take care of its own exudates. He doubted very much whether in the hands of a skilful and careful surgeon it was not better to dispense with the antiseptic plan. He proceeded to say that he was not yet ready to give up the spray, but that if simple irrigation or lavation would prove as good he would say, "fort mit dem spray. I am not at all sure that before the next meeting two years hence I shall have abandoned the spray altogether." As to carbolic acid, he said, "I am forced to admit its unfortunate character." He kept again and again referring to abdominal surgery, but his manner showed that he was upset. The writer concluded by saying, "Well, if Lister abandons the spray and carbolic acid, and gives us no substitute, where is Listerism?" We had drainage, we had animal ligatures, we had air-proof dressings before. He (Mr. Wheeler) might add that Listerism was all but dead in London. It did not lessen surgical fever, as had been proved by Mr. Bantock, and the temperature previously mentioned in Mr. Keith's cases, besides his own experience. Dr. Smith had made such an excellent speech on using carbolic acid internally, that he had little to add. Were he called to a case of carbolic acid poisoning, he would use Glauber's salts as an efficacious remedy. There was utility in carbolic acid, as Mr. Franks had pointed out, for affections of the throat, but he thought it had failed in attaining what Lister claimed for it.

Mr. W. THORNLEY STOKER said so many aspersions had in the course of the discussion been cast upon carbolic acid as a poisonous agent, that he wished to state what he had himself observed, because the utterances of a Society like this carried a certain amount of weight, and it was well, therefore, the speakers on one side should not have it all their own way. He had seen the spray used in hundreds of cases, and never in any instance was the slightest symptom of carbolic acid poisoning produced, save one, a case of his own, where the carbolic oil was applied as a dressing to a large superficial burn. Professor Bennett had said so much on the last night of discussion in reference to applying the acid to cases of that sort, he had nothing to add, beyond expressing his belief that carbolic oil of the usual strength, 1 in 4, was a dangerous agent when applied to burns of a large extent. He had, accordingly, discarded the use of carbolic oil for burns; but except that one instance, he had never seen carbolic acid produce poisoning, nor had he ever heard of an authentic case of its doing so in the hospital practice of those around him.

Mr. HENRY GRAY CROLY remarked that he could not be present without testifying that he had no case to record of poisoning by carbolic acid. He had been one of the first to carry out antiseptic surgery according to Lister's method, which he did not adopt strictly until he learnt it from Lister himself, though he had long previously used the carbolic acid in the treatment of wounds. In every form he had used carbolic acid, applying it to burns with the greatest care. With regard to the spray itself, he contrasted his own practice now with what it was before he adopted Listerism. He had not such a liking for Lister as to be wedded to his method unless he believed it to be good. It was unfortunate to attach a man's name to an invention. However, he had not had anything like the same results in his own practice before he adopted Listerism as he had since, and therefore he thought he would be morally responsible for the death of any patient under his care where he did not adopt Listerism. He would not have an operation performed on himself except under the spray, and with anti-

septic dressings. He wondered what Keith meant when he advocated perfect cleanliness in 1882. Why, he (Mr. Croly) had learned cleanliness when he was a student. Dr. Geoghegan long ago adopted cleanliness, and prided himself on fresh air in the wards, and washing out wounds with chloride of zinc and Condy's fluid—nearly exploded now. If he were told he had used the opposite of perfect cleanliness in his early practice he would be ashamed of himself. Cleanliness and good surgery always went together, and the opposite of cleanliness (which meant dirt) and bad surgery also went together. For his part, he intended carrying out the antiseptic surgery of Lister until he found something better.

Mr. STOKES said there was one remark he heard with surprise, namely, that in the hospitals of London, Listerism was dead. Knowing, as he did, that in St. Thomas's Hospital, University College, King's College, St. Bartholomew's, and Guy's, the antiseptic practice of Lister was carried out with extraordinary care and accuracy, the remark was, at all events, uncalled for. Another remark he heard also with surprise was that the characteristic of the antiseptic dressings of Lister, or rather the result of adopting that practice, was a uniform rise of temperature—an increase of surgical fever he presumed was meant. That was entirely contrary to his experience. All his colleagues were present, and if he was wrong they were in a position to contradict him in stating that, if there was anything struck them more than another, it was the great diminution of surgical fever observable even after operations of the greatest magnitude. For the last five or six years there had been no operation of any importance—excepting always operations on the eye and about the mouth—done in the Richmond Hospital that had not been carried out in accordance with Lister's teaching and practice; and they had observed, not only no case of carbolic acid poisoning (as Mr. Stoker had already mentioned), but there was this remarkable thing, that in no case had erysipelas followed any operation in which the Listerian dressings were adopted. That was a very great contrast to what was experienced before the introduction of Lister's dressings, and when he looked back to what he was in the habit of witnessing as a student the contrast was still greater. Erysipelas was always a subject of dread and anxiety, and what was worse, hospital gangrene, which was unknown now, and was a disease that might be said to be stamped out. There had not been a single instance of erysipelas following an operation after the adoption of the dressings of Lister. He expressed regret that the practice which meets the approval of the greatest minds in surgery, not merely in England, but in France, Germany, and America, and which was universally sanctioned, should in this Society be laid open to such grave question, and even in the interests of the character of the Society, that the question should be raised at all.

Mr. HAMILTON pointed out that the discussion was diverging into the merits and demerits of antiseptic surgery.

The CHAIRMAN said Dr. Warren had in his paper alluded to the local effects of carbolic acid.

Mr. HAMILTON understood that it was as to poisonous effects. The discussion had drifted into the question of the merits and demerits of Listerism, which, having been so recently debated, he did not think it was necessary to raise again. Any man who had experience of the action of carbolic acid should not withhold it from the Society, and therefore he rose to give his own impression as to the effects it produced. He believed he was one of the first surgeons to adopt the plan suggested by Lister many years ago, when using putty and lead foil. He remembered Dr. Fleming bringing him to the Richmond Hospital to see Lister use the application, and since then he had used it himself, and witnessed the effects of carbolic acid applied locally. At Steeven's Hospital no capital operation—he might almost say no operation at all—was performed without carbolic acid, and so far as his experience went, he had never seen a bad result that could be set down in any degree to the poisonous effects of carbolic acid.

Dr. H. BENSON observed that Mr. Stokes had alluded to the non-usage of carbolic acid in ophthalmic surgery. In St. Mark's Hospital they had been using the spray for two years. They could not use the regular dressings. During the last session there were only two cases in which operation was followed by suppuration, and these were cases in which carbolic acid was not used—complicated cases, in which it was accidentally omitted.

Mr. THOMSON added his experience to that of Mr. Hamilton and the other speakers as to the effects of carbolic acid in the treatment of wounds. He was quite unacquainted with what carbolic acid poisoning was, having never seen a case of it, nor had he seen the discoloured urine, nor the great increase of temperature. There seemed to be a tendency among some persons, the moment carbolic acid was mentioned, to flare up, as if there was something specially poisonous in the name of it. He was sure there was no operating surgeon present who was wedded particularly to that special material in the treatment of wounds, each of them simply taking it so far as his own experience, and that of others, went, as the best dressing yet obtainable. There was no doubt, however, that carbolic acid was a poison, and that in certain cases, either from its absorption through the external parts, or from being administered internally, it had been followed by death. But he hoped it was not to be maintained that because those fatalities had occurred they were to throw it overboard altogether. If that line of argument were admissible, they should throw overboard one-half of the Pharmacopoeia. Opium and other potent and useful drugs had produced more deaths than could be ascribed to carbolic acid. If people used carbolic acid injudiciously there must be unfortunate results. They had been told by one speaker, that after some cases of ovariectomy he had had his hands numbed and made almost useless for fourteen days, and he charged himself, with what degree of justice he perhaps would best know, with having caused the death of three patients. If a surgeon used carbolic acid which produced such an effect upon his hands, it was not to be wondered at that when applied to the peritoneum of three women it should cause their death. In reference to Mr. Keith, no doubt he had made a recantation as to the use of carbolic acid; but alongside of it should be put his emphatic praise of the carbolic treatment as applied by Lister, to the effect that he would have no hesitation in passing from the post-mortem room after holding an examination and proceeding to operate on a woman's abdomen for the removal of an ovarian tumour, provided he were protected by the Listerian method. Nothing stronger than that could be said, and Keith had said nothing so strong in his recantation of the use of the plan thus praised. On the last occasion, Dr. Cole of San Francisco, took an opportunity that was not justified by the facts, of charging Lister with having bolstered up his case, and altered before publication what he had said. While he (Mr. Thomson) was not there as an apologist of Lister, but simply following the lines which the discussion had taken, it was certain that anyone who knew that surgeon, and the reputation he held in the profession, would not concur in a charge of that kind, which was simply one of fraudulent representation. Dr. Cole was extremely modest in expressing the experience he had had of surgery. He was not going to yield his experience of any kind of operation, he said, to anyone in the world. He was kind enough to say they were all following a craze, and all who believed in Lister were like so many women caught by a fashion. Further, he represented that they were simply a flock of sheep ignorantly following a bellwether, while he and those who thought with him posed as the wise sheep. He (Mr. Thomson) was not ashamed to be in the company in which he was; and in the adoption of carbolic acid by Lister, and as carried out not only by him, but by men who certainly were not fools, they had had successes unparalleled, as a general rule, by any other system of treatment.

Surgeon-Major MYERS, (Coldstream Guards), was glad to find the remark as to Listerism being dead in London corrected by Mr. Stokes. At the Medical Congress one great question in the military section was, not the effect of Listerism in the treatment of wounds, but how surgeons could manage to treat wounds in the field by Lister's method. There were present representatives from most nations, and certainly none of the military men referred to the doubt, but to the difficulty in attempting such treatment. He was glad to find the method so highly supported, as most of the eminent military surgeons were recruited from the Irish schools, and no doubt the remarks of the Society would be seen by the various medical students of Dublin.

Mr. O'GRADY, referring to the alleged diminution of erysipelas from the use of carbolic acid, said he had been sixteen years attached to Mercer's Hospital, and never saw the disease there, except it was imported, and that was of rare occurrence. He did not want to express his colleagues'

opinion; but they had, like himself, giving up using carbolic acid, and he supposed it was because they did not believe in it. Statements had been made as to its injurious nature. He, too, had seen mischief follow from it. In a case of ovariectomy which he had performed, two or three days after the operation, while he was injecting an aqueous solution of carbolic acid into the wound, the woman, who was joking with him about safety pins, became suddenly insensible, and died in ten minutes. There was nothing that he could attribute it to except the use of carbolic acid at the time. He did not remember distinctly the details, as he did not intend to speak, but Mr. Wheeler had compelled him to get up. (A laugh). While he did not go the length of saying that carbolic acid was as injurious as some people asserted, he did not hesitate to say that, used in the sense of Listerism, it was a farce, and he looked upon it merely as an adjunct in throwing an unworthy mystery over the practice of the surgeon's profession.

Dr. ATTHILL—How long after the operation did the patient die?

Mr. O'GRADY—Three or four days.

Dr. ATTHILL said in that case it was not to be supposed that where no symptoms whatever occurred in the interval, carbolic acid had accumulated in the system and proved fatal.

Mr. O'GRADY—I do not remember the precise time after the operation. I did not speak of its cumulative effects, but of its immediate action.

Dr. ATTHILL said there was not the slightest doubt that carbolic acid spray had produced serious, and perhaps, fatal effects, but there was such a thing as the proper use and the improper use of it. As had been stated, it was used so strong as to paralyse a gentleman's hand. If they used too strong a spray in a woman's abdomen, it would most likely produce poisoning. He had performed ovariectomy thirty or forty times, and in more than three-fourths of the cases he had used the spray. However, he now believed that the spray was not advantageous, useful, or advisable, in ovariectomy; but for a different reason. He had never had reason to suppose that poisoning by carbolic acid followed; there was nothing in the urine to prove it, as suggested. But the reason he had given up using it was on account of the extreme coldness it produced wherever it fell. He had, however, in his possession a letter written to him two years ago by Keith, stating in effect—"The operation as now performed under the spray gives us such absolute safety that you could spend an hour in cleaning out or dressing the abdomen." Of this Keith had since recanted, but when he wrote it he had performed a couple of hundred operations.

Mr. WHEELER thought it right to say, as Dr. Cole was not present, that that gentleman had distinctly stated he used the spray 1 in 20, or 1 in 40, exactly according to Lister.

Mr. CORLEY remarked, in reference to the paralyzing effect of carbolic acid on the hands, that there was the greatest possible difference in the varieties of carbolic acid used. He had had his own hands in a condition of numbness from using the ordinary carbolic acid, but that effect was not produced since he used the absolute phenol recommended by Lister, and therefore the use of the inferior article might explain the disagreeable, and in some cases fatal results, that happened. Indeed, Professor Lister had stated that the ordinary carbolic acid was impure.

Dr. DUFFY had a perfect recollection of Mr. O'Grady's case, having been present at the time of the woman's death. As well as he recollected, a weak solution was injected into the woman's abdomen, and after the injection she suddenly collapsed and died rapidly. He made the post-mortem examination, and there was not a single morbid lesion to account for death. The heart was perfectly healthy. Skilled pathologists present corroborated his examination. It was not, however, an unusual event to have death follow from the injection of fluids other than carbolic acid, even water causing chilling in the abdomen and fatal collapse.

Dr. WARREN replied. He said some of the speakers had gone into the merits and demerits of the antiseptic treatment of wounds; and therefore he ventured to remind them of the opening paragraph in his communication, in which he disclaimed any intention of raising the question of the antiseptic treatment, and would also draw their attention to his closing remarks, in which he paid a tribute to the genius of Mr. Lister. Dr. Mapother had not stated whether the case in which he injected the acid into a nevus in a child, proved fatal or not. He (Dr. Warren) thought the symptoms in his case were more those of embolism than of poisoning by the

acid. With regard to the observations of Mr. Franks, he had only to say, that he merely mentioned cases in which he had found it useful from his own personal observation. He had never yet had an opportunity of trying it in diphtheria; but, of course, the treatment of the disease was well known to every surgeon. He alluded to the anæsthetic properties of the acid, and explained its probable value in whooping-cough upon this property of the acid. He was just as firm a believer in the antiseptic method of treating wounds as Mr. Fitzgibbon, but he did not think that they ought to complacently fold their arms and rest satisfied that carbolic acid was the best antiseptic. They ought to be progressionists in the fullest sense of the word, ever striving towards the best method of carrying their principles into practice with as much safety to their patients as possible. Many of the speakers seemed to have forgotten that Mr. Lister himself had long been endeavouring to find out a safer substitute for carbolic acid. With respect to the remarks of Dr. Smith, he had only mentioned in the most casual way, that the discolouration of the urine might be due to indican; and this view was put forward by Sir W. MacCormac in his work on antiseptic surgery. The cause of the colouration appeared to be still invested in much doubt. Husemann at first believed that the hæmoglobin was the cause of the colour, but he afterwards abandoned this theory because of the urine fully clearing up, after acidifying, and then heating, and especially because the odour of the acid was given off during the former process. There could be no doubt, however, but that carbolic acid existed in the urine in cases of poisoning, as the reaction to characteristic tests indicated; yet there must be also some new products formed, because the carbolic acid urine when subjected to nitric acid and afterwards potassium hydrate, and then concentrated, gave a blood-red, followed by a pea-green and violet colour. Carbolic acid added to the urine outside of the body, would yield this play of colours. Microscopical examinations revealed carbonaceous particles, and it was difficult to determine whether the particles had anything to do with the characteristic test mentioned, or not, although it seemed that they were the probable cause of the colouration, and possibly the factor upon which reaction depended. With regard to the test for carbolic acid poisoning, by examination of the urine, he would remind Dr. Smith that he had most distinctly stated in his paper that the normal sulphates were converted into sulpho-carbolates. The distinction drawn by Dr. Smith, between the total absence of the phosphates from the urine, and their inability to react to the baric chloride test by reason of their being rendered latent, seemed a distinction without a difference, in fact, a mere wordy controversy. Dr. Cole certainly was a strenuous opposer of the Listerian method, but he had yet to learn the details of Listerism, for he admitted himself, that the spray which was used in his cases caused numbness of his hands for fourteen days subsequently to the operation. Was it any wonder then that the patients died? He could not agree with Professor Beunett that the application of the acid in burns was more dangerous than in any other case. He had now used it in burns for ten years, and had never yet seen the slightest bad result follow, when applied in a sufficiently diluted form. He quite agreed with Mr. O'Grady that the existence of idiosyncrasy in many cases of carbolic acid poisoning was beyond all doubt, and this opinion was strongly put forward by Professor von Langenbeck. In the *American Journal of the Medical Sciences* for October 1881, a summary of fifty-six cases of poisoning by carbolic acid was recorded by Edward T. Reichert, M.D. In many of these, death took place from the application of the acid to the surface of the body in skin diseases, or its injection into the cavities of the body, or into the tissues. But he was not aware of a single case on record in which the spray, *per se*, proved fatal or even deleterious. The question really arose: Was the spray indispensable, or even useful? Professor Lister, at the surgical section of the London Congress, 1881, had stated "that his own results were so good that he shrank from giving up any of the details of the treatment by which he obtained them, although he quite admitted that he too, might at some future time be able to say *forti mit dem spray*; at present he could not accept irrigation as a substitute for the spray.

The Society then adjourned.

CONVOCAION of Oxford University has granted a sum of £250 for providing the Linacre Professor of Physiology with additional microscopes, diagrams, drawings, &c., for the use of students in the Physiological Laboratory.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 15, 1882.

DEAN SWIFT'S DISEASE.

A PAPER on Dean Swift's Disease in *Brain* for the current quarter, from the pen of Dr. Bucknill, unquestionably throws new light on what has long been a literary and pathological mystery. The nature of the malady, which vexed the life of the great writer, and ultimately ended his days, under a cloud of mental tribulation, has always puzzled his biographers, and the discussion of the subject has sometimes led to recrimination amongst them, as when Sir Walter Scott retorted on Dr. Beddoes who had hinted that perhaps a specific element had entered into the Dean's complaint, that "until medical authors can clearly account for and radically cure the diseases of their contemporary patients, they may be readily excused from assigning dishonourable causes for the disorders of the illustrious dead." More recent biographers, and notably John Forster in the charming fragment of a life history which he has left us, have been content to state the scanty facts that have been left on record concerning the Dean's sufferings and fatal illness, abstaining from speculation as to their origin and nature. But, still curiosity has not been laid to rest, for during last autumn, a literary worker interested in the old topic, invoked Dr. Bucknill's aid to solve his difficulties and, with a happy result, for it can scarcely be doubted that Dr. Bucknill, viewing the question in the light of the most recent neurological discoveries, has finally settled the point and determined the true character of Dean Swift's disease. His conclusion is, that Jona-

than Swift was the victim of labyrinthine vertigo, or Menière's disease, and that he was ultimately struck down by a clot or softening in the third frontal convolution of the left hemisphere, causing aphasia, right hemiplegia and brain wasting.

As we have said the facts that have been handed down to us concerning the Dean's illness, and the symptoms by which its progress was marked are scanty, but although scanty they are sufficient for Dr. Bucknill's purpose and amount, it must be admitted when they are marshalled together to be a conclusive proof of his proposition. The manifestations of the illness most frequently adverted to by the Dean himself in his correspondence are two in number, viz., giddiness and deafness. It would appear that at one time he was under the impression that the giddiness attacked him first, but a careful collocation of dates makes it evident that the deafness preceded the giddiness, the former coming on when he was twenty years old, as the result of a cold which he caught in England, and the latter when he was twenty-four years of age, as the consequence as he believed, of his having eaten one hundred golden pippins, at one time, at Richmond. The belief that this gluttony in green fruit was the real starting point of the vertigo which so greatly distressed him was firmly rooted in the Dean's mind, for it led to a lifelong abstinence from apples of which he was passionately fond, but still there can now be little doubt that this belief, like so many popular and self-concocted notions on medical matters was erroneous, and that the deprivations which it suggested were unnecessary. The vertigo may, more reasonably, be traced to the ear trouble, which began as ear troubles often do in catarrh, and which persisted for a certain length of time and reached a certain intensity before other symptoms supervened. Although "deafness" is the constant complaint in connection with the ear trouble; we know that it did not consist simply in deafness, for in several places in his letters and "Journal to Stella" he refers to being pestered and incommoded by noises in his ears. These noises are nowhere minutely described, so that we cannot say whether they partook of the tinkling, buzzing, or shrieking character most common in Menière's disease, nor whether they underwent an alteration in intensity immediately previous to the occurrence of what he called his fits, but the important fact remains that there were noises in the ears, which came and went, and deafness which was subject to occasional aggravations, and that the ear trouble, as is almost invariably the case in Menière's disease, was worse in one ear than in the other, the ear most affected in Dean Swift's case being the left one, an observation of great significance, we think, in connection with his subsequent pathological experiences. Whether there was any discharge from the ears or other external sign of aural disorganisation cannot be clearly ascertained, but it seems probable that there was, as ointments were certainly introduced into the external meatus, and as there was sometimes sudden relief from very decided exacerbations of deafness. The deafness went on increasing up to a certain point, but, unfortunately, it never resulted in complete loss of hearing. We say unfortunately, because, had it done so, the vertigo would in all likelihood have disappeared contemporaneously with the loss of hearing, and thus the Dean's

mind would have been relieved from the actual distress of the attacks, and from the gloomy forebodings which they kept constantly present to his mind. So constantly has it been noticed in Menière's disease that there is mitigation of all the symptoms when total deafness is reached, that it was proposed, before a better mode of treatment was discovered, to take means to hasten the establishment of total deafness.

The vertigo in Dean Swift's case, from what we can gather respecting it, was scarcely less characteristic of Menière's disease than the aural symptoms. It came on when his ears had troubled him for some time, and at first under the form of distinct crises of short duration separated by intervals of absolute calm. But as the affection progressed the crises tended to draw closer, to become commingled, and to constitute, as it were, a permanent vertiginous state, in the midst of which more or less frequent paroxysms appeared and reproduced all the phenomena of the old crises. The giddiness, when first experienced, consisted of genuine motor hallucinations, or purely subjective movements. The Dean's feeling being that there was rotation of the body on its vertical axis; but, ultimately, it seems to have been expressed outwardly in disordered muscular movements, for he speaks of tottering when the fit was on him, and laments that, under such circumstances, he walked like a drunken man. One other feature of Menière's disease is to be noted in relation to the giddiness, and that is, that it was liable to be induced or greatly exaggerated, by any sudden movement or by shaking the head. "My head is pretty well," he writes in his journal, "only a sudden turn at any time makes me feel giddy for a moment, and sometimes it feels very stuffed." The fits came on when he was standing, walking, sitting, or recumbent in bed; but any sharp or violent movement seems to have occasionally determined their occurrence or intensified their character.

But the accessory symptoms of Menière's disease were not wanting in Dean Swift's case any more than its essential features. Nausea and vomiting frequently marked the end of the attacks; cephalalgia was often experienced, and there were grounds for believing that there were pallor of the countenance and coldness of the surface during the fits. It is scarcely necessary to say that consciousness was never even momentarily in abeyance during the fits, and that they were not followed by stupor or drowsiness. Sometimes, when they were numerous and severe, he deplored a sense of restlessness and debility which followed them, but even after the worst of them we learn, and while they were actually going on he was capable of arranging his thoughts and composing with dignity and perspicacity.

As regards the later phases of Dean Swift's malady, it is tolerably evident that he had a certain degree of right hemiplegia—a discovery for which credit must be given to the late Sir William Wilde, who detected in the plaster-cast of Swift's head taken after death, and accidentally brought to light a hundred years afterwards, some drawing of the mouth to the left side. It is tolerably evident, also, that he had some impairment of language, though not, perhaps, aphasia, in the ordinary acceptance of the term. But in order to account for

these symptoms, we do not, like Dr. Bucknill, think it necessary to suppose some unreported or unobserved apoplectic seizure with clot in the left hemisphere. Most probable it seems to us that there was propagation of disease by contiguity of tissue from the left ear in which it was always worse than in the right one to the left hemisphere and its membranes, and that a state of irritation was set up in the temporo-sphenoidal lobe, which gradually spread to other groups of gyri, and which ended in degeneration and wasting. This theory adequately explains the irritability, malignity, and moral perversion which the patient displayed; his lapses of memory, his melancholy, his maniacal outbursts, his word-troubles, his fatuity, his death in a state of coma after prolonged convulsions, and the morbid appearances in his brain as far as these are described.

But whatever view may be taken of the final issue of Dean Swift's illness, no doubt can be entertained that Dr. Bucknill has marvellously elucidated all its stages, and has helped us immensely in our comprehension of an illustrious man, who must always remain inscrutable in some aspects. Dr. Bucknill's essay is alike graceful and interesting, and, although subtle, is never obscure.

RESIDENT HOSPITAL APPOINTMENTS.

A QUESTION of increasing importance to students is that of the method adopted for selecting from among the numbers who apply for resident hospital appointments the candidates best fitted to discharge the duties connected with them. In recent years a much greater degree of attention has been given to this matter, because of the rapid growth in the numbers of young men entering the profession of medicine at the commencement of each winter session. Formerly, when comparatively few men passed out from their school in the twelve months, there was no difficulty experienced in apportioning the various resident appointments among deserving students, so that every diligent pupil was enabled to complete his hospital career by securing the advantages of the experience conferred by holding a house-surgeoncy, or house-physiciancy, or both, as the case might be. At the larger and more crowded hospitals there has, of course, been at all times more or less competition for these offices, and in exceptional years in the past it may very well have happened that many well-qualified candidates have failed to obtain the wished-for appointment. Now-a-days, however, not only the principal hospitals, but even the smaller ones also, are so crowded with students that only a minority of them can hope to serve in official capacities on completion of their curriculum. In view, therefore, of the great advantages that are thus of necessity confined to a few of those who seek to share them, it may be well to consider how far they are justly and equitably distributed. In most cases the term of office is six months, while in some hospitals it is not unusual to extend this term by an additional three, or even six months. In favour of such a course it is urged that by retaining the services of a specially skilful resident officer the institution is benefited further than it would be by replacing him with an untried and possibly less well-qualified candidate. Against this should be placed the injustice that such a course in-

flicts on the students who are waiting for a chance of doing resident duty, and who have been steadily working with that object in view. To not a few young men who select the profession of medicine as a means of living, the sacrifice of half a year or a year in waiting for appointments is a very serious matter; it means not only the expenditure of so much extra capital as personal maintenance for that length of time involves, but also it defers the period of actual bread-making, a matter of unfortunately too common necessity among the younger followers of medicine. Hence it is desirable, and, indeed, it is a duty owed by the governing committees of hospitals, to provide those students who are anxious to hold resident offices with the earliest opportunities of obtaining the fulfilment of their wishes. This naturally suggests consideration of the plan on which the elections are usually conducted; and here at once we may admit that we see many objections to that ordinarily followed. As it is at present, there is a sort of happy-go-lucky choice performed by a committee of gentlemen selected from hospital and college staffs, assisted by, it may be, a few members from the general governing body. At each election period the names of recently-qualified students and of all those of older standing who have put their names on the list of candidates, are considered, and the history of each during his student career is read and weighed. The most distinguished men are, as a matter of course, immediately allotted to the most-sought-after posts, and then comes the question of selection out of a number of equally deserving candidates. It is now a rare occurrence for the number of these to be less than the number of posts to be filled, although such an experience is not wholly unknown at one or two of the least popular metropolitan hospitals. In the absence of other means of judging individual merits, a personal canvass among the electors is naturally set up, each having one or more names to urge, accordingly as he has had acquaintance with their owners while working in class or ward. Appointments made under these circumstances are neither satisfactory nor just, and we believe that students would be among the first to hail a change which would obviate the necessity of any such proceeding.

The most popular change of the kind would undoubtedly be the establishment of special tests, by which the merits of different students could be ascertained. The littlenesses of examinations could be easily eliminated by making the test one of a practical nature, and by spreading it over a space of time sufficient to enable the least ready to cope with those most efficient in the use of the pen. It is a matter of constant surprise in hospitals that "brilliant" men even, who have carried all before them in examinations for prizes, and who have been regarded as marvels of information, often fail miserably when called upon to discharge the duties of house-surgeon, or of house-physician. Frequently they are the inferiors of fellow-students whom they have distanced by immeasurable lengths in competition for paper prizes, when the practical side of their nature is called into requisition, and it cannot be denied that in these circumstances they are infinitely less serviceable to the patients in their charge. The fault, however, is less their own than that of the artificial system of education encouraged and fostered by regula-

tions like those now in force at many of the more prominent examinations. These demand the wide reading of books rather than extended reading of disease as it is to be seen; and often enough the most practically educated men are "referred" because they have described what they saw rather than what has been written. This spirit should not be permitted to influence house appointments in hospitals. It does, however, at present, and thus many thoroughly practical and well qualified men are debarred from realizing the dream of their student days for an unjustifiable and unreal reason.

The surgeon or physician under whom each man has worked is the proper judge of his capabilities and deserts. He it is who can best decide how far he is likely to do good or ill when placed in a position of responsibility; and were it customary to leave the selection of his deputy in the house to himself, it would be a matter of the utmost moment to him to appoint the student who most fully realized his conception of a faithful worker. The suggestion of undue influence in selections thus made is unworthy of being entertained; by adoption of the system generally it would be at once negatived, for each senior official would thereby be constituted an examiner of the candidate, who would practically, while under him as dresser or clerk, be competing for the honour of subsequently serving him in the capacity of resident assistant. We know of several recent instances where appointments have been made in direct opposition to the wishes of surgeons or physicians, opposition not, of course, expressed, but none the less real, and arising from consciousness of utter unfitness of the candidates as determined during their tenure of ward assistantcies. In fact, there are many indications pointing to the need for a radical change in the mode of electing to resident posts in hospitals, and we shall be glad to have the opinion of others on the subject.

THE PROVIDENT DISPENSARY SYSTEM.

THE Manchester Medico-Ethical Association recently adopted a resolution "to inquire into the present working of the Provident Dispensaries in Manchester and Salford," and in compliance therewith issued a series of questions to the medical profession of Manchester and Salford. The report is divided into—1. The class of patients admitted; 2. The influence of a newly-established provident dispensary on the practice of medical men; 3. The remuneration received by the medical officers of these dispensaries for their services. According to the rules of the Provident Dispensary Association—"The members shall be artisans and others, in receipt of weekly wages, whose average earnings do not exceed 30s." The evidence received, however, unmistakably points to the conclusion that persons are freely admitted as members who have no claim whatever to a participation in a provident dispensary scheme. Thus, among many others reported as members, there are shopkeepers, tradesmen, engine-drivers, pawnbrokers, and licensed victuallers, whose incomes are certainly above the limit of 30s. a week. As illustrations may be taken—A butcher, doing an excellent trade; a draper, large established business; a

pawnbroker, apparently doing well; a beerhouse-keeper, rent £25, good trade; a keeper of a coal-yard, owns house property. Amongst others who have been canvassed by an official to join, there are—A bootmaker, pays £46 per annum rent; a publican; a man who has two large shops; and a person earning £5 per week. One medical officer writes:—The collector is supposed to make inquiries into the means of the applicants for membership, but he is paid by results. I never knew but one family refused admission to the dispensary during a period of five and a half years. The collector, whose duty it is to inquire into the means of the applicants, is also the canvasser, and is paid according to the number he can induce to join the dispensary. In some dispensaries no check whatever seems to be placed upon the doings of this official; it is clearly to his interests to enrol the more well-to-do, who can pay more readily than the poor, and, consequently, he too often passes by the courts and side-streets, and confines his canvassing to the well-to-do shopkeeper and publican in the main thoroughfares. In other dispensaries it appears that the income of each member is entered in a book, which is subjected to the inspection of the committees, and sometimes, at the instigation of the medical officers, unsuitable members are eliminated. In other instances, committees, whose interest it also is to keep up the number of members, wink at abuses, or refuse to interfere. In one of the most recently established dispensaries, from which some very flagrant cases of abuse are reported, there is no committee, and almost all classes have been canvassed and allowed to join. Here may be noted the frequency with which some members leave the dispensaries a short time after admission. Thus, one dispensary, with 1,900 members on its books at the commencement of the year, and 2,100 at the close, admitted 910 new members, and lost 653, or nearly one-third. In some measure this is perhaps due to the members removing from one locality to another, but chiefly to their joining when sick and leaving as soon as they have recovered from their illness, finding it cheaper to pay the 5s. entrance-fee and 1d. per week afterwards than to call in the services of a medical man in the ordinary way. One medical man reports "that every patient he has in the district has been canvassed to join the dispensary, some of them over and over again." Another writes:—"In my own case, the opening of the ——— Provident Dispensary reduced my practice to one-half, taking away shopkeepers and beerhouse-keepers, and leaving me all the very poor." Another—"that the effect upon his practice has been ruinous; that his practice in the district of the dispensary has been reduced to *nil*, and he has had to remove to another district." Another—"that his practice has been reduced by one-fourth." As regards the remuneration received by the medical officers of the provident dispensaries, the statistics of the Dawson Street Provident Dispensary may be taken as an example. Last year the two medical officers attached received £250 between them. They paid 6,640 visits, and saw 8,510 patients at the dispensary. For these attendances 16,100 prescriptions were prepared. There were about 2,000 paying members on the books. Thus, on an average, each member had medicine prepared

for him eight times during the year, and the medical officers were paid at the rate of 3½d. for each prescription. With the above evidence before it, the Sub-Committee arrive at the conclusion that the rule as to the admission of members is repeatedly broken. The evidence received proves conclusively that at the present time the majority of the dispensaries are being seriously abused. Little, if any, check is placed upon the collectors and canvassers, who admit any whom they can persuade to join, and are paid according to the number they admit. Objectionable circulars, with the name and private address of the medical man attached, have been distributed through the district in many ways, amongst others by supplying them to shopkeepers, for wrapping their goods in. This method of advertising has been followed up by an indiscriminate canvass of publicans, shopkeepers, and tradesmen, some of whom were being attended by their own doctor at the time. The Sub-Committee repudiates any animus against a well-managed Provident Dispensary scheme. It believes that at the present time one or two of the dispensaries are fairly well managed, and not seriously abused. The evidence, however, brought before the Sub-Committee as to the present working of the scheme proves the existence of serious evils which cry loudly for reform.

Notes on Current Topics.

The Infectious Disease Notification Bill.

THE Irish Bill on this subject, which has been framed conjointly and approved by the Irish Medical Association and the Dublin Branch of the British Medical Association, and which we printed *in extenso* in our last issue, has been introduced to the House of Commons by Messrs. Meldon, M.P., Findlater, M.P., Brooks, M.P., and Moore, M.P., and it is set down for a second reading on the 21st, but there is no chance of it coming on on that day. As we have already pointed out, it provides a practical means by which all infectious cases which could be reached by any system will be speedily notified to the sanitary authority without the imposition upon the physician of functions which would cause him to be excluded from the sick room, and improperly interfere with his relation towards his patient.

We earnestly trust that this Bill will be allowed to pass, if only as an experiment, which certainly ought to be tried before our profession is sacrificed to theory and speculation. The sticklers for compulsion on the physician ought to consider whether it is not better to countenance an arrangement which is acceptable to those who are to carry it into effect, than to attempt to force upon these workers a penal measure which can only pass after a prolonged Parliamentary contest, and will then certainly be resisted by those who are unjustly and unnecessarily subjected to these penalties.

Until the probability of success of Mr. Meldon's Bill is known, we warn the profession in Ireland to stand firm and ready to oppose energetically any measure of the pattern of Mr. Gray's Bill of last year. We hear that the

Dublin Corporation will seek to have that Bill introduced immediately, and if it should be so, the question will have to be decided by a vigorous Parliamentary opposition.

The Legality of Arbitrary Dismissal of Poor-law Medical Officers.

A MOTION was recently made in London, before Mr. Justice Fry, to restrain the Local Government Board, till the trial of the action, from carrying out the dismissal of Dr. Donahoo from his post of Medical Officer of St. Saviour's, Southwark. Dr. Donahoo claims to have a freehold in his office under statutory regulations made by the Poor-law Board, the predecessors of the Local Government Board, in 1857, and to hold his office *dum se bene gesserit*. He had filed affidavits to show that the inquiry which was made into his conduct, and which led to his dismissal, was unfairly conducted, and that it was closed without his being able to call rebutting evidence. Dr. Donahoo was invited to tender his resignation, and not doing so, a letter was sent to him from the Local Government Board, informing him that unless he resigned within seven days he would be removed from his office. The present motion was made to restrain the department from so doing. Mr. Justice Fry, without calling on counsel for the defendants, said, in his opinion, the office of the plaintiff was only held *durante placito* of the defendants, and his dismissal was within their absolute discretion. But, he added, there was another ground on which he should have refused the motion—namely, that it would be highly inconvenient, pending the settlement of the dispute, to force a medical officer upon his employers.

Thus it seems to be decided that in England a Poor-law medical officer is only a tenant at will of the Local Government Board. The decision upon the same point in Ireland in reference to the dismissal of Dr. Kenny as a "suspect" has not yet been given, the Court having given the appellants time to produce certain necessary affidavits.

The Honorary Degrees of the Queen's University.

THE last act of the Senate of the expiring University has been to grant to a number of its *alumni* honorary degrees. Great offence has been given by the selection, many of the most deserving of the graduates having been passed over, while others whose claim was less obvious have been decorated by the Senate. In the Dublin morning papers a very forcible letter on the subject has appeared. It says:—

In reading the list of degrees, the fact that most forcibly strikes anyone cognisant of the affairs of the Queen's University is the extraordinary way in which Medicine has been overlooked in the distribution of compliments. In order fully to appreciate this it must be stated that the graduates in medicine constitute by far the larger part of the *alumni* of the University and by no means the part which, through the position achieved by its members, has done it the least credit. At the end of the year 1880 the graduates in arts numbered 1,088, and those in medicine 988. From the former number must be subtracted 133 who were graduates in medicine as well as in arts, leaving a total of purely arts graduates of 955, and of medical graduates of 988; and yet, in proportion to these numbers, look at the few honorary degrees that have been conferred on the medical graduates. Out of 87 honorary degrees, only 11 have been conferred on medical men,

and of these but 5 are on persons engaged in practice, the other 6 being gentlemen who are by their positions excluded from medical practice. All of the 11 are either officially connected with the University or have been so, and not one single distinction has been offered to any of the numerous gentlemen who hold distinguished positions outside the University, which has been anything but an *Alma Mater* to them.

On one matter the Senate may be congratulated—namely, the art of taking care of their own household—for, not contented with ignoring the principle of conferring the honours at their disposal as broadly as possible, nor with giving them exclusively among their own professors and examiners, they have given to each and every one of themselves who had not before been decorated—with the exception of one gentleman, a commoner, and a few persons of high rank, who presumably do not care for such things—an honorary degree. The delightful novelty of the members of the Senate acting with this brotherly reciprocity, and conferring the accolade each on the other is indeed pastoral and beautiful, and would be amusing were it not a ludicrous preliminary to the execution of a University which would more fitly have died without affording cause for a gibe.

There is a great deal of force in this protest, and all the more because it is so temperately expressed. We think that the Senate has besmirched the honours which it conferred by excluding those from them who had an obvious claim to recognition, and we regret that its last act should have been an ungracious one, and calculated to dull the memory of the University as an institution which recognised merit alone as the title to distinction.

Drafts of Troops to India.

FOR many years back the system of sending large bodies of young lads as soldiers to India has been protested against by all officers, military as well as medical, who have themselves had practical experience in our great Eastern dependency. On active service it was found that, as during the wars in Europe connected with the French Revolution, young recruits served only to fill the hospitals and occupy all available "sick transport," thus diminishing that which could be utilised for the requirements of the wounded in battle. And not only on active service was the unsuitability of young men apparent. It was equally so in times of peace, and when no further calls upon their physical endurance were demanded than the performance of the ordinary routine duties of garrison life. Even under the latter circumstances it was found that during the hot and rainy seasons the young lads thus sent out were prostrated in a relatively large proportion by the endemic diseases of the country, more especially fevers and affections of the bowels. In not a few instances a combination of these affections existed in the same individual, and in such cases a *name* was applied to the mixed affections in accordance more with theories in favour in England than with the actual nature of things. There is at least some hope that this state of matters is about to undergo some degree of improvement. Thus, according to orders recently issued by the Horse Guards, the selection of non-commissioned officers and men to proceed with batteries and drafts to India and all tropical stations will in future be made in accordance with the following conditions, except in cases where special authority may be obtained to the contrary:—1. Non-commissioned officers with four years' service unexpired; 2. Men in second,

third, and fourth year's service; 3. Men in first year of service who will be twenty years of age at date of embarkation, and who have completed three months' service; 4. Men (short service) on fifth year of service, willing to extend under General Order 80 of 1881, and article 566, Royal Warrant, June 25, 1881, with £2 bounty; 5. Men (long service) under six years' service; 6. Men (long service and re-engaged) up to 15 years' service.

That such an order as the above should be issued indicates how closely linked are questions of medical details in regard to ages during which liability to particular forms of disease is greatest, and questions which bear directly upon military efficiency of our soldiers.

Irish Butter.

ACCORDING to the *Grocer*, there never was such a scarcity of butter in Ireland as there is at present. In former years both farmers and merchants held stocks for the months of January, February, and March. But last season was so disastrous that very few could keep any stock of butter on hand, and it is now discovered on the appearance of any demand that there are no supplies to meet it. This bareness of the Irish markets is shown by the fact that large quantities of Danish and American butter and butterine are being imported for local consumption. Add to this neglect of a natural industry, that a great proportion of the butter made in Ireland is almost uneatable. It is made up in "lumps" by the small coters, who have only one cow, and therefore have to keep the cream or milk until it is semi-putrid, to churn it in a filthy cabin full of turf smoke, and fetch it to market some days afterwards, by any means available. One of the chief amendments of the Irish system must be the establishment of butter factories.

The Prospects of Medical Reform.

THE Medical Acts Commission met at 2 Victoria Street, Westminster, last week. Present—The Earl of Camperdown (Chairman), the Right Hon. W. H. F. Cogan, the Master of the Rolls, the Right Hon. G. Sclater-Booth, M.P., Sir William Jenner, Mr. Simon, C.B., Professor Huxley, Dr. Robert McDonnell, Professor Turner, Mr. Bryce, M.P., and Mr. John White (Secretary). The Commission will meet again next week, and we hear that, having pretty well settled their recommendation respecting reconstitution of the Medical Council, they will be engaged in maturing the conjoint examination schemes. It is to be feared that there will be a division in the Commission on this subject, the Scotch members taking up a strong position of opposition.

King and Queen's College of Physicians in Ireland.

At the last meeting of this College, Dr. Arthur Wynne Foot was elected a Censor of the College in the room of the late Dr. Reuben J. Harvey. At the same meeting, the College resolved to take the opinion of eminent counsel as to the legality of the following resolution of the College, passed on February 21st, 1868, namely, "That in future no King's Professor in the School of Physic shall be allowed to hold an appointment as medical officer to any clinical hospital other than that of Sir Patrick Dun."

The Working of the Army Medical System.

THE *United Service Gazette* continues to receive from various quarters complaints of the very unsatisfactory working of the new system of doctoring for the Army. Under the old plan every soldier had, as it were, a personal attendant in the surgeon of his regiment, whose undoubted duty it was to attend to all the men in the corps, under any circumstances whatever. Now, however pressing a case might be, the patient must be removed to the nearest station hospital before he can obtain any medical treatment. A case in point happened the other day. A trooper in a cavalry regiment was taken ill on parade with what looked very much like sanguineous apoplexy, a disease that of course requires immediate treatment; but the surgeon-major appealed to declined to treat the man on the spot, but ordered his removal on a stretcher to the nearest hospital. All this took time, and in the meantime the sufferer might have died for want of the relief a lancet would have given him. Fortunately, the captain of the troop was a practical man, and the trooper recovered on the application of a few common-sense remedies. But the result might easily have been fatal. Indeed, in a recent case at Aldershot, the coroner's jury appended a rider to their verdict, that the present system of putting impediments in the way of soldiers receiving medical treatment is most unsatisfactory. It is among the many changes for the worse which have been made in the Army in the teeth of all practical experience.

The Irish Union Officers' Association.

THE non-medical officers of unions have joined in organising an association to represent their views and interests, especially in relation to superannuation, and have established such a society, and are seeking from the officers the necessary funds to carry on the business in hand. With this object they have issued a circular, not only to clerks and masters of unions, and other workhouse officers, but to the medical officers also, asking them to subscribe £d. in the £1 on their income to the objects of the Association.

We have been asked by several medical officers whether they should comply with this request, and, in reply, we would say that there cannot be the least objection to their doing so, so long as the contribution does not interfere with their subscription to the Irish Medical Association, which originated the movement on behalf of the medical officers, has worked it for years, and is now busily urging it on the attention of Parliament. The bill promoted by the Union Officers' Association and the memorial presented by it to the Chief Secretary are, in fact, the bill and memorial of the Irish Medical Association, copied almost *verbatim*, but without acknowledgement of its source, from which it will be evident that the two Associations are working together for the same object. We trust they will continue to co-operate harmoniously, but we do not think it either quite fair, or at all calculated to promote the *entente cordiale* between the two bodies, that the non-medical Association should proceed to canvass the members of the medical Association for subscriptions which, if given, must necessarily, in

some instances, be withheld from the medical organisation. We, therefore, advise all Poor-law medical officers in Ireland to subscribe first to the Irish Medical Association, and, if they can afford it, afterwards to the new society whose circular they have received, and, in any representations they may make to persons of influence to support the bill, to give the Irish Medical Association the credit of having started the movement, worked out the bill, obtained the approval of Government, and constructed the memorial upon which that approval was given.

Unqualified Practice.

At Dairycoates, near Hull, recently, a coroner's inquiry was held into the deaths of two children, from the administration of some irritant poison unknown. The chief interest of the case is in the fact elicited at the inquest that the deceased had been attended by an unqualified practitioner, a chemist named Cartwright, and who, by arrangement with a Dr. Jackson, acted as assistant to the latter on terms which secured half the fees received to him, but which admitted the unqualified man to take charge of cases on his own responsibility, while exacting payments for services rendered in the name of his employer. The words in which the coroner marked his disapprobation of the whole affair very properly express the view that should be taken of it. He stigmatised it as a most improper proceeding, and continued: "It was neither more nor less than an evasion of the law. It was a matter of regret that people should be so foolish as to call in persons not properly qualified to attend them. No matter what Mr. Cartwright's experience had been, he was acting in a manner in which he was not qualified to act. He had tried to persuade them that all he did was under Dr. Jackson's instructions, and a still more unfavourable aspect of the case was to find from such a quarter that there should be a division of profits. He thought that was anything but creditable. It was most pitiable to see that when this unqualified man was called in to attend the children, he took down a bottle of worms, like a quack doctor, and said to the father, 'That is what they have.'"

We take it this case is likely to do considerable good in creating a distaste towards unqualified practitioners in the neighbourhood of Hull, especially since neither in treatment nor in diagnosis did the associated practitioners agree with the opinions uttered by disinterested physicians.

The New Oban Sanatorium.

CONSIDERABLE progress is now made with this extensive building, and the magnificence of the situation is thus being gradually realised. We speak from a personal knowledge of at least six of the countries of Europe, and we assert with confidence that in very few, if indeed in any instance, a situation so unrivalled as that of the Oban Hydropathic Establishment exists. The view from the Alhambra is undoubtedly grand; it is a view of a vast and fertile plain through the bosom of which two beautiful rivers meander, and the situation is hallowed to the student of history and human nature by the cruel fortunes of its former possessors. The view from the Oban Hydropathic Establishment, if less extensive, em-

braces beautiful lochs, as well as everlasting hills—those silent witnesses to the inscrutable something behind nature which man would, but never can, comprehend. When the mildness of the climate of Oban, even in winter, and the magnificence of its surroundings become to a greater extent appreciated, we are satisfied that it will become a favourite health resort, and we feel persuaded that its Hydropathic Establishment and Sanatorium, if properly conducted, will become a decided attraction towards this end.

Appointment of M. Charcot to the Chair of Nervous Diseases.

HAVING made for himself a world-wide reputation whilst occupying the chair of pathological anatomy, M. Charcot has entered upon another field for the exercise of his industry. He has resigned the chair of pathological anatomy, and accepted that of nervous diseases. The vacancy caused by this change has been filled up by the appointment of Professor Hayem, teacher of therapeutics, to the chair of pathological anatomy, recently held by M. Charcot. M. Hayem is well known by his works, and his appointment has given general satisfaction to the profession in France. He has a formidable task before him, from the fact that he has to follow such a man as M. Charcot. This transference of a professor from one chair to another has its advantages and disadvantages. It remains to be seen whether, in this case, medical science will gain by the mutation.

Sanitary Dangers in High Places.

ONE more lesson has been taught us with respect to the dangers incurred by clumsy or insufficient drainage in dwelling-houses, and general satisfaction will be felt that the warning has been acted upon in time to save the life of the Duchess of Connaught. The explanation of Her Royal Highness's sudden removal from Bagshot to Windsor, within three weeks from her accouchement, is found in the fact that a constant stream of sewer-gas has been entering the house at Bagshot through an open pipe leading from the main drain to beneath the central hall of the mansion. For some days an unpleasant smell had been manifest in the vicinity of the pipe, and the royal convalescent appeared to be developing symptoms which could only be ascribed to some such influence. Immediate removal from the tainted atmosphere was counselled at a consultation of the Duchess's attendants, and since this has been effected the patient has made the most satisfactory progress towards complete recovery.

We trust this discovery will be accepted as an indication of the searching examination necessary to be made ere any house, however well arranged it may be considered, can be said to be a safe dwelling place. So long as sanitary engineering fails to be carried out with the precision and exactness its importance demands, so long will there exist danger of serious defects in drainage and ventilation being permitted to pass unnoticed. There is too much reason to fear that Dean Stanley's valuable life was sacrificed to inefficient construction in this respect. We cannot afford to let the lesson taught by his loss pass unheeded.

Aneurism of the Arch of the Aorta.

At the Clinical Society on Friday evening an interesting discussion ensued on a paper read by Dr. Finlay, in which he described a case of aneurism of the ascending part of the arch of the aorta. The principal point in connection with it was that relating to the desirability of operative interference; and the especial question in most speakers' minds seemed to be whether or not galvanopuncture might be safely employed. There is a good deal of sound sense in the remark made by Mr. Parker, to the effect that much of the disappointment hitherto experienced in electrolytic operations may be due to defects in the apparatus employed. This is strikingly shown in a case we recently referred to as reported in an American contemporary. In it the current had been supposed to act for nearly half an hour, and some consolidation certainly occurred; but examination of the apparatus showed that for most of the time at least it was impossible that any current could have been passing. If, as Mr. Parker recommends, improved instruments, and batteries equally improved are employed in future experiments on aneurisms, we may not unlikely be able to record much more valuable results of galvanopuncture.

In connection with the same subject, we may remind Dr. Finlay of a fact first published at the Clinical Society, that, viz., by very largely diluting iodide of potassium it may be given in any amount without producing a single ill-effect.

Medical Bills in Parliament.

In the House of Commons on Tuesday week, Sir Trevor Lawrence gave notice of the Bill to amend the Medical Act, 1858, formerly known as Lush's Bill; Mr. P. Taylor gave notice of a Bill abolishing the compulsory clauses of the Vaccination Acts; Mr. Reid, a Bill for the total abolition of vivisection; and Mr. Stansfeld, a Bill for the repeal of the Contagious Diseases Acts.

The Grand Prix Lecaze.

The Paris Académie des Sciences has awarded the Grand Prix Lecaze, of the value of £400, to Professor Brown-Séquard. The honour thus conferred on the eminent recipient of it is perhaps the highest in the power of any Association to bestow, since it is given only for long-extending devotion to physiological science, and then only when it has resulted in important discoveries. The services of Brown-Séquard have indeed been of a nature that renders any recognition of them, however high, no more than their author has established a thorough right to receive. As an investigator he stands second to no living physiologist, and even the former recipients of the prize just awarded by the Academy, Chauveau, Marey, and Daresse, have scarcely so well founded a claim to the honour. It is not too much to say of Dr. Brown-Séquard that his devotion to science has been of the most disinterested description, since he has undoubtedly resigned, on account of it, a position in the line of medical practice that would compare with that of the most successful of modern practitioners. Every member of the profession will feel that Dr. Brown-Séquard has been appropriately honoured by receiving this proof of the estimation in which his achievements

are held, and will wish him long years in which to enjoy the distinction and yet further extend the labours which have made him world-famous and universally respected as a light of modern science.

Ovariectomy in America.

DR. JOHN HOMAN contributes to the *Boston Medical and Surgical Journal* for January 26th a tabulated statement of the result of thirty-two ovariectomies performed by him in the year 1881. Of these three died, death being caused in one case by exhaustion, the tumour removed having been very vascular, and nearly solid. In another case acute mania set in on the eighth day after operation, and as there were no post-mortem indications to show any untoward occurrence in connection with the wound, and as insanity was hereditary in the patient's family, the case may be fairly set down as one of death from non-preventible causes. In the third fatal case the outer surfaces of the tumours—both ovaries having been removed—were of a brown colour, and beginning to decay. In addition to the thirty-two cases of completed ovariectomy, Dr. Homan made exploratory incisions in three instances, and after thoroughly investigating the tumour, closed the wound, and in each case all subsequently went well. Dr. Homan adds also that he has done colotomy successfully, making the permanent opening in the pubic region. The ages of his ovariectomy patients varied from eighteen to seventy-three years, recovery having ensued in the case of both these extremes. The length of incision made was generally four or five inches, but sometimes it was extended to as much as seven, and in one case (death) eight inches. Taken altogether, however, the results are very good, and reflect much credit on the operator. The pedicle was invariably tied and burnt off with Paquelin's thermo-cautery. No mention is made of antiseptics.

Paul Bert and the Chair of Pathological Anatomy.

ON the 26th January Paul Bert virtually ceased to be a minister, as the fall of his leader then took place; but on this date his last official action was one to provoke the Faculty of Medicine. Charcot had resigned the Chair of Pathological Anatomy, Professor Hayem had been selected to fill it by the Faculty, thus only changing his chair. Notwithstanding this decision of the Faculty, in the *Journal Officiel* appeared an announcement that the Chair of Pathological Anatomy was vacant. There is some indignation at this act of the Minister of Public Instruction, as it over-rides the privileges of the Faculty of Medicine; and it is to be regretted that the distinguished pathologist, before publishing his order, did not consult the Dean. Professor Hayem is worthy of following Charcot. M. Paul Bert does not, surely, think of filling the Chair himself!

ACCORDING to M. Paul Bert (*Journal de Thérapeutique*) special venoms are secreted by the toad, salamander, newt, frog, &c. From the glands on the neck of the frog he has collected a liquid which, if injected into a sparrow, occasions death with convulsions, the heart being arrested in systole.

The Sanitary Benefits of Industrial Dwellings.

DURING the last half-year the Newcastle Industrial Dwellings, which contain an average population of five hundred persons under one roof, exhibited the low average death-rate of eight in the thousand; the birth-rate during the same period reached the average of forty-two in the thousand. These results are the more satisfactory when it is considered that this block of dwellings is situated in the lowest part of the town, and is inhabited exclusively by the work-paid section of the industrial class, and labours under local disadvantages from which most of the London Improved Dwellings are exempt.

"Vaccination" for Diseases.

Is it the case, after all, that the method of inoculating persons with diseased matter other than that of vaccinia or small-pox, whichever it may be, is not new? There is reason to believe that such really is the case. At page 34 of a report recently submitted to the Governor of Ceylon on the subject of a disease, or combination of diseases, known as "Parangi," the following statement occurs:—"On the question of inoculation which is practised in Africa and the West Indies by the negroes on the estates, to acquire yaws and to escape work, allusion is only made by Mr. W. D. Wright, when Government Agent of the North Western Province of Ceylon, in his Administration Report for 1871 he says:—"When reading a few years ago Dr. Looss's report about Parangi, I do not remember having seen any notice of preventing the sad consequences of the disease by a species of inoculation, and will therefore describe the practice in the remote parts of the Vanni district. It is to make children, when they are about one year old, partake of rice off a leaf or plate on which a person suffering from the disease has eaten. In a short time pustules like itch appear on the child's body, and then medicines containing minute quantities of mercury are administered, which cause the pustules to dry up in seven days, the scales to fall off, leaving deep dark marks, which in course of time disappear. It is said that this is an almost certain prophylactic, and that though the disease may attack one who has been so guarded, the effects are never serious."

Unfortunately, the above are the only details we are able to obtain regarding inoculation for yaws and for parangi. The former of these diseases is believed to have no connection with syphilis; the latter, however, is by some writers considered to be made up in part of tertiary syphilis, but neither yaws nor parangi appear to be susceptible of transmission to animals. It is hoped that some of our readers may be able to give further particulars on the subject thus broached.

OWING to the extraordinary mildness of the winter and scarcity of rain in Spain, the mortality has increased nearly 50 per cent. in the Spanish capital; and small-pox has now developed into epidemic form, causing over 200 deaths in January, and 150 patients suffering from that disease are now in the principal Madrid hospital alone.

Guiteau's Head.

THEODORE MILL has taken a mould of the head of the assassin of General Garfield. It was not easy to obtain the consent of Guiteau to the operation, as it involved the shaving off of his beard. The sculptor, however, persuaded him to acquiesce by mentioning the names of the illustrious men, casts of whose heads he had taken. Guiteau smiled with complacency at the thought of the fame in store for him (Madame Tussaud's studio of *celebrities*!)

Guiteau's head measures $23\frac{1}{2}$ inches in circumference; phrenologically the bump of esteem measured $6\frac{1}{2}$ inches; that of firmness $6\frac{1}{2}$ inches. The left side of the head is well developed, and apparently normal; the right is almost flat. The sculptor declared that he had never examined a head so peculiarly formed.

Touching Guiteau, we are informed by a French exchange that some American insurance companies accepted policies on his life whilst he was in the dock. The enterprise of American offices is well known, but "the height of assurance" has here reached a point to which few English offices would aspire. Supposing this is true, we can only imagine that the policy taken out has been for some small sum—£100—and that the object has been to advertise the office which undertook the risk.

Modern Surgery.—Extirpation of the Lungs.

IF the ancient masters of surgery were now to visit some of our modern hospitals, and saw the operations therein performed under the protecting shadow of antisepticism, what surprise would they not evince at the daring of modern surgeons! Operations condemned in their day as unjustifiable and hazardous are now recognised standard ones. They would learn with surprise that we remove kidneys, spleens, uteri, portions of intestines, larynx, with perfect *insouciance*. It is even now proposed to extirpate one of the lungs. At a recent meeting of the Biological Society of Paris, M. Marcus (Jassy) suggested an operation for the removal of one of the lungs. M. Marcus believes that, as the lungs are dual, one could be removed; the other would do the work, just as one kidney does the work of two, when one has been removed. M. Marcus has put his suggestion to proof. He extirpated the right lung in some rabbits and dogs. In spite of antiseptic precautions, they, however, died. The dogs died rapidly; the rabbits lived for three weeks. M. Marcus thinks that his results are encouraging.

IN the large towns last week the highest annual death-rates per 1,000 from scarlet fever were:—3·8 in Brighton, 3·6 in Hull; from whooping-cough, 5·4 in Wolverhampton, 3·8 in Brighton, and 2·9 in Bolton; from measles, 3·9 in Blackburn, and 3·5 in Norwich; and from "fever," 1·6 in Preston. Eleven more fatal cases of scarlet fever were recorded in Hull, making 712 that have occurred in this borough since the beginning of July last. The 34 deaths from diphtheria included 18 in London, 7 in Portsmouth, 2 in Brighton, 2 in Liverpool, and 2 in Salford. Small-pox caused 15 deaths in London and its suburbs, 1 in Nottingham, 1 in Bolton, 1 in Liverpool, and 1 in Leeds.

Prosecutions against Unlicensed Dentists.

THE Branch Medical Council for England has granted the necessary permission to prosecute two persons, named Smith, of Praed Street, and Valleck, of Edgware Road, London, for illegally practising as dentists, they not being registered.

DR. MICHAEL O'BRIEN, of Miltown Malbay, co. Clare, an M.D. of the Queen's University, has been arrested and sent to prison.

DR. KENNY, lately Medical Officer to the North Dublin Union, who was incarcerated as a "suspect" some months ago, and dismissed from his office by the Irish Local Government Board, has been set at liberty in consequence, it is understood, of the ill-health of his family.

We understand that the War Office has appointed Surgeon General J. S. Furlong, M.D., to be Principal Medical Officer to the Forces in Ireland. Dr. Furlong, who served throughout the Crimea and Indian Mutiny campaigns, has been recently serving as Principal Medical Officer in Canada.

THE death of the venerable Dr. George Samuel Jenks, formerly physician to the Sussex County Hospital, Brighton, at the great age of ninety-three, is announced as having occurred at Bath, on the 7th inst. The deceased, who took his M.D. degree at Edinburgh in 1820, was in early life an army surgeon.

A BUST of the late Dr. Robert Smith, Professor of Surgery in the University of Dublin, and for many years Honorary Secretary of the Dublin Pathological Society, has been executed at the cost of the members of that Society, and presented by them to the Irish College of Surgeons, where it has been placed amongst the series of busts of distinguished Irish surgeons which decorate the Hall of that College.

AN address, accompanied by a handsome silver salver and purse of sovereigns, were recently presented to Dr. Aickin, of Belfast, on the occasion of his recovery from a severe illness, and as a token of the esteem in which he is held, and to record his high professional skill. The salver bore the following inscription:—"Presented, together with a purse of sovereigns, to William Aickin, Esq., M.D., by his friends and patients. Belfast, 1882."

IN the principal foreign cities the rates of mortality per 1000 of the various populations were, according to the latest official weekly returns, as follows:—Calcutta 25, Bombay 31, Paris 30, Geneva 28, Brussels 23, Amsterdam 21, Rotterdam 31, The Hague 29, Copenhagen 26, Stockholm 22, Christiania 32, St. Petersburg 50, Berlin 23, Hamburg 24, Dresden 23, Breslau 30, Munich 32, Vienna 28, Prague 29, Puda-Pesth 40, Naples 33, Turin 26, Venice 31, Alexandria 38, New York 32, Brooklyn 26, Philadelphia 23, Baltimore 26. No returns were received from Madras, Rome, and Lisbon.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

GLASGOW UNIVERSITY MEDICAL BALL.—The annual ball of the students attending the medical classes at this University was held on the 9th inst., in the Queen's Rooms. There was a large attendance, and the assembly was patronised by several of the medical professors.

BATHGATE.—THE LATE DR. KIRK.—The funeral of Dr. James Balfour Kirk took place on the 9th inst. at Bathgate, amidst tokens of universal mourning. The shops in the town were closed, and in many of the collieries and public works business was suspended. A large company followed the body to the cemetery. The Provost and magistrates, with others, met in the Court Hall and walked to the church, where religious services were conducted by ministers of various denominations. Dr. Kirk has been well known in Bathgate for the last thirty-three years, and out of a lifetime of fifty-five years he had devoted thirty-four years to the medical profession. During the thirty-three years that Dr. Kirk spent in Bathgate he was held in high respect.

EDINBURGH HEALTH LECTURES.—Lectures specially advertised for men, or specially for women, seem decidedly successful, and when unusual details are expected there is a rush. The special lecture for men, at Edinburgh, on Saturday, the 4th inst., attracted such a crowd, that the reserved portion of the Hall was invaded, and many members of the Society were consequently prevented from obtaining seats. Under those circumstances, Mr. Annandale consented to re-deliver his lecture on Saturday, the 11th inst., when the crowd was not quite so great.

THE CHAIR OF PATHOLOGY IN ABERDEEN.—The deed of foundation of the Erasmus Wilson Chair of Pathological Anatomy in the University of Aberdeen has been signed by Sir Erasmus, the donor. The patronage is to be vested in the Crown, and the deed has been received at the Home Office. One of the conditions is, that the Professor shall not engage in practice. The endowment is the free annual proceeds of £10,000. We believe that, besides the sum so liberally given by Sir Erasmus Wilson, there is already a considerable sum raised by private subscription, which will greatly add to the emoluments of the chair. Dr. J. D. Hamilton, of Edinburgh, will, we believe, become a candidate. Dr. Hamilton is a pathologist pure and simple, and has all the energy and enthusiasm which go to make a successful teacher. Aberdeen is comparatively a young medical school, and if mindful of its future, should add to its staff men like Stirling and Ewart, ready and anxious to add to the glory and honour of the University. We are sure that Dr. Hamilton would not betray the trust placed in him.

SIR ROBERT CHRISTISON'S SUCCESSORS.—It is understood that Dr. Balfour, Emeritus Professor of Botany in the University of Edinburgh, will be proposed as successor to Sir Robert Christison in the office of Assessor of the General Council in the University Court. At the Royal Edinburgh Hospital for Sick Children, Sir Robert's appointment as Consulting Physician has been conferred on Dr. R. Peel Ritchie, F.R.C.P.E. Dr. Ritchie has been long connected with this Institution, and well deserves the honour conferred upon him.

THE ROYAL INFIRMARY, EDINBURGH.—A stranger visiting this institution would notice with surprise that the ceilings of several of the corridors are under repair, and if inquisitive enough to ask the reason, would be informed that the "dry rot" had made its appearance in the building. For his further

information he might be told that during the building of the Infirmary the committee were favoured with anonymous letters informing them that the contracts were not complied with; and that the committee, acting on the suggestions of the writers of the letters, consulted some high authorities at great expense; that on the statements made by those high authorities they acted, with the result that a portion, if not all of the Infirmary, will have to be refloored at great expense. We do not see that under the circumstances the committee are to blame; they did their best, but there cannot be a doubt but that heavy responsibility rests somewhere and on somebody, and that it is most unjust to saddle the already scanty resources of the Infirmary with a debt for reflooring.

Literature.

SIBSON'S MEMOIRS. (a)

The importance of many of the late Dr. Sibson's contributions to medical anatomy might be taken as ample justification for the publication of the less easily accessible papers over which their author spent such loving care. The volumes, however, into which Dr. Ord has collected the monographs scattered in various "Transactions" and periodicals, will serve a higher purpose even than that of informing a younger generation of the grounds on which many of the conclusions daily taught them in the wards have been founded. They will act as a constant memorial of one whose activity of mind and unswerving industry cannot fail to be apparent to every reader of his works, and also to influence others in the way of steadfastly emulating the example so worthily set. In this connection, too, we hail with satisfaction the sketch of Sibson's life prefaced to vol. i. of the series, and which, marked as it is by graceful appreciation of the character it attempts to portray, is written with a happy freedom from unwholesome adulation, while breathing at the same time even enthusiastic admiration that cannot fail to create a fitting regard for its subject in those to whom he was personally unfamiliar.

Of the papers included in these reprints, the most important are probably those dealing with changes in the structure and position of internal organs brought about by varying conditions of life, and the bearing these have on the well-being of the individual, both in health and in disease. The amount of careful observation evidenced in these papers will be at once appreciated, and the suggestiveness of their contents is hardly to be over-rated. The pages, for instance, dealing with the conditions of the lung in diseases affecting its bulk and position, can be read by no one without affording him a fund of invaluable information on the subject of chest complaints and the methods of dealing with them. And similarly with the matter of the third volume, which treats of changes in the situation and form of the heart and great veins. This portion of the work, indeed, is already generally familiar to medical readers, from its having been originally contributed to Reynolds's "System of Medicine," but, notwithstanding, we think Dr. Ord has wisely included it in the present collection.

In the second volume are included six papers dealing with the subject of respiration. The movements of respiration in health and in disease are carefully analysed, and the causes which excite and influence the process in both conditions are investigated; the last two essays are respectively devoted to gastro-intestinal distension and enlargement of the liver, and to a consideration of the influence of distension of the abdomen on the functions of the heart and lungs. These essays, like most of the others, are reprinted from sources not easily to be got at in the present day, and sufficient thanks can hardly be given for the opportunity thus afforded of obtaining ready access to them. Dr. Sibson's instructions for measuring the chest, and the description of his machine invented for obtaining accurate records of the dimensions of the thorax, are contained in this volume (ii.). "Pericarditis," the essay contained in Reynolds's "System," will be found in the third and fourth volumes of the collected works, and the latter is probably, from a purely medical point of view, the most interesting of the series. It includes the well-known article on Endocarditis, also taken from the "System"; one on the treatment of facial neuralgia by inhalation of ether, with the

(a) "The Collected Works of Francis Sibson, M.D., F.R.S." Edited by W. M. Ord, M.D. Illustrated. 4 vols. London: Macmillan and Co.

description of a new inhaler; remarks on the action of narcotics, the effects of chloroform, &c.; two essays dealing specially with chloroform, its use in neuralgia, and on the mode in which it causes death; and the address in medicine delivered before the British Medical Association in 1873. In addition, there are one or two lesser papers, and notably a lengthy tabular analysis of a large number of cases of acute rheumatism and acute gout treated by Dr. Sibson in St. Mary's Hospital from 1866 to '69. A copious and well-arranged index adds greatly to the value of these volumes, in presenting which to the reading members of the profession Dr. Ord has conferred a benefit not readily estimated. As an editor he has admirably fulfilled the task essayed by him. As a biographer he has succeeded in bringing before us one whom to have known was to revere, and whose influence for good will last while men continue to respect devotion to a cause and exceptional power of promoting its best interests. A more desirable memorial of Dr. Sibson's well-spent life could not be designed, and the arrangement of the volumes is well adapted to secure the aim in view in their production. They necessarily contain only a selection of the multitudinous results of Sibson's labours; but each component article is well deserving of the place it holds in the four beautiful books before us. The illustrations are well executed, and even where not specially drawn, are clear and precise. Indeed, the whole printing of the work is most excellent, and the publishers should be duly credited with the elegant appearance it presents.

Correspondence.

"THE DENTAL DIPLOMA TRAFFIC."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Taking considerable interest in the discussion of the above subject, which has occupied your columns for the last two or three weeks, I would ask you to give publicity to the following facts:—

A fellow student of mine, who has completed his curriculum for a medical and a surgical qualification, and who has practised dentistry for the last fifteen years, to my knowledge, presented himself for examination for the Irish Dental Diploma, and I now hold in my hand a note conveying the Board's refusal to examine him.

My friend, I may remark, does not come within the category of "hairdressers' assistants" *et hoc genus omne*, but is a gentleman by birth and education: I should, therefore, very much like to ascertain how it is that the College refused to examine him, with such credentials, for their Dental Diploma, whilst others, such as described by you, were received with open arms, and whilst they would not refuse him should he offer himself for their surgical qualification. To me it seems a strange anomaly.

I am, Sir, yours, &c.,

A MEDICAL STUDENT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read with pain your remarks on the above subject, though I am constrained to admit you have shown great manliness and watchfulness in bringing a matter of so much importance before both professions. Hitherto, I have gone out of my way to contradict imputations brought against the Examiners of the Royal College of Surgeons of Ireland, and up to the time of your observations I advised many candidates to go up to Dublin. Not ignorant men, but men who were informed by me that they would have to go through a thorough practical examination in dental surgery and mechanics, this being my experience when I went up, and I must say it is very unfair of the Examiners to link those who have gone to the trouble and expense of qualifying themselves in their profession with an *omnium gatherum* of all the shopkeepers who choose to misrepresent themselves. It has been suggested that the R.C.S.I. are relieved of the responsibility when the form is completed, *i.e.*, signed by two qualified surgeons, and two dentists of repute. I say a grave responsibility rests with the Examiners in ascertaining the antecedents and the *bona fides* of the signatures of the candidates who present themselves; or this difficulty could be easily overcome by making it a *sine qua non* that the form of application must be signed by two members of the Odontological Society and two members of the British Dental Association. This would stop the abuse at

once, and if the Examiners lose anything by it, for Heaven's sake let us get up a subscription to compensate them for their imagined loss. So far as I am concerned, if what we hear is correct, I wish I had never seen Ireland; I could have gone elsewhere with half the trouble and expense; my only reason in going to Ireland was that I preferred to seek the College recommended by the Dental Diploma Committee, headed by my friend Mr. O'Duffy and others, who have by their unselfish labours done so much to elevate our profession. I would like to say something about the 2,500 you so properly inform us are invited to the feast, but I refrain from doing so. Surely such advertisements are not in existence; if they are, let us "keep it dark" and blush, for we know that when anything nasty is going on in the world and publicity given to it by the press, its nastiness is intensified by the direction it gives, to morbid minds, "to wallow in the mire."

Thanking you, Mr. Editor, for bringing this matter before the profession, and trusting the Fellows of the College will see their way to take up the cause so ably advocated by you,

I am, yours, &c.,

APPLEBY KING, B.A., L.D.S.I.

PROVINCIAL HOSPITALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—In your issue of the 1st inst., you discuss, under this heading, the mode of electing honorary surgeons to provincial hospitals.

It may be interesting to your readers to know the method of electing honorary physicians and surgeons adopted many years ago at the Leeds Infirmary, which has worked most satisfactorily both to the candidates and the interests of the Institution.

The following is a copy of the rule:—

"23. The election of the honorary physicians and surgeons shall be vested in a special committee, consisting of the treasurer for the time being, and two members of the weekly board to be appointed annually by the said board, together with twelve governors (not being members of the weekly board) who shall be appointed at the annual general board, and one-fourth of whom shall retire annually and shall be ineligible for re-election until the next annual general board; the order of their retirement being determined in the first instance by lot, and afterwards according to seniority of election. At any meeting of such committee seven members shall be present to form a quorum, and the chairman shall not be entitled to any casting vote. In case of the death or retirement of any member, the remaining members shall constitute the committee until the ensuing general board, when the vacancy shall be supplied."

The governors selected to serve in this committee are gentlemen of the highest independence of character and not likely to be influenced by their personal friends, but who will vote for the best man, their only desire being to obtain the greatest good for the hospital.

I am Sir, your obedient servant,

T. BLAIR,

General Manager Leeds Infirmary.

WHO IS TO PAY THE DOCTOR?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—In compliance with your invitation to general practitioners to give their opinion of Dr. Lamb's case (Jan. 25th) I must say, after an experience of years as a general practitioner in a manufacturing district, that I consider Dr. Lamb perfectly justified in the course he adopted. If Dr. Lamb told the wholesale druggist from whom he obtained his drugs that he had made a bad debt, would he make him any reduction? Not he. Had he ordered beef-tea, would Mrs. Manchester have gotten beef from any butcher without the money, or would any one censure him for withholding it? Not they, indeed. It appears to me that Messrs. Alford are the culprits, if culprits there be, or else they are the people to whom Dr. Lamb should have applied for payment, as it seems that they either allowed the boy to remain in a fit without sending for medical aid (knowing if they did they would be liable) until his mother arrived on the scene, and sent herself for Dr. Lamb, or else they sent for him, in which case they are answerable to him, and Dr. Lamb should have sent his bill to them.

General practitioners cannot be too careful; they are con-

tinually being imposed upon, and do far too much, in common with the rest of the profession for nothing, so that people have come to think they have a right to the doctor's services at all times, and that he dare not refuse to attend.

I am, &c.,

Uttoxeter, Staffs.

G. P.

Royal Colleges of Physicians and Surgeons, Edinburgh.—Double Qualification.—The following gentlemen passed their first professional examination during the February sittings of the Examiners:—

John James Oakeshott, Highgate; John Fitzgerald Burke, Ennis; Charles Horace Barkley, London; Lawrence John Raymond Louis Quin, Belfast; Charles Cumberland Brodrick, Jersey; Arthur Charles Kemble, Essex; Arthur Foulds Thomas, Halifax; Richard Cody Rowan, Hamilton; Arthur Herbert Butcher, Ripon, Yorkshire; Michael Joseph Molony, Caher, Ireland; Hunter Urquhart Walker, Madras; Charles Alfred Mitchell, Dewsbury; George Easingwood Bianshard, Edinburgh; Robert Buck Carruthers, Wigton, Cumberland; John William Dunbar Hooper, Dinapore, India; John Powell, South Wales; William Macdermott, Fallymoney; John Charles King, Galway; Charles Maxwell, Lockerbie; Samuel William Brierley, Victoria, Australia. And the following gentlemen passed their final examination and were admitted L.R.C.P. Edinburgh and L.R.C.S. Edinburgh:—Hamilton Meikle, Alabama; Joseph Balfe, Dublin; Augustus William Thomas, Swaffham; George Reginald Eakins, County Tyrone; John Burdon, County Durham; Joseph Hysanth Tynan, Edgeworthstown; Walter Spencer, Yorkshire; Francis Moore, Guernsey; William Robert Allen, County Antrim; William Pennefather Warren, Queenstown; Thomas Galland Charis Heak, Derbyshire; Arthur Edward Blacker, Somersetshire; George Wis on Baker, London; George Arthur Patrick, Bolton; Frederick Anastasius Saunders, London; Marcus William Alatton Keane, Whitby, Yorkshire; John Fitzgerald Burke, Ennis; Joseph Wallace Lunnac, Donegal; Alfred Ellison Muncaster, Manchester; Adam Robert Hamilton Oakley, Highgate; George Dobson Crowther, Yorkshire; Arthur Edward Cecil Spence, Allahabad; Henry Ralph Gatley, Park, near Truro; George Jukes, Cumberland; Thomas Wild Fairman, Biggar; Thomas Aitchinson, Northumberland; George Savage Martin Baxter, Brighton; William Patrick Kirwan, Galway; Henry Hele Bate, Swansea.

Royal College of Surgeons, Edinburgh.—The following gentlemen passed their first professional examination during the recent sittings of the Examiners:—

Harry Graham Smith, Edinburgh; Frank Sturges, London; Elwes Steele, Monmouthshire; Thomas Tenison Collins, Tipperary; Frederic John Bateman, Norwich. And the following gentlemen passed their final examination and were admitted Licentiates of the College:—Charles Dundee, Bruslee, Ireland; Hormaeje Edaljee Banatvala, Bombay; George Henry Butler, Christchurch, Hauts; Archibald Clarke Robinson, County Antrim; Septimus Lowes, Newcastle-ou-Tyne; Michael Joseph Collins, Cork; James Shedden Elder, Eaglesham.

Association of Surgeons Practising Dental Surgery.—The following Fellows have been appointed this week office-bearers for the ensuing year:—President: Mr. Samuel Cartwright, F.R.C.S. Vice-Presidents: Messrs. J. A. Baker, Thomas Edgelow, Francis Brodie Imlach, F.R.C.S., S. J. A. Salter, F.R.S., and John Smith, M.D., F.R.S.Ed. Treasurer: Mr. S. Hamilton Cartwright. Hon. Secretary: Mr. J. Hamilton Craigie. Council: Messrs. Edward Bartlett, T. W. W. Fay (Liverpool), F. Fox, Peter Orphoot, M.D. (Edinburgh), W. G. Ranger, and Augustus Winterbottom.

The Cancer Hospital, Brompton.—The annual general meeting of the Governors of this Hospital was held last week, under the presidency of Mr. David Mocatta:—From the 31st Annual Report of the Committee it appeared that the enlargement of this Hospital is rapidly progressing, and when completed will contain beds for 120 patients, as well as to supply increased facilities for study. The Surgeons' Report showed that during the year, 1,030 new patients were received, 334 being in, and 696 out-patients: 105 of the in-patients underwent surgical operations, and 229 were treated by other means. It further showed that more humane and successful methods of treating the disease are gradually unfolded, and cases formerly regarded as hopeless now yield to treatment. The Rt. Hon. Earl Sydney was elected President in the room of the late Earl of Airlie. The proceedings terminated with the usual votes of thanks.

NOTICES TO CORRESPONDENTS.

23 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.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, can now be had at either office of this Journal, price 2s. 6d. These cases

will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

THE CLINICAL SOCIETY OF LONDON.—In consequence of the authors of papers not having supplied us with the usual abstracts, we are compelled to hold over our reports of the meeting on Friday last.

PREPARATIONS WITH LIEBIG'S NAME.

It may be remembered that some time since a controversy was raging in the medical journals as to the original inventor of a certain Obstetric Bag, wherein two eminent gynecologists disputed the right of priority to certain improvements; others joined in the fray, and this wordy warfare was dignified with the name of "the battle of the bags." This time, another battle is raging over the use of Liebig's name, which is at present confined to the lay press, but as we have been drawn into the dispute and the weight of our authority solicited, we would briefly summarise the case thus:—Many years ago the original Baron Justus von Liebig, after extensive experiments, introduced to the profession and the public his celebrated "Extractum Carnis," which soon became, and is still, justly popular as a dietetic article of great value. A few years after Liebig's death, a cocoa was introduced under the style of *Baron Liebig's Cocoa*, with the sanction and pecuniary support of the second son of the original Baron von Liebig, and this has been advertised thus:—"Baron Liebig, the eminent chemist and analyst, who has invented and who superintends the manufacture and analysis of this preparation, as well as the Liebig Company's extract of meat, &c., &c." It is to this misleading statement that the present controversy is due; and it is but right that the matter should be placed on a proper footing. That the eminent chemist was the originator of Liebig's extract of meat is certain, and it is equally certain that he had nothing whatever to do with Liebig's cocoa, inasmuch as this was not brought out until several years after his death. It is therefore untrue that he invented the two articles; and it is equally misleading to call the present possessor of the name "the eminent chemist." The cocoa should be called plainly Baron Hermann von Liebig's cocoa, and no misconception could be possible.

A JUNIOR PRACTITIONER.—The course of "Lectures on Symptoms," by Dr. Roberts, terminated last week. A new course will be commenced in our next or following issue on the "Connection of Symptoms with particular Organs and Structures."

MR. L. M.—Many thanks; proof will be sent in due course.

DR. A. H. M.—The result of our inquiries is favourable to the person concerned. You have now done all that was necessary.

MR. E. J. S.—With much pleasure; send us the MS.

THE SUNDERLAND CONSPIRACY CASE.

To the Editor of the MEDICAL PRESS AND CIRCULAR,

SIR.—You will, I feel sure, excuse me when I take the liberty of thanking you most heartily for the kind and just remarks expressed in your Journal of the 1st inst. with reference to the recent prosecution of my poor unfortunate patient Mr. Michael McMann and myself by the North-Eastern Railway Company.

It is now pretty evident to all that the case, so far from being a prosecution so-called, was neither more or less than a point-blank persecution to crush me. That it was so I well know, but as I am unable, for certain reasons, to enter into details at present (though at some future time I shall take the liberty of reverting to the matter more fully), I content myself with again expressing my hearty thanks for the sympathy you have shown me.

I am, Sir, yours faithfully,

GUSTAV ADOLPH ABRATH, M.D.

Sunderland, Feb. 8th.

* * Dr. Abrath having been honourably acquitted of the charge brought against him, there is no necessity to revert to the subject, as our readers have already had the case laid fairly before them.—Ed.

A LICENTIATE.—Your qualifications are quite good enough to dispense with any question of eligibility on that score. All the important steamship companies require the services of medical men in the capacity of ship-surgeon; and although you may have to wait a little for an appointment, you should not have much trouble in procuring one that would suit your purpose. Consult Dr. Diver's useful little volume, "The Young Doctor's Future," published by Smith, Elder, and Co. It gives the regulations, addresses, &c., &c., of the principal lines.

MR. EDWARD PERRY.—We have been quite unable to make out the drift of your communication. Whether you have mistaken the statements made or not, it is wholly without reason that you should adopt the course you appear to have entered on. We cannot undertake to notice any further letter which does not contain explicit directions how the matter is to be proceeded with.

EUONYMIN.—The drug is described as a mild aperient, expectorant, and diuretic. It is being somewhat largely used in this country as a remedy in habitual constipation, and by some it is said to be of service. The dose is $\frac{1}{2}$ to 2 or 3 grains: best form, pill.

DR. B.—No. Purely as a consultant. His practice is a very large and lucrative one.

CONSULTATION ETIQUETTE.—A correspondent writes: Kindly inform me in the next number of the *Medical Press and Circular* what is the etiquette in cases of consultation—which doctor has a right to enter the patient's room first—the doctor called in or the doctor in attendance?

[If there be any etiquette in the matter, except the unwritten law, of gentlemen, or if there be any distinction made between physician and consultant, we think that the family doctor is the proper person to show the way to the new-comer.—Ed.]

DR. SUMMERS.—Thanks; we shall not fail to utilise the information when the time arrives.]

MR. THOMAS KEITH.—If the assertions made in our contemporary are deliberate mis-statements, we trust you will be successful in your efforts to trace their authorship. You may depend upon our assistance in exposing the matter when unearthed.

MR. G. WHITE is thanked for his note.

DR. HUNTER.—We cannot now lay our hand upon exchange in which the article appeared. This much we may speak with certainty: It was a New York medical journal, and the essay referred to was a very clever and humorous one, pointing out how frequently medical men were compelled to equivocate in order to conceal their own opinions; to hold out hopes when there are none, and to deceive nervous and fussy patients by giving bread-pills, placebos, &c., &c.

THE "MEDICAL PRESS" REPORT ON THE SMOKE ABATEMENT EXHIBITION.

THE following are replies to letters received on the subjects embodied in our Special Reports:—

MESSES. MUSGRAVE & Co.—If you will kindly refer to our last number you will see that our condemnation of a stove (whose name is not mentioned) forms a separate paragraph to that in which your exhibits are referred to. We certainly had no thought of referring to your stoves thus, as they appear to us to possess considerable merit from a sanitary point of view.

W. S. G. (Northampton).—Coal-fires do produce carbonic acid, but this is removed by the chimney. Gas-burners ought to be fitted with tubes for removing the products, but this is very rarely done to ordinary lighting burners, and not always to gas-stoves, hence their danger to health.

MR. FLETCHER.—Your letter shall receive attention. Gas-stoves without a fine might, perhaps, be tolerated where the ventilation is perfect, but it never is. Gas should be made to facilitate—not impede—ventilation. For this purpose all burners should be under ventilating outlets.

DR. BOND.—Your note has been forwarded.

C. G.—Yes; all gas-stoves should be fitted with a flue to carry away the fumes. Of course, the flue need not be so large as is required for coal-stoves, a 2-inch pipe is usually sufficient for a small stove.

Vacancies.

Aberystwyth Infirmary.—House Surgeon. Salary, £175. A knowledge of Welsh desirable. Applications before the 25th inst. (See Advt.)
Bristol General Hospital.—Physician's Assistant. Salary, £50, with board, &c. Applications to the Secretary by Feb. 15.
Castlebar Union, Castlebar Dispensary.—Medical Officer. Salary, £110, and £15 as Medical Officer of Health. Election, Feb. 25.
Drogheda Union, Monasterboice Dispensary.—Medical Officer. Salary, £110, and £20 as Medical Officer of Health. Election, Feb. 21.
Monaghan Union, Kilmore Dispensary.—Medical Officer. Salary, £110, and £15 as Medical Officer of Health. Election, Feb. 21.
Newcastle-on-Tyne Infirmary.—Senior House Surgeon. Salary, £100, with board. Applications to the Chairman of the House Committee before Feb. 22.
Radcliffe Infirmary, Oxford.—Junior Resident Medical Officer. Salary, £80, with board, &c. Applications, with testimonials, to the Secretary by Feb. 22. (See Advt.)

Births.

ANDERSON.—Feb. 8, at 14 Woodside Crescent, Glasgow, the wife of Professor McCall Anderson, M.D., of a son.
CANTON.—Feb. 9, at 17 Great Marlborough Street, London, W., the wife of F. Canton, M.R.C.S., L.R.C.P. Lond., of a son.
CORDNER.—Feb. 6, at Brookvale, Aghnacloy, the wife of Louis M. Cordner, L.K.Q.C.P.I., of a son.

Deaths.

BADDELEY.—Jan. 26, at Eastbourne, Paul Frederick Henry Baddeley, F.R.C.S., late Indian Horse Artillery, eldest son of the late Major John Baddeley, of the 7th Hussars, in his 75th year.
BODINGTON.—Feb. 5, at Sutton-Coldfield, Warwickshire, Dr. George Bodington, aged 82.
CLAPHAM.—Feb. 7, at Thorney, near Peterborough, John Clapham, M.R.C.S., aged 74.
COOPER.—Feb. 4, at Fillebrook Lodge, Leytonstone, William Cooper, M.D., aged 72.
DUPLEX.—Feb. 7, at 60 Torrington Square, London, George Duplex, M.D., aged 75.
FLETCHER.—Feb. 4, at Hope House, Kersal, Manchester, John Shepherd Fletcher, M.D., in his 60th year.
GADSBY.—Feb. 9, at his residence, Mansfield, Notts, of diphtheria, J. Topham Gadsby, M.D. Lond., aged 28.
HEY.—Jan. 31, at St. Andrew's Vicarage, Derby, after a short illness, Edward Hey, L.R.C.P. Ed., M.R.C.S., second son of the Rev. Frebendary Hey, of Belper.
JENKS.—Feb. 7, at his residence, 18 Circus, Bath, George S. Jenks, M.D., F.R.C.P., in his 83rd year.
JOFF.—Feb. 8, at Royal Terrace, Edinburgh, Surgeon-Major Jas. Joff, M.D., Deputy Inspector-General of Hospitals.
MOFFITT.—Feb. 8, at 20 Carlton Crescent, Southampton, Surgeon-Major Andrew Moffitt, M.D., A.M.D.
PALMER.—Feb. 6, at Kenilworth House, Southsea, the residence of his uncle, Edward T. Palmer, M.R.C.S., aged 23.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 22, 1882.

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Original Communications.

HEADACHES IN CHILDREN. (a)

By W. H. DAY, M.D.,

Physician to the Samaritan Hospital for Women and Children.

(C. included from page 135.)

DR. CLIFFORD ALLBUTT asserts, and I have heard it stated before, that "the headaches of students are often due to cerebral overstrain, but generally to optical effects in the eye, which are often wholly latent." (b) Now the first part of this statement is incontrovertible, students out of number with a sensitive brain cannot endure many hours of concentrated study without getting headache, and as long as it is continued, no remedy but rest of brain will bring any relief. As regards the latter part of the question I do not feel quite so sure of the connection between headaches and changes in the retina and optic nerve. Thus, "three cases of simple atrophy of the optic nerves occurring in members of the same family" have been recorded by Mr. Higgens. The respective ages of the children were fifteen, thirteen, and ten years of age. After the birth of the eldest of the three, the mother showed signs of syphilis. In two of the cases, the optic discs were of a dead white, but none of the patients complained of headache. The loss of sight being the only symptom. (c) It is, however, undoubtedly true, that long study will sometimes produce headaches of the nervous or neuralgic type from overstrain of the eye alone, and that properly adapted spectacles have remedied the evil, and enabled the sufferer to bear the strain of reading without bad effects. Inflammation of the discs due to this strain of accommodation may produce optic neuritis, and in the case of young subjects, it seems not unlikely that the inflammation may extend to the membranes of the brain itself. (d) Mr. Power has on a few occasions examined

for me the eyes of patients suffering from headache in which the sight has been weakened without detecting any optic neuritis or other important changes.

I will now say a few words on *toxæmic headache*. In fevers we have an instance of this kind of headache where the constitution of the blood is changed. As a consequence, a morbid sensibility of the nerve centres is induced, and the vessels and membranes of the brain become congested. When absorption of the fever poison takes place, every organ and every tissue through which the blood passes becomes impaired by it, and hence headache is a common symptom in simple fever, and is rarely absent in the acute forms. In young and strong children, the pain is often intense, the countenance is flushed, and the conjunctival vessels are injected. It may be associated with great restlessness, and even lead to furious delirium and coma. This is the form of headache met with in whooping-cough, measles, scarlet fever, and the poison of malaria. The treatment must of course be determined by the respective lesions, but cold applications, shaving the head, and the application of the ice-cap are often needed to relieve the suffering. As illustrating some of these remarks I would say in passing that, eighteen years ago, I saw a boy, æt. 10, suffering from measles, and when the eruption was fully out, he was attacked with most violent headache, chiefly across the forehead, the cerebral vessels were full, the face was flushed, and though quite intelligent at first, he wandered and was very delirious during the night. Cold applications to the head, a calomel and saline purgative soon relieved the symptoms.

I would briefly refer in this place to that form of headache (*uræmic headache*) occurring in connection with diseases of the kidneys from scarlet fever, when they cannot separate from the blood the excrementitious matters which have accumulated in it. These organs act pretty well for a time, but at length the morbid matters in the blood cease to exert a diuretic influence, and degeneration in their structure takes place. One of the most striking cases I have ever seen was that of a little girl, æt. 10, who came under my care in 1875 with acute desquamative nephritis and anasarca. The headache was entirely frontal, and continued for days together. When

(a) Read before the Harveian Society, February 2, 1882.

(b) The *Lancet*, October 29, 1881.

(c) The *Lancet*, November 19, 1881, p. 869.

(d) *British Medical Journal*, January 7, 1882, p. 1.

the local congestion had subsided, and the renal secretion had increased in quantity, relief was obtained, but if any animal food was taken, even in the shape of beef tea, the severe headache returned, and blood appeared in the urine. In such cases as these, it is most important to restrict the patient to a milk diet, and to withhold all animal food and stimulants, lest the congestion of the kidneys be increased.

One more point on this subject is not devoid of interest, the effect which toxic agents have on the blood and nervous system, when the atmosphere is vitiated by crowded assemblies in the imperfect ventilation of apartments. The accumulation of carbonic acid and expired air in school and lecture rooms is to be reckoned among the chief exciting causes of headache in young persons. I have seen many instances of children who have suffered from severe frontal headache through having to study in school-rooms where the amount of carbonic acid has been too great. The normal amount of carbonic acid in the atmosphere should be 4 volumes in a 1,000, but when it reaches from 50 to 100 per 1,000 volumes, fatal results are produced. Even when the percentage is reduced to 15 or 20 per 1,000 volumes, severe headache frequently results. The air of respiration in school-rooms is often times impure, as any person entering such places from the outer atmosphere will often detect. If it is vitiated and overcharged with carbonic acid, headache, sickness, and loss of appetite ensue, the force and frequency of the heart's action are lessened, the whole capillary circulation becomes reduced, and the brain is exhausted from the diminished quantity of blood it receives.

Boys and girls who are subject to hysteria are liable to a form of headache we may appropriately term *hysterical*, and unless we are acquainted with it we may commit grave errors in treatment. I have seen a few instances of it in boys, and all recovered. These patients are excitable and emotional, they often come of nervous parents, and are allowed to have their own way in most things. The mental state is most strange during a paroxysm. The great peculiarity is the extreme excitability of the nervous system which is sensitive and mobile. Such patients like sympathy, and will give way on the slightest provocation to obtain it. Surrendering themselves to any slight pain, they can insensify it at will; they throw themselves into terrible contortions, alarming everybody about them, and scream out from pain in the head, till at last they fall into a heavy kind of stupor from which they cannot rouse themselves. I have known the symptoms mistaken for disease of the brain, epilepsy and so forth. A boy, set. 10, was brought to me in January, 1881, suffering, it was said from headache, which he had had for three years at intervals. He was nervous and timid, and inclined to be mischievous; he would not look you in the face, and kept moving about the room, picking up things and then putting them down again. He was said to be easily ruffled and put out if he was contradicted or opposed in anything. I ascertained that he was worst at home, and better at school. When the attack was on him it would sometimes last for days together, and he would lie about unable to do anything. He said the pain was all over the head, but chiefly on the top, and not across the forehead. The pulse was quiet and the general health good. I did not think the pain was so acute as represented, and hinted that moral treatment was essential, and that he would be better at school under proper discipline, than remaining at home with his mother. A week after his visit to me, his mother wrote to say that he had had two attacks of headache, one on the 17th, and the other on the 19th; he writhed and rolled himself about on the floor, dashing against furniture, to the alarm of friends and bystanders. The attack on the last occasion continued for three hours. A year later (January 1882) it was reported that he had had one or two mild attacks of headache during a term at school, but since he had been home for his holidays he had had two. When the fit is on him his hands and feet are very cold, the head is hot, the body burning. If spoken to sharply he cries, and bursts into tears on the

least provocation. He cannot sit in a room with a fire, nor can he bear heat at any time. He often wakes up in the morning and says he is "dizzy and giddy," the pain begins at the top of the head, and then spreads over the whole head, and over the right eye. If the pain increases in intensity, he feels that he cannot control himself, but if his mind can be diverted when the pain begins, it often passes off. On the last occasion he threw himself into the greatest excitement, twisting the sheet round him, and writhing and gasping for breath. A medical man who saw him in the seizure pronounced it hysteria.

I now come to say a word or two on *organic* headaches in children. These arise from the same causes as in adults. Morbid growths from the brain or membranes, usually induce severe pain in the head with symptoms which often indicate the situation of the mischief. But it is to be remembered that tumours of the brain may attain considerable size before they produce any disturbance in its functions. Post-mortem examination has occasionally revealed a tumour in the substance of the brain which has produced no symptoms during life, and this is especially the case where it has been imbedded in one or other hemisphere, and does not press on the membranes or sinuses. Tumours of the brain of tubercular origin are more common than the other varieties. They are prone to produce inflammation and effusion into the ventricles. The chief symptoms of headache due to organic change are severe and fixed pain in the head, oftentimes paroxysmal, lasting for a time and then passing off, vomiting, constipation, impairment of intellect, disturbance of vision, convulsive movements, paralysis or coma. When a tumour approaches the surface of the brain, convulsions are most common; when situated towards the base of the brain, it may involve special nerves and lead to blindness. When headache is long and continuous, and anything like epilepsy or a convulsion, or blindness ensues, then we may suspect the presence of a cerebral tumour. In connection with blindness as a symptom of cerebral tumour, Dr. Hughlings Jackson has shown that it arises from the optic disc becoming white and atrophied from increased optic neuritis. The disc becomes red and swollen, the edges indistinct, the veins tortuous, and the arteries not well made out. The disc eventually becomes white and atrophied. I have thought it well to briefly allude to these changes in the eye, although I do not profess to be able to detect them like those who are skilled and practised in the use of the ophthalmoscope. In connection with this subject I may call attention to a rare and interesting case of hydatid of the brain, recorded by Mr. Goodall, in a girl, 14 years of age, who had headache of two or three months duration. In other respects her health was good. On the morning of September 20th, 1881, she had a sudden attack of vomiting which recurred several times during the day; in the evening she became insensible, and the following morning expired. After death there was found in the left centrum ovale majus on a level with the corpus callosum, a white opaque oval body, two inches in length, and $\frac{3}{4}$ of an inch in breadth. It contained fluid. At its anterior extremity was another cyst which had ruptured into the anterior lobe. No cysts were found in any other organ of the body. Dr. Beale regarded them as hydatid in origin. (a)

I hope the few and scattered hints I have thrown out have been enough to invite attention to a common yet, by no means, an unimportant ailment. On all sides it must be admitted that the subject possesses an interest which demands close attention to enable us to arrive at a right conclusion, and to determine the nature of our treatment. On a correct diagnosis, success or failure depends. I have not entered fully into the question of treatment, because this necessarily depends on the nature of the disturbance, whether sympathetic, congestive, irritative, toxæmic, organic and so forth. These are our great landmarks, always to be borne in mind if we would arrive at anything like scientific precision, and the best method of treatment.

(a) The *Lancet*, vol. ii., 1881, p. 749.

ON THE RADICAL CURE OF INGUINAL HERNIA. (a)

By WILLIAM THORNLEY STOKER, F.R.C.S.I.

Surgeon to the Richmond Hospital, Dublin; Professor of Anatomy, Royal College of Surgeons, Ireland.

I WISH to lay before the members of the Surgical Society memoranda of two cases in which I have successfully operated for the radical cure of inguinal hernia, and which, I may say, are the only opportunities I have had of attempting this procedure. I do so in order that I may, if possible, provoke some discussion on the subject, and elicit the opinions of such members of the Society as have given the operation any consideration, or have had occasion to employ it.

It seems a somewhat remarkable fact that the operation, so far as I know, has seldom been performed in Dublin, and I desire by giving my own experience of it, to find out, why, in the hands of other Dublin surgeons, it has fallen into desuetude, and if possible, to stimulate its employment.

I am inclined to think that the infrequency of the attempt to effect a radical cure in this city is rather due to the easy-going, careless, and happy-go-lucky character of our people, than to any want of enterprise on the part of our surgeons. It is a factor in the Irish character which any one with much experience of the lower classes will admit, that the people seldom seek, or even permit any operation, until death or disablement stares them in the face. Witness the horrible cases of cancer and joint disease we so often see, where the unfortunate sufferers have avoided the hospitals and refused the knife, until their tardy submission to the inevitable comes too late.

Be this as it may, I speak with a large experience of the particular class of cases in question, for our truss department at the Richmond Hospital brings an immense number of ruptured persons to our doors, and when I have only had two cases in seven years submitting to operation, it seems to me to point clearly to the conclusion that our poorer countrymen will only submit to operations of necessity, while they refuse those of election.

It is interesting in an historical point of view to recall briefly the various operations which have, at different times, been proposed and practised for the cure of inguinal rupture, even although the conclusion we emphasise is, that with the exception of certain very recent measures, we must condemn them all.

The different modes of treatment which have at various times been employed have been conveniently classified by Mr. Spanton, to whose operation I will presently refer, under four heads.

- 1st. Operations designed to cause contraction of the sac.
- 2nd. Those designed to obliterate it by adhesion of its walls.
- 3rd. Those attempting a cure by plugging the inguinal canal.
- 4th. Those which in addition to this last, seek to draw the walls of the canal together.

1. Those cases where the contraction or removal of the sac has been attempted by the use of caustics, the ligature, or the knife. No higher science guided the application of these means than the desire to tighten up or remove as much of the sac as presented external to the abdominal wall, so that at best the result was the conversion of a complete rupture into a bubonocoele, and this at a risk the magnitude of which may be conceived when the barbarous methods are reflected upon, means so rude that they prevent any surprise at the usual mortality of two or three in ten which attended their use. Of caustics both the actual and potential were employed by the older surgeons; the former being used to such a degree as to penetrate deeply

into the tissues, while the favourite potential caustic was strong sulphuric acid, used so sharply as to cause destruction of the skin in the hope of inducing subsequent contraction. Excision of the sac, and of the testicle, and of the spermatic cord, the contents of which having been previously reduced, was practised by Celsus; while Paulus Egineta and Galen applied a ligature round the sac and cord, and either allowed it and the testicle to slough off, or removed them with the knife or actual cautery below the point of ligature. Another treatment anciently employed was that called the royal stitch, in which the sac was laid open and its edges brought together as high up as possible, so as to obliterate its cavity, this operation being in principle somewhat similar to that devised by Berault, and described by Ambrose Paré under the name of the *punctum aureum*, in which a piece of gold wire was placed around the exposed upper portion of the sac and cord, and twisted with enough tightness to ensure closure of the neck of the former. These latter methods had at least the advantage of conserving the testicle, an organ to which some importance is usually attached.

The operation of Langenbeck, which consisted in exposing the neck of the hernial sac at the external abdominal ring, separating it from the cord, and ligaturing it, was an improvement on the older methods, but like them, was, independent of its frequent fatality, open to the objection that, if successful, it was only so to the extent of converting a complete rupture into a bubonocoele; Langenbeck's own theory, that if the external part of the hernia was cured the canal itself subsequently contracted, being entirely disproved by the results obtained.

The second class of operations embraces all attempts to obliterate the sac by causing adhesion of its walls. It has been sought to effect this by passing setons through the sac, by injecting it with iodine or other substances, or by applying a truss with a hard wooden pad. The last of these methods was proposed by Richter, and has found an able advocate in the late Mr. L'Estrange, of this city; it has occasionally been found successful in the treatment of herniæ in adults, and is frequently so in those of infants. The difficulty in employing it in the adult is to produce sufficient pressure on the canal without injuring the spermatic cord. If it effects a cure at all, it is likely to do so thoroughly by producing closure of the canal, while the methods of treatment by the seton or by the injection of an irritant are not now employed, as they cannot effect more than the conversion of a complete rupture into a partial one, and this at a great risk.

There can be no doubt that a fair trial ought to be given in the cases of infants and young children to the curative effects of a well-applied truss before seeking relief by operation.

To the third class belong a number of operations, the best and most recognised of which are those of Gerdy and Wurtzer. By any of these methods it is sought to close the inguinal canal by invaginating the skin and areolar tissue of the scrotum into it, and retaining it there so as to form a plug. In Gerdy's operation the skin is retained in the invaginated position by means of a ligature passing through the anterior wall of the canal to the groin, the tube of invaginated skin being afterwards treated with caustic ammonia, so as to procure, if possible, the adhesion of its surfaces, and the complete obliteration of its canal. In Wurtzer's operation the retention of the invagination is effected by a needle which penetrates the canal in a similar direction to the ligature in Gerdy's, and which projects from a boxwood plug, which is left in the canal for some time for the purpose of producing adhesion of the invaginated tissue to its walls by dilating pressure.

The operations of Gerdy and Wurtzer are open to objections which have been so well expressed by Mr. Wood, that I cannot better explain them than in his own words:—"The invagination of the hernial sac from the scrotum into the inguinal canal leaves, by its reduplication, a circular fold, or *cul-de-sac*, which, from its closer attachment to the spermatic cord and posterior structures, extends much lower down behind than in front. In

(a) Read before the Surgical Society of Ireland. The discussion will be found on page 165.

Gerdy's operation, and in those following the principle of his plan, no attempt whatever is made to close this posterior fold. Adhesion is simply sought and obtained at the anterior part of the inguinal canal, at the apex of the invagination, or is futilely attempted on the inner surface of the invaginated cord. In Wurtzer's method, the theory is—that the circular dilating pressure of the plug suffices to cause adhesion of the serous surfaces round the entire circumference of the neck of the sac, as well as consolidation of the hernial canal." In which conclusion I quite agree, and for the reason set forth, that no amount of pressure which could be borne by the patient would suffice to produce adhesion of the compressed serous structures, guarded from pressure as they naturally are by layers of areolar tissue, fascia, and aponeurosis. Into this posterior *cul-de-sac* of inadherent peritoneum some of the abdominal contents will eventually find their way and reproduce the original deformity, a consummation to which the bulk of the invaginated skin and the difficulty of obliterating its free surface must lend itself.

The fourth class of operations is that which not only invaginates certain tissues so as to plug the canal, but in addition, draws its walls together, so as to effect its closure more completely. The only operations of this class which have until lately been much practised, are those of Wood, who may claim to have been the first surgeon who proposed and carried out a radical treatment based on sound reasoning, and a truthful comprehension of the surgical anatomy of the parts.

It may fairly be asserted for Mr. Wood, that his operation fulfils every requisite indication for a cure, by affording a substance to invaginate, by retaining it in its position in the canal, by drawing the walls of the canal together so as to close it, by engaging the posterior or movable boundary of the inguinal passage, as well as its more fixed anterior one, and by exciting enough inflammation to ensure a copious lymph exudation and a subsequent cementing of the parts together, consequent upon the organisation and contraction of that lymph. It offers for invagination a material less bulky than the skin which was formerly employed, and more likely to become completely incorporated with the walls of the canal, more likely therefore to draw them together, and certain to become completely obliterated on its tubular or cutaneous aspect—an obliteration not easily obtained when the skin itself was pushed into the inguinal canal. It also affords a certain and safe drain for serum or pus, the wire acting as a conductor, and so affords the greatest immunity from the burrowing of matter towards the peritoneum or between the abdominal muscles.

In fine, surgeons may differ as to the propriety of attempting a radical cure, or as to the particular operation they may select, but there can be no dispute about one point, that all operations in use previous to the publication of Mr. Wood's most admirable monograph in 1863, were either extremely dangerous—or even barbarous—or that they failed to effect a complete or permanent cure in the vast majority of cases.

Since Mr. Wood's operation came into notice, it seems to me that but one other procedure can claim to be discussed with it, I mean that of Mr. Spanton, advocated in the *British Medical Journal* of December 11th, 1880, to which I will refer later on.

It is unnecessary for me to give any detailed description of the Wood's radical operation to an audience like this; suffice it to say, that of the three forms of procedure originally described, namely, the operation by pins, that by the thread and compress, and that by the wire, I used the latter. The first of these, where pins are used, is seldom applicable in cases of small inguinal or congenital ruptures occurring in children, and that by the thread, Mr. Wood tells me, he has latterly abandoned, as he finds the wire excites less suppuration, and is less likely to be followed by burrowing of matter, because the track of the wound is kept straight, and the serum escapes freely along the wire.

In both of the following cases the same operation was performed—namely, the ordinary subcutaneous wire operation of Wood, three passes of the needle being made, and the third pass including the attachment to the internal pillar of the ring as well as the hernial sac. Mr. Wood seems to place increased importance on this last, and there is no doubt that even in small cases it is advisable to have the additional security which it offers, both by securing the lower boundaries of the canal and by giving a better hold on the sac.

Case I.—Thomas Finn, a healthy, muscular labourer, æt. 23, was admitted into the Richmond Hospital on August 28th, 1874. He had a small, complete, oblique, reducible, right inguinal rupture, which he had first noticed a few weeks before, and for the relief of which he sought admission. He was a timid, nervous person, and I believe the reason why he desired a cure to be attempted—contrary to the usual apathy displayed in such matters by the poorer classes in this country—was an absurd terror, which no argument could move from his mind, that the rupture would interfere with his generative powers.

I operated on September 16th, chloroform being used. He suffered some pain along the iliac crest, and in the testicle, for two or three days; it was easily allayed by small doses of comp. soap pill at night. He required a purgative on the fifth day, the bowels not having acted, and half an ounce of castor oil was administered with good effect. The wire was untwisted on the 10th day, and removed on the 14th. The wound healed completely in 12 days afterwards. He was kept in bed until Oct. 12, that is 26 days from the time of operation. When the wire was removed a compress of lint and a spica bandage was applied and worn until a fortnight after he had left his bed, when, the tissues being sufficiently indurated to bear the pressure, a light truss was applied, which he wore during the day, until he left the hospital. For purpose of observation, I retained him in hospital for two months after he had commenced to wear the truss, during which time he did light work about the ward, and when he left to return to the country place from which he came, the inguinal canal remained consolidated, and the cure to all appearance promised permanency.

Case II.—Joseph Carpenter, æt. 22, a butcher by occupation, tall, muscular, of slender build, who suffered from a reducible, oblique, scrotal rupture of considerable size, on the right side, was admitted into the Richmond Hospital during the past summer. He desired to have a radical operation performed, as he hoped to qualify himself for the constabulary. I operated on August 31st, ether being the anæsthetic used. On the fourth and seventh days half-ounce doses of castor oil were necessary, the bowels afterwards acting naturally. He suffered no pain and required no anodyne medicine. The wires were untwisted on the 9th day, and removed on the 16th, two intermediate attempts to remove them being unsuccessful, partly because they were entangled with the fibrous structures, and partly because the patient was very intolerant of any pain. Eventually they were removed under ether; he refused to submit without an anæsthetic to the attempt to withdraw them; 8 or 10 days afterwards the wound healed completely. Subsequent to the removal of the wires, a spica bandage was worn, and continued for some weeks, when a light truss was fitted to him, and he left the hospital ten weeks after the operation with the canal in a perfect state of consolidation and closure.

In the first case the operation was done without anti-septic measures, in the second they were rigidly observed. In both cases the wires were withdrawn in a direction upwards and outwards. The diet was low only for three or four days following the operation, after which it was normal, as it is essential to good reparation to have good nutrition.

In both cases there was some slight swelling of the testis for a few days after the operation, owing to the constriction of the cord. This passed off without giving any

trouble, and I may mention that it is one of the points which Wood considers desirable, as showing proper closure of the canal. No ill effects to the testis have been observed to follow the operation. Mr. Wood follows the antiseptic plan rigidly, as he considers "an aseptic result desirable in all cases. If the wires are properly applied, adhesion must take place in their track, and suppurative action is not likely to make that adhesion more effectual."

I think the use of the truss after operation is capable of causing harm instead of good. It must be remembered that a very strong truss or one with a very convex pad, may possibly press its way into the lower part of the inguinal canal, and so tend to separate the newly adherent structures and assist in reproducing the rupture. I have therefore been careful to employ a very light truss, with a flat pad, to direct the patient only to wear it when engaged in walking or making any exertion, and to discontinue it after some months.

The operation devised by Mr. Spanton is performed with an instrument which I am able to exhibit to the Society, owing to the kindness of Mr. Thomson, who has lent it to me. It is something like a corkscrew, but with a flat point, so as to pass through the fibrous structures without doing much violence to them; it is broader near the point than at the handle, so that as it is screwed onward into the boundaries of the canal, it approximates them to each other. The same preparation of the patient is made as for Wood's operation, by shaving the skin, incising it, and separating it from the subcutaneous tissue to such an extent as may be necessary to permit the invagination of the latter. The rupture being reduced, the invagination is effected by the index finger of the left hand, when the screw, held in the right hand, is made to pierce the skin of the groin, and the aponeurosis of the ext. oblique muscle at a point above the outer border of the conjoined tendon, through which it is then passed, by giving it a half-turn. It is then twisted towards its axis, being directed downwards and inwards in such a way that as its point crosses and recrosses the canal it passes first outwards through the invaginated sac and the external pillar, then inwards so as to catch the internal pillar of the ring, and finally outwards again so as to pass through the scrotal wound in the skin. The part is then dressed and bandaged antiseptically. The instrument is usually removed in about a week, and the wound allowed to heal.

The advantages claimed for this operation by its author are: that instead of only catching the boundaries of the canal at two or three points, as in Wood's operation, it seizes them at a greater number, and owing to this, to the numerous points at which the sac is transfixed, and to the compelling action of the screw in drawing the parts together, it effects a more complete closure of the canal. The plug, too, is described as more cylindrical in form, less conical, and therefore less likely to slip downwards from its position. As in Wood's operation, the finger which performs the invagination is used to direct the point of the screw through the proper tissues, and to protect the cord and deep epigastric artery from injury.

This operation, so far as it has been tried, appears to have afforded most favourable results, both as regards the proportion of cures and its immunity from danger. It remains yet to be seen how it will compare with the method of Wood, and whether its results will prove equally permanent, and its immediate performance as free from danger. As far as I can see, the results might be expected to be as good, if the screw can be applied so as to transfix the sac and the boundaries of the canal in the way described, while it seems to offer little risk in the hands of careless or inexperienced operators, and to be free from the difficulty of withdrawing the wires, which may occur in Wood's method. On the other hand, it is but fair to say that Mr. Wood claims that with due precaution and enough skill, such difficulty of withdrawal never occurs, and beyond this, I for my own part feel that Wood's method offers to a person well acquainted with the

anatomy of the parts and possessing sufficient dexterity, a certainty as to what he is securing, and a power as to what he will secure, which the more easy operation of Spanton cannot offer. For ease I would select the screw operation, for certainty, that of the wire. Mr. Wood tells me that if, when the wire is untwisted, you seize each end with a pair of pliers and pull stoutly, you can remove the kinks without injury to the parts, and easily extract the wire. I tried this plan in my last case, but nevertheless I experienced a good deal of difficulty, and I apprehend that it is only experience of the operation that will enable a surgeon thoroughly to overcome this trouble. It is a matter of much importance to do so, because of the obvious danger to new adhesions, to say nothing of other structures, that may result from a very forcible effort.

I am strongly of opinion that the mere drawing together of the walls of the canal at the time of operation in Wood's method is a matter of minor importance, and that it is the abundant exudation of lymph and its subsequent organisation and contraction, together with a due invagination of areolar tissue to act as a sort of *point d'appui* for such contraction, that offers the chief element of success. I do not, therefore, believe any very tight twisting is necessary, but I hold that in order to have the lymph exudation as diffused and extensive as possible, as though a seizure of the boundaries of the canal is necessary as if the *immediate* drawing of them together was essential. I can offer no better evidence in favour of Wood's operation than by quoting parts of a letter I have received from him, which states his results up to the present time. He says:—

"The proportion of cures out of upwards of 300 cases of operation has been 75 to 80 per cent., in favourable cases, and from 50 to 60 in large and severe cases. In many I have examined after 20, 14, 10, and 5 years' interval, the cures have remained perfect, no truss having been worn after the first year after operation. Last week a case of mine was shown at the Fellows' examination at the College of Surgeons, 14 years after operation. The week before I showed a case at King's College Hospital, 20 years after; and on Saturday last I showed at the same place a case 4 years after. This was a very large case, which had been operated on in India previously unsuccessfully. I have seen a great many between 2 and 3 years after, and the results have shown the proportion I have mentioned.

"In no case have serious symptoms of peritonitis occurred, and I have had no death in the last 200 cases of the subcutaneous wire operation. In twenty cases I have operated under spray, taking away sac and omentum in large irreducible herniæ. One of these I lost in the very severe cold of the great snow-storm of last winter from bronchitis, with clot in the heart. No serious peritoneal inflammation was found in that case."

These results speak more eloquently than I can of the advantage and safety of the operation, and are most convincing, because they show that the cases in question have not been dubbed as radical cures until enough time had passed to demonstrate their stability. The remarkable freedom from peritonitis is worthy of attention, as showing that one danger which might be apprehended is more imaginary than real. It is, I think, easily accounted for by the callous condition which the peritoneum soon assumes in the case of a hernia and in the vicinity of its neck.

Of course, there can be no doubt, that since the introduction of antiseptic surgery, the procedure of exposing and isolating the neck of the sac, tying it, dividing it, and then stitching the pillars of the canal together, has obtained a relative degree of safety as compared with its use previously, which has given it a recognised place among the operations for the cure of rupture practised at the present day. Such a proceeding was, previously to the development of antiseptic surgery, only attempted by modern surgeons in those cases where, having been compelled to operate for strangulation, the opportunity was seized to add to the *necessary* operation, by attempting a

radical closure of the hernial opening, Mr. Wood himself having urged the propriety of completing an operation commenced for the relief of strangulation by an effort to effect a radical cure.

Max Schede, of Berlin, published in 1877 a series of eight successful cases, some inguinal, and some femoral, in some of which the operation was undertaken because of strangulation, and in others was an operation of election, and in all of which, following Lister's method, he laid bare the neck of the sac, tied it, removed it below the ligature, and stitched the pillars together. Sir William MacCormac has also performed the operation, and Professor Socin, of Basel, has followed a similar plan in seventeen cases, which all resulted in success: ten were inguinal, seven crural, all the crural and three of the inguinal being previously in a state of strangulation. No doubt these results are good, but it requires a more extended experience and a longer observation to show a safety and a permanence of result equal to Wood's great series of cases; and while such observation is being made, I can say for myself that I will remain loyal to Wood's operation until the more daring but easier plan I have mentioned last has demonstrated its claim to adoption.

UNINTOXICATING WINES. (a)

By NORMAN KERR, M.D., F.L.S.

THE ripe fruit of the vine possesses cooling, refrigerant, blood-depurant properties. The unfermented juice of the grape is rich in sugar, contains other nutritive constituents, and acts as a gentle diuretic and aperient. So excellent a therapeutic agent is the ripe grape, that in Switzerland and other continental regions the grape (*cure de raisins* of France) has achieved an acknowledged reputation. From early times to the days of Cullen and Pereira, the virtues of the grape have been highly extolled by the medical faculty.

In fermented intoxicating wines the most valuable properties of the grape are either absent altogether, or present in greatly diminished quantity, alcohol and other new products being formed at the expense of the saccharine, albuminous, and other useful components of the unfermented juice.

Alcohol is an irritant narcotic poison, and is contra-indicated in many inflammatory conditions, where the cooling, refreshing, purifying, and nutritious qualities of the unfermented grape-juice are markedly beneficial. Hence we find that, in addition to the fresh grapes, dried grapes, or raisins, and the unfermented juice, have been a favourite prescription in ancient as well as modern times. Dodoens ("Herbal," p. 651, Lond., 1578) speaks of the "dried raysens" as "good for cough and all diseases of the lungs, kidney, and bladder." Louis Cornaro had his strength renewed at the beginning of every vintage by new wine. Cæsar Frederick in the sixteenth century (Kerr's Collec. vii., 142; Hakluyt II., 339-375) relates how a friend of his was ordered in Cochin to drink new unfermented wine night and morning.

Dr. Russell, in his "Natural History of Aleppo," says that the juice of ripe grapes inspissated was largely used in the treatment of febrile inflammatory diseases.

For the last twenty-one years I have been in the habit of prescribing the unfermented wine manufactured by Mr. Frank Wright, Chemist, 68 High Street, Kensington. This, which is a natural, red, unfermented wine, prepared from grapes imported from the Continent, I have found of considerable value, taken either alone, with iced or aerated water, in fever or in phthisis, with hæmoptysis. In hæmorrhages generally, when alcohol is contra-indicated, this wine is especially useful. In one severe case of small-pox, where recovery was despaired of, the patient, a woman, aged twenty-eight, could swallow

nothing for nearly eight days but this unfermented wine-and-water in the proportion of half and half.

But the taste of invalids, as of the healthy, is capricious, and I have long endeavoured to persuade some enterprising Englishman to supply a variety of unfermented wines as articles of medicine and of diet. At length Mr. Wright has, at my suggestion, imported from abroad several unfermented wines, which he now offers along with the wine he has himself been manufacturing for the past quarter of a century.

These newly-offered wines are—

RIESSLING (German).—A pale yellow, thin, delicate bouquetted wine; dry (a), with slightly acid taste.

MUSCAT (French); from the "Muscat" grape of the Pyrenées Orientales).—A pale pink, full-bodied, very sweet, luscious wine, with the distinctive flavour and bouquet of the Muscat grape, well marked.

LACHRYME CHRISTI (Italian; from the celebrated grape of that name grown at the base of Mount Vesuvius).—A thin, fine wine, with a characteristic flavour which is both nutty and fruity, and a sweet sub-acid taste.

ALTO DOURO (from the grape which yields the best genuine fermented port wine).—A fine, sweet wine, with a delicate nutty flavour, and of a light-red colour.

BORDEAUX (Bordeaux).—A dark red-coloured wine with considerable body. Has a fruity aroma, and is pleasantly acid to the taste.

MADEIRA (Madeira).—A rich red-coloured wine, with medium body, and a delicate, peculiar, but agreeable flavour.

CONGRESS (American; when fermented has a large trans-Atlantic sale as "American port").—Is a deep purple, very dry wine, with tolerable body, and with a rough, astringent, fruity flavour.

These wines have considerable dietetic and hygienic merit. While valuable medicinal remedies, they are wholesome and acceptable social beverages, when taken moderately by those with whom they agree. With eight varieties of genuine, pure, unfermented wine, there should be little difficulty in suiting almost any palate. It seems to me a favourable omen for the future sobriety of our country, that the wine cellar can now be stocked with a varied assortment of good, sound, unfermented wines.

Clinical Records.

EAST LONDON CHILDREN'S HOSPITAL.

A Case of Typhoid Fever, with Fall of Temperature on the Ninth Day.

Under the care of Dr. EUSTACE SMITH.

(Reported by Mr. SIDNEY DAVIES, B.A., M.R.C.S., Clinical Assistant).

C. M., æt. 9, was admitted into the hospital on September 23, 1881. Her father's family was phthisical, and a brother had died of some disease of the brain at the age of eighteen months.

The patient had been born a healthy child; had cut her teeth and walked at the usual time, and had had no previous illness, except whooping-cough at the age of four. Her present illness began on September 15, when she complained of being cold, and had a frontal headache. She was quite well the day before. Accompanying the headache she had abdominal pain, and was said to have been burning hot at night. She lost her appetite, and became languid and inclined to lie down. The headache went away after lasting four days. Two doses of rhubarb were given by her friends, which caused looseness of the bowels, with light yellow

(a) "Dry" is not used here in the same sense as when describing intoxicating wines. Dry fermented wines are generally understood to be wines from which the sugar has more or less disappeared by fermentation. The dryness I have remarked in some unfermented wines has reference only to the taste, and arises, probably, from the combination of tannin with acid in the original juice.

(a) Read at the Quarterly Meeting of the British Medical Temperance Association, on February 14th, 1882.

motions. On the 21st she had some castor oil, which caused two actions of the bowels.

At the time of her admission the child was said still to have abdominal pain, coming and going. She felt better towards evening, and slept fairly well at night, but was more feverish then. The face frequently flushed and grew pale. She had had no sickness nor epistaxis. The diet, since the onset of the fever, had included meat-pie, jam, fish, &c.

The mother attributed the illness to sitting in the damp. There was no other case of illness in the house, but a drain near the house had been recently disinfected.

When first seen, on the 22nd, the temperature was 102°, and there were rose spots on the abdomen.

When admitted on the 23rd there were no spots to be seen. The abdomen was not much distended. Tongue slightly furred. The spleen could be felt two fingers' breadths below the ribs. Temp. 102·6 in the evening.

Sept. 24th.—Temp. 97°, pulse 80. The child is knitting in bed, and says she feels better. Abdomen is a little more distended and tender about the umbilicus and right iliac fossa.

25th.—Patient says she feels no pain. She is sweating a little about the face. No tenderness in iliac fossae. Some gurgling in right iliac fossa. Tongue cleaner. Bowels not open since admission. Highest temp. during the day, 99·2°.

26th.—A formed motion of a slaty colour was passed to-day. Highest temp. 99·8°.

27th.—The spleen is first felt below the ribs. There are no rales about the back of the chest. Highest temp. 100·3°. It varies about 2·5 in the twenty-four hours.

30th.—Spleen normal. A light-coloured, very offensive motion passed, consisting of small faecal masses. Temp. subnormal the last two days.

Oct. 4th.—The temp., with one exception, when it rose to 99·5°, has been subnormal for six days. Patient ordered solid food. Has passed no motion for three days.

5th.—Patient had some bread, gravy, and potatoes. Is looking well and in good spirits. Temp. rose to 99·3°.

6th.—Temp. rose to 100°. One motion.

7th.—To-day had soup and suet pudding. Temp. rose to 102°. One motion, which was not seen. Ordered milk diet.

8th.—Temp. 102·2°, pulse 134, resp. 36. No cough. One typical typhoid spot seen near umbilicus. Tongue furred in the centre, and red at the top and edges. Edge of spleen just felt below the ribs. No abdominal pain or distension. Temp. has varied from 96·6° to 103° in the twenty-four hours.

11th.—Temp. continues to vary about 4° in the day. Abdomen distended. Spleen two fingers' breadth below the ribs. A few typhoid spots seen on the back, and one on the abdomen. Tongue rather dry. Bowels constipated.

13th.—One normal motion.

15th.—Temp. varied from 98·6° to 101°. Child looks cheerful. Spleen one finger's breadth below ribs. Abdomen still swollen; abdominal wall flaccid. One or two spots seen.

19th.—Temp. from 97·4° to 99·4°. Child looks comfortable. Bowels open six times in the twenty-four hours. The motions resembled pea-soup, with a greenish tinge, and contained some clots of varying size, one as big as a broad bean; also some shreddy matter. Tongue rather dry. Some fresh spots on the abdomen. Spleen one finger's breadth below the ribs. No abdominal tenderness. Heart healthy; sounds rather soft. Temp. below 99·5° for last three days.

26th.—Temp. from 98° to 99°. Spleen two fingers' breadth below ribs. Abdomen still swollen. One fresh spot on epigastrium. Tongue furred and dry. One semi-solid motion; dark and offensive. No blood. Heart sounds very soft. Ordered brandy ʒj. every three hours.

Nov. 1st.—Temp. normal for two weeks. Abdomen still rather distended. One or two suspicious spots. Spleen one finger's breadth below ribs.

On Nov. 12th patient went to the St. Albans' Convalescent Home.

Remarks.—This case is very interesting, as showing that the temperature in typhoid fever may fall below normal on the ninth or tenth day, contrary to the generally received opinion. When the patient came in there was one doubtful spot, and the spleen was enlarged; but the early fall of the temperature seemed to exclude typhoid, and as she

seemed so well the patient was put on meat diet on October 4th. Immediately the temperature rose, the spleen enlarged, spots appeared, and the child passed through a well-marked relapse of typhoid fever.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

RESECTION OF THE SPINAL NERVE.—M. Tillaux occupied the whole meeting of the Académie de Médecine with a communication, which from its novelty and the interest attached to it, merits to be cited in full. A woman, *æt.* 35, entered in Nov., 1879, La Charité, presenting an affection not yet described. When her head was supported and maintained in a certain position she felt nothing abnormal, but immediately that the head was abandoned the patient felt it drawn in an irresistible manner in a position always the same. The chin turned to the left, and the head by this rotatory movement reclined on the right shoulder as in ordinary wry neck due to retraction of the sterno-mastoid muscle. However, there was no appreciable muscular contraction. The patient, who seemed utterly powerless to control this kind of spasm, experienced excessively acute pain in the left side of the neck and at a point corresponding to the first cervical vertebra. M. Denon, in whose service the patient was, considered the affection to be functional spasm of the muscles of the neck, and treated it for several months by the continued current, the application of the magnet, metalotherapy, &c., but without the slightest benefit, and the patient left the hospital a greater sufferer than when she entered. All work having become impossible, she applied in May, 1880, for admission to the Hôpital Beaujon, when she was placed under the care of M. Tillaux. Three weeks afterwards M. Tillaux, thinking that the sternal branch of the sterno-mastoid muscle was the cause of this curious kind of torticollis decided upon the resection of its tendon. The operation in itself was successful. The wound healed rapidly, but the situation of the patient remained exactly the same, and he requested that something more should be done. It was then M. Tillaux thought of resecting the spinal nerve. This nerve almost immediately on its exit from the posterior foramen divides into two branches, one inner anastomosis with the pneumogastric, and the other extern passing first close to the angle of the jaw and across the parotid gland reaches the middle of the sterno-mastoid muscle where it divides into two branches, one of which supplies the muscle above-named, while the other descends lower down to reach the trapezius where it loses itself. These two muscles are animated by this external branch of the spinal nerve, but not exclusively. These two muscles play the principal part in true torticollis, and one might naturally hope to arrest functional spasm by modifying their nerve supply. Already stretching had given good results to Moesig in an operation he had practised on a priest. But M. Tillaux, by an experiment in the dissecting room, found that when the spinal nerve was drawn upon the movement was communicated to the bulb. This fact made him prefer resection to stretching, as he was afraid of producing a lesion of the bulb. Accordingly, on the 15th Dec. an incision was made over the posterior border of the sterno-mastoid, and soon the spinal nerve was brought into view and seized with a blunt hook and resected for the distance of an inch. Immediate union of the wound with antiseptic dressing concluded the operation. As to the results, they are satisfactory. The patient is not completely cured, but she enjoys an evident control over the spasm. M. Tillaux thinks that at the end of a couple of months the affection will have altogether

disappeared. The question might be asked if the resection might not in some way affect phonation? Claude Bernard, it was true, had considered the spinal nerve in all its divisions as a nerve of phonation. According to him, the external branch on contracting the trapezius, and the sterno-mastoid contributed to complete and prolong the movements of the thorax during singing, but his patient has not given any evidence of the voice being modified.—M. Guérin observed that the case of M. Tillaux was remarkable in that resection and simple section of the ninth nerve was practised. The latter operation was done by him several times in similar cases which he considered should be classed under the title "spasmodic torticollis," which Amussat failed to distinguish from true torticollis produced by muscular retraction. For the class of torticollis by retraction the tendons of the affected muscles should be cut, whereas in spasmodic torticollis, on the contrary, M. Guérin operated by section upon the centre of the muscles themselves in order to modify their innervation. M. Tillaux has just shown that in cutting through the centre of the sterno-mastoid muscles, the spinal nerve was included in the section.—M. Tillaux replied that he was well acquainted with cases of spasmodic torticollis, but it did not seem to him that his case could be classified under that head, for where there is spasmodic action the movement is *brusque*, and the muscle feels hard to the touch. In this patient the operation of the rotatory movement was gradual, and the slightest obstacle arrested it, and palpation could not discover any contraction of the muscles. This discussion, in which other members took part, was concluded by M. Guérin, who confessed that he was inclined to admit that amongst the spasmodic wry necks the case of M. Tillaux formed a new kind; but where there is spasm there is always muscular contraction, and subcutaneous section of the muscle can always be tried, not only without danger, but with advantage.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, FEBRUARY 10TH.

The President, JOSEPH LISTER, F.R.S., in the Chair.

Mr. KNOWSLEY THORNTON brought forward

A CASE IN WHICH SUPPRESSION OF URINE WAS THREATENED SEVERAL TIMES AFTER OVIOTOMY.

On each occasion packing the arms in cold wet towels relieved the symptoms, and the patient made a good recovery, and has remained in perfect health since. The following is a brief outline of the case:—J. W., æt. 39, married, and the mother of two living children, the youngest, æt. 7½, was admitted into the Samaritan Hospital in October, 1880. *History.*—Never strong. During last seven years has had three stillborn children and two miscarriages. Since last miscarriage has had irregular and too frequent menstruation. Abdominal tumour first noticed early in last pregnancy, September, 1879. A few weeks before admission Dr. Pierce, of Denbigh, tapped the tumour, and removed twenty-four pints of greenish fluid. *Condition on Admission.*—Looks older than her age, and has a waxy skin. Kidneys act badly, and skin is dry and harsh. No albuminuria. Ovariectomy performed November 4, 1880, and tumour of right ovary removed, weighing, with contents, 28 lbs. Operation of average difficulty; a good deal of sponging necessary; occupied an hour. Temperature and pulse rose rather rapidly, and on the day after the operation the urine was scanty and dark, and the kidneys were very irritable. Digitalis and cit. of potash were given, and next day urine was free and loaded with lithates. On the fourth day the kidney irritability returned, and the temperature and pulse rose again. Sympathetic vomiting came on, and on the sixth day, the condi-

tion appearing critical, the arms were bared and packed in cold wet towels, which were kept wet with iced water. In twelve hours all bad symptoms had disappeared. The towels were allowed to dry, and in five hours the patient was as ill as ever. The towels were wetted again, and were kept on for forty-eight hours, during which time the patient appeared quite well, and the wound was dressed for the first time, and found soundly healed, and all the sutures were removed. The towels were removed, but during the day the kidney symptoms and sickness gradually returned, and they were re-applied. Temperature and pulse remained unaffected, but the kidney symptoms at once yielded. On the eleventh day they were again removed, and on the twelfth, the temperature being normal, the patient was allowed to get up. A few days later she went home, and Dr. Pierce writes that she is now in better health than she has enjoyed for some years. *Remarks.*—Mr. Doran has shown by his post-mortem observations that advanced granular disease of the kidneys is common with large abdominal tumours, and we know that this condition frequently exists without any clinical evidence of its presence. In the present case no albumen was detected, and though the kidneys acted badly before the operation, they were equal to the excretion of a fair quantity of urine, loaded with lithates, on the second day after operation. The symptoms detailed at length in the paper were clearly due to the kidney condition, and the application of cold wet pack to the arms on three separate occasions acted like a charm. To what is this rapid action to be ascribed? The author discusses the method of applying dry and wet cold, not only to reduce temperature, but to relieve serious internal congestions. In the latter class of cases he believes the action to be a reflex one through the nervous system, and not a mere cooling of the blood generally. He refers to the action of external chill in producing internal inflammations, and to the well-known action of counter-irritants. While believing that ordinary cases may be explained by one or other of the theories mentioned, he is still at a loss to explain the rapid action on the kidneys in this case from such a very restricted pack. The repetition of the treatment, and its unflinching effect on three separate occasions, and especially on the last, when the pulse and temperature remained unaffected, make it clearly a case of demonstrated therapeutic action; not a mere coincidence.

THE PRESIDENT observed that the case recorded possessed a considerable degree of interest in a therapeutical sense, since the frequency with which the effect commented on was produced as a consequence of the measures resorted to removed any doubt as to the relation of cause and effect. Mr. Thornton had afforded a possible explanation of the manner in which the wet sheet brought about the results accredited to it, in his description of the effects observed to follow the use of the ice-cap. It should be remembered, however, that the brain would not be cooled by the application of such a cap; the action set up would be of reflex character; the arteries of the brain contracting under the influence of cold, the flow of blood would undergo diminution, and thus a less amount of impure blood would find its way to the organ there to set up changes which would find expression in the condition of distant parts. Some years ago, said Mr. Lister, he had demonstrated that raising of the limbs not only brought about local depletion by emptying the veins, but also by means of arterial constriction which accompanied the act, and thus was afforded a means of explaining various effects produced on the circulation by changes in position, such effects being referable to sympathetic causes. He recollected having been consulted by a man who suffered severe pain in the testicle while standing, but which entirely ceased when the patient sat down and elevated his feet. The explanation of this was that the arteries of the testicles sympathetically contracted with those of the raised limb, and it could be taken also to demonstrate that an important influence might be brought to bear on the pelvic viscera in connection with variations in the position of the limbs. A familiar instance of this kind of sympathy between arteries of different parts was offered in the relief of epistaxis by raising the hands. In this case the arteries of the uplifted limb contracting, those of the Schneiderian mucous membrane likewise became altered in calibre, with the result that cessation of hæmorrhage followed. Professor Tait, whose accurate powers of observation might be implicitly relied on, had assured him (Mr. Lister) that when, while fishing, he waded much through the water, he invariably suffered from an attack of epistaxis,

which, however, he could at once relieve by raising his hands. The connection between the two conditions and their relation to the position of the limbs, however apparently overdrawn, was true, and might be rationally explained on the assumption of sympathetic action; and in the case of cold applications, a like sympathetic contraction of arteries distant from those originally affected might with equal certainty be assumed to occur.

Dr. WILLIAMS said he had made trial of the ice-cap in cases of pneumonia and tuberculosis, and found the effects produced depended on the nature of the cause to which high temperature was due, whether viz., it was consequent on a general blood vitiation or on textural changes in a limited region. In the latter class of case no good followed the use of the ice-cap in his experience.

Mr. THORNTON thought it would be desirable in any future similar case to make trial of treatment by raising the arms, as suggested in the valuable remarks of the President. Contrary to Dr. Williams' experience, he found the ice-cap most efficacious in treating local congestions. In general blood-poisoning he had found it valueless, except as a mere cooling agent locally.

Mr. BALMANNO SQUIRE read

NOTES OF A CASE OF ERYTHEMA IRIS

(exhibited at the last meeting). A woman, *æt.* 28, presenting a copiously sprinkled eruption limited to the palms of her hands and fingers, and the backs of the ends of her fingers. The eruption had lasted a month. Within the last two years she had had two previous attacks, each lasting three weeks. Each spot of the eruption consisted of a circumferential, definitely raised, faintly-pink ring, enclosing a disc-shaped, flat, unraised, dark-coloured, brown-crimson, abruptly limited stain, disappearing completely for the moment on pressure, the centre of the dark crimson stain being faded, and of a pale buff yellow hue. The average diameter of the spots, including ring, was eight millimetres. The eruption was attended with a sensation of itching, and occasionally of burning. There was also considerable tenderness of the affected skin, so as to preclude any use of the hands. There was no desquamation, nor was there any vesication, but, by the patient's account, the previous attacks had terminated in free desquamation.

Dr. FINLAY showed

A CASE OF ANEURISM OF THE ASCENDING AORTA IN A WOMAN, *ÆT.* 32.

She complained only of shortness of breath on exertion, and a slight cough at times. She had no difficulty in swallowing, and the pupils were equal. An oval-shaped pulsating swelling, 3 inches by 2½, and projecting about half-an-inch from the surface of the chest, appeared to the right of the sternum, and extended in an almost vertical direction from the lower border of the second to the lower border of the fourth costal cartilage. There was no discolouration of the skin, nor enlargement of cutaneous veins. Over the swelling there was a thrill and a loud double murmur, the diastolic part being loudest and longest. A double murmur was also heard at the heart's apex, which appeared in the fifth interspace in the nipple line. The murmurs were heard generally all over the chest, both back and front. They were also heard in both carotids, and there was visible pulsation of the vessels of the neck. Dull percussion was found over the tumour, shaded off for some distance beyond. Inspiration was wavy at the left apex in front, and expiration prolonged over the right upper scapular region. The appearance and action of the vocal cords were normal. There was no specific history; the patient was married, but childless, and had had no miscarriages. She had a severe attack of rheumatic fever at the age of twenty, and thinks she strained herself some four and a-half years ago while engaged in house cleaning. A year later a continuous, dull, aching pain in the right side of the chest began to trouble her, and on examining the part she discovered pulsation and swelling. She was admitted to the Middlesex Hospital, and remained there from January 22 to July, 7, 1879, being treated with gradually increased doses of iodide of potassium, confined strictly to the recumbent position, and dieted on the plan advocated by Mr. Tufnell. After nearly six months of this treatment she was discharged much relieved, being free from pain, and with diminished pulsation in the aneurism. There was, however, no evidence of consolidation. Since her discharge she had continued to attend the out-patient department. Comparing her condi-

tion on physical examination when in the hospital, with what it is now, the following differences appeared. At the former period the diastolic sound over the tumour was accompanied by a "thud," indicating the competent closure of the aortic valve; the situation of the apex beat was normal, and the heart's sounds there were unaccompanied by murmurs. Now the thud has disappeared, the apex beat is somewhat outside its normal position, and there is a murmur at the apex both with the systole and diastole. The pulsation in the tumour, too, feels more superficial now than it did then. From this comparison the sequence of events seemed to be, weakening of part of the wall of the aorta in connection with the attack of rheumatic fever, and its giving way under the strain referred to; then the gradual dilatation of the aneurism leading to incompetence of the aortic valve, and this, in turn, to dilatation and hypertrophy of the left ventricle, with mitral incompetence. The question for consideration now, seeing that medical treatment had so far failed, was whether it would be proper to resort to operative procedure, and if so, what that procedure should be. Galvano-puncture might commend itself to some; the distal ligature, as exemplified in cases recorded by Dr. Cockle and Mr. Heath, Mr. Holmes and Mr. Barwell, and to others. There seemed to be points in the case both in favour of and against operative interference. In the former category might be mentioned the youth, good general health, circumscribed appearance of the aneurism, and absence of pressure signs. On the other hand there were the nearness of the aneurism to the aortic orifice, and the aortic regurgitation, which would expose to the danger of portions of clot being washed back into the left ventricle, together with a greater risk than in cases where the valve was competent, of clots being detached and carried forward in the other direction. At the same time the regurgitation might be slight, judging from the small amount of dilatation and hypertrophy. Altogether the *pros* and *cons* seemed so equal that it was difficult to strike a balance in favour of either side; all the more so when it was considered that the patient was not unlikely to live for a considerable time in fair comfort without surgical treatment.

Dr. DOUGLAS POWELL remarked that the case opened up many important questions as to treatment. Of primary importance, however, was the accurate diagnosis of the tumour. He agreed in thinking it a sacculated aneurism, and that, surgical interference should be resorted to with the utmost caution. This would be favoured by the marked improvement of the case while under treatment, although there was evidence of a good deal of subsequent melting away of the consolidation set up, and it was to be anticipated that perforation would sooner or later ensue. The condition of the aortic valves was an important matter to be considered, for if regurgitation was made out with certainty, then operation could be attended with small benefit. He was himself inclined to think the second murmur was purely aneurismal, a view also favoured by the fact that, though sensibly heard generally, it was much louder above and to the right than towards the epigastrium and apex, thus reversing the usual signs. The marked *thrill* likewise suggested the same conclusion. The condition of the valves would entirely guide a decision on the question of operation. The illness seemed to date from an injury received shortly after recovery from rheumatic fever, which latter might have left the aorta weakened.

Dr. DE HAVILAND HALL had never seen galvano-puncture resorted to in more than one case, when it was employed too late. The patient was under the care of Dr. Hughes Bennett; the aneurism in size and position resembled the one under discussion. On admission into hospital there was a red point over the skin at one spot. Patient at first refused, but subsequently submitted to galvano-puncture. He died, and at the post-mortem examination a certain amount of laminated deposit was found, but also a tract of suppuration at the point where the needle had been introduced. From signs observed, however, it was probable that much earlier operative procedure might have saved the patient's life. The case had been recorded in the Proceedings of the Medical Society about two years ago.

Dr. LONGHURST thought the case showed that the essence of treatment was *rest*, which also was the object sought to be attained even by the ligature, or by pressure. It was, indeed, secured by various means, but was always the prime object of treatment. Any operation in Dr. Finlay's case was, in his opinion, out of the question.

Dr. T. WILLIAMS said he formerly had a male patient under

his care in the Brompton Hospital who presented a very similar tumour to that in Dr. Finlay's case. The anterior wall of it became at one time so thin that rupture seemed imminent, but under rest and reduced diet it became much thicker, and the patient got better and returned to work. Subsequently the aneurism wall again thinned, and eventually it burst, not however, in the part concerning which fears were originally entertained, but at a spot quite removed from it, and situated posteriorly. He would be glad to hear if other observers had noticed any similar occurrence.

Dr. HENRY GREEN asked if the tracing exhibited by Dr. Finlay, and taken from his patient, did not reveal the condition of the aortic valves. In two cases of sacculated aneurism under his own care, galvano-puncture had been employed. In one, no effect was produced; in the other, slight diminution in the pulsation ensued.

Mr. HOWARD MARSH said cases of aneurism of the arch of the aorta were on record in which much benefit was derived from treatment by rest. He instanced a case of large aneurism of the arch preserved in the museum of St. Bartholomew's Hospital. It occurred in a man, and by rest the pulsation in it was much reduced. Patient, however, after leaving hospital, got into a drunken row, and returning, died. Post-mortem examination showed the tumour to be so much improved that, with care, life might have been considerably prolonged. Last year he had under treatment a patient with aneurism of the innominate whose condition was much improved by rest, low diet, and the application of ice to the tumour. The aneurism, notwithstanding, enlarged, and ligatures were then put upon the carotid and subclavian arteries. All went well, so far as the wounds were concerned; and the aneurism solidified on one side, but grew rapidly in another direction, and at length reopened the two ligatures. This tended to confirm Dr. Williams' statement, that such tumours did not usually burst through the skin, and that operation was not likely to benefit them. Perusal of cases showed that, though the distal ligature produced such remarkable results, duration of life afterwards only averaged two years, the greatest length being no more than four years. Failure might, of course, be said to be due to the fact that such proceeding was adopted only in desperate cases. Dr. Finlay's case seemed to be a favourable one for operation by ligature of the subclavian and carotid arteries, which, too, would be a justifiable measure in it. Antiseptics made such operations perfectly safe, and the improved ligatures recently introduced also tended to minimise the mere surgical risks. Distal ligature ought to be done at an early date of the disease. Galvano-puncture seemed always to fail.

Dr. FOWLER said he had carefully examined Dr. Finlay's patient, and was inclined to think the bruit heard was in part due to aortic regurgitation. He had conducted a post-mortem examination of the patient mentioned by Dr. De Haviland Hall, and his conclusion had been that the coagulation found was probably *not* due, except in a very small part, to galvano-puncture. In the course of the needle a black and charred clot was seen. He had made a post-mortem on only one patient treated according to Tufnell's plan. In this case death occurred from rupture of the aneurism, and no clot was discovered in the tumour. Were Dr. Finlay's case under his care he should not pursue further treatment of it.

Mr. PARKER suggested that the unreliability of galvano-puncture was probably due to the faulty construction of the apparatus employed. Deficiency of the current produced by batteries ordinarily used was the explanation he was inclined to offer in regard to the negative results obtained with them. He advocated increased attention to this matter before finally condemning galvano-puncture as a remedial agent.

Dr. POWELL observed that the case under discussion was a favourable one for affording information as to the value of the indications afforded by sphygmographic tracings. He did not think the tracings exhibited, showed any signs of aortic regurgitation, they were typical of aneurism.

Mr. WALSHAM considered the case a favourable one for operation, but he failed to see that ligature of the carotid and subclavian arteries would be of much use except in aneurism of the innominate, or when that vessel was partly involved. Perhaps Dr. Finlay's patient might be best treated by rest, however.

Dr. SILVER having made some remarks in reply to Mr. Howard Marsh,

The PRESIDENT nominated the following committee to

examine and report on Dr. Finlay's case:—Dr. Finlay, Dr. Douglas Powell, and Dr. Henry Green.

Dr. FINLAY said the main point for consideration was the existence or not of aortic regurgitation. He did not think galvano-puncture wholly out of the question.

SURGICAL SOCIETY OF IRELAND.

A MEETING of the Surgical Society of Ireland was held on Friday evening, January 27th, in the Albert Hall, Royal College of Surgeons.

Dr. BARTON, Vice-President of the College, in the chair.

Mr. TUFNELL, Hon. Sec., read the minutes of the previous meeting, which were confirmed.

PRESENTATION TO MR. B. WILLS RICHARDSON.

The VICE-PRESIDENT: Gentlemen,—Owing to the unavoidable absence of the President of the College this evening, it becomes my duty to take the chair, and very glad, indeed, I am to do so, as it affords me the great gratification of acting as your mouth-piece in expressing to my old friend and colleague, Benjamin Wills Richardson (hear, hear), our best feelings of heartfelt esteem and affection. (Hear, hear.) The importance to such a Society as ours of an efficient, able, and courteous Secretary can scarcely be over-estimated. (Hear, hear.) We all know that authors are proverbially sensitive, and sometimes when the productions of their genius are brought forward for publication here or elsewhere, it may be a difficult matter, requiring a great deal of tact and temper, to arrange the knotty points that arise. We also know what a trifle would turn the scale with all of us between the trouble of writing out our cases and presenting them here, or preparing a paper and declining to do so. But to overcome all these difficulties and objections the duty devolves on the Secretary, who must not on any account ever be tired or cross, and must always be good-tempered, courteous, efficient, and firm. Such was the office Mr. Richardson undertook to fill for this Society twenty-five years ago (hear, hear); and I may say that it is to mark their appreciation of the manner in which he has performed his task that the members of the Society desire to make him a presentation to-night. (Hear, hear.) He proved himself invariably punctual, business-like, courteous, and firm, combining in a remarkable degree the *suaviter in modo* with the *fortiter in re*. (Hear, hear.) How far the success of the Society may have depended on his exertions during the long period of his tenure of office it would be hard to say; but having been associated with him for many years in another institution, I must decidedly say that a more thoroughly practical, able, courteous, and efficient Secretary it would be impossible for us to secure. (Hear, hear.) And now, Mr. Richardson, it becomes my pleasing duty, which, as I have already stated, I am gratified to be in a position to perform, to ask your acceptance of this service of plate which the members of the Surgical Society of Ireland desire to present as a small token of their heartfelt esteem and affection, and, at the same time, to express through me their earnest wishes for your health and happiness. (Applause.)

Mr. RICHARDSON, in reply, said: Mr. Vice-President and gentlemen,—It must always be gratifying to a professional man to feel that he has won, and enjoys, the confidence of his brethren; and when this confidence becomes, as it were, incorporated with the material out of which this very valuable and beautiful testimonial has been fashioned, and which you, Sir, in the absence of the President of the Surgical Society of Ireland, the representative of those with whom the Honorary Secretary had been for so many years associated, have presented to him in most flattering—but he fears—too eulogistic language, he would be stolid, indeed, were he not more or less unshingled by these proofs of good feeling towards him. Such, Mr. Vice-President, is my embarrassed position at this moment. Believe me, Dr. Barton, that it was not without prolonged reflection I determined—most reluctantly determined—to resign the honorary secretaryship of the Society, and thus dissociate myself from Mr. Tufnell, whom I have always found ready to assist with his advice and active co-operation. But I felt that new and imperative demands upon my time would prevent me from attending to the duties of the office so actively as I had hitherto done, and that the interests of the Society would most probably suffer thereby. Hence, Sir,

my resignation of the post. It is satisfactory, however, to know that the Society cannot, for lack of energy, possibly retrograde by the resignation, my friend and successor, Mr. William Thomson, being pre-eminently endowed with the qualities the secretaryship requires, so that Mr. Tufnell is to be congratulated in having gained the assistance of one who is so distinguished, you are all aware, for his literary, as well as for his surgical, acquirements. I again thank you, Mr. Vice-President, and the members of the Surgical Society of Ireland, for this tangible evidence of your and of their esteem, which I have no doubt will oft arouse in the mind of its possessor in the future, a memory of the kindness and fellow-feeling so eloquently elaborated by you, Sir, and so warmly echoed by this meeting. (Applause.)

MORBID SPECIMEN—FRACTURE OF THE ASTRAGALUS.

Mr. HENRY GRAY CROLY exhibited fragments of a fractured astragalus, of which he believed there was only one specimen in the museum. The man from whom they were removed met with the injury by a horse falling on him and catching his foot in the stirrup, so that he sustained a compound fracture which penetrated the joint. There were two large sinuses—one of the instep and the other under the ankle. He explored the sinuses, and finding the fragments, he removed them. The limb was already in a useful condition.

Mr. THORNLEY STOKER read a paper on

THE RADICAL CURE OF INGUINAL HERNIA,

which will be found on page 157.

The VICE-PRESIDENT remarked that the subject was one of the highest surgical importance and interest as regards the advance of science. He had witnessed Mr. Wood operate last summer by his own method, which was exceedingly interesting; and the results of his experience were as had been stated by Mr. Stoker.

Mr. H. G. CROLY thought he had the advantage of seeing the first Wood's operation in Dublin performed by the late Prof. Morgan for the radical cure of hernia, and notwithstanding the freedom from serious symptoms in most of Wood's cases, in that case very dangerous peritonitic symptoms followed the operation, so as to alarm Prof. Morgan. Wurtzer's operation had been performed some years ago by Mr. Tufnell, but it was not a very certain one to effect a radical cure. However, having seen the patient the other day, the result was perfect—the man had not the slightest tendency to hernia. He had not read any published cases of the radical cure of hernia by dissection, but he had himself, in the City of Dublin Hospital, performed four operations for the radical cure by that means. Everybody was aware of the difficulties attendant on Wood's operation, and few students came away from lecture or clinique who understood it. As to the four cases in which he had operated by dissection, one was that of a child, 18 months old, with a very large hernia. He had the hernia reduced and kept in the abdomen. Then, under the spray, he dissected down as in the operation for the relief of strangulated hernia, and he invaginated the sac into the ring, stitching the pillars of the ring together in such a way that it was entirely closed. The result was perfect; the child had not the slightest tendency to rupture. In the case of a man, the rings were so enormously open that no operation could effect a perfect cure, but he expressed himself greatly relieved by it. From an experience of three or four cases of the radical cure of hernia by dissection, he did not mean to say that that method of treatment had decided advantages over Wood's operation. What seemed to him to be the advantage was that, as in the operation for strangulated hernia, the surgeon cut down from the external ring directly over the tumour and could thus see every step of the operation. The operations were generally conducted with antiseptic precautions; but from the experience he had gained of the dissection method, he felt inclined to continue it.

Mr. A. H. CORLEY said they could scarcely over-estimate the importance of the question of the radical cure of hernia. In the Richmond Hospital there were exceptional opportunities of seeing cases of hernia, the Truss Institution being there. From what he had seen, he thought that under modern scientific and especially antiseptic precautions, the operation of dissection offered a better chance of a more complete cure and less uncertainty than Wood's operation. He had no experience of that operation himself; but it seemed to him, from what he had read of it, that it was, on

the whole, a most scientific operation for the radical cure. The ordinary operation for hernia was not attended with danger to the patient, and early operation would be undertaken under the best possible conditions for recuperative action. By dissection there was the advantage, as Mr. Croly had pointed out, of seeing what he was doing instead of feeling with the tips of his fingers. Perhaps this was the crucial test, that if he wished an operation performed on himself, he would prefer having it done by dissection rather than the mode so admirably described by Mr. Stoker. Even in the most educated and practised hand the use of Wood's needle might be attended with undesirable consequences.

Mr. WHEELER said he found, as stated by Agnew, that of Gerdy's sixty-two cases, four died, and there was no means of knowing how many were cured. Dr. Weber had stated that of fourteen persons operated on by Wurtzer not a single case was cured, while Agnew, speaking of his own method, said he could only do so with distrust. Mr. John Wood, of London, had operated 155 times, with the result of 40 failures, 2 deaths, and 113 cures; but the duration of the so-called cures had not been ascertained. The results mentioned by Mr. Stoker were somewhat different to those he had quoted from Agnew's work, published in 1878. With regard to the dissecting operation, it had been proposed and adopted a long time ago. Mr. Richardson had alluded to it in the *Dublin Journal* in a review of Gross's work. The operation was performed in this city many years ago by the late Mr. Walsh, surgeon to the Adelaide Hospital. Hence, there was nothing new about it. When operating, most surgeons did so antiseptically—he used the term in contradistinction to Listerism; but even were he himself a follower of Lister, he would not use the spray in operating for the radical cure of hernia. The reason the operation was not often followed by peritonitis appeared to be that the character of the peritoneum was changed in old hernie. He thought that cases would require long-continued observation before it could be positively asserted that the hernia had not returned and that the case was cured.

Mr. STOKER replied. He said the reply to most of the remarks requiring an answer was anticipated in the views already expressed in his paper. There could be no doubt that Mr. Croly had carried out the procedure himself without any knowledge of simultaneous or prior action having been taken abroad. He quite endorsed what Mr. Croly had said, so far as his own limited experience went, concerning the difficulty of the operation. Both Mr. Croly and Mr. Corley had dealt with the question of selecting the operation by dissecting instead of that of Wood. For himself, he avoided expressing any definite opinion on the matter, regarding it as very much *sub judice*. Wood had operated on 200 cases. The list was unstained by a death from any cause whatsoever. Until he (Mr. Stoker) saw a series of cases of operation by dissection equalling Wood's in length and result, he was prepared to follow Wood's method. If the operation by dissection afforded equally good results he would choose it in preference to Wood's, because it was a much easier procedure, and therefore one that could be more widely adopted. They would all do an easy, rather than a difficult, operation, and a certain, rather than an uncertain, one.

Mr. WILLIAM STOKER then read a paper on the "Division of the Neck of the Femur in Cases of Anchylosis." The discussion on it was postponed to the next meeting, and the Society then adjourned.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.

MONDAY, FEBRUARY 6.

Mr. S. LEE RYMER, President, in the chair.

ALVEOLAR PERIOSTITIS IN DIABETES MELLITUS.

Mr. HENRY SEWILL called attention to a communication recently made by Dr. Magitot to the French Académie de Médecine, in which he stated that alveolar periostitis was always met with in the mouths of patients suffering from diabetes mellitus, and was therefore of great assistance in forming a diagnosis of that disease. He had himself met with two cases which appeared to bear out the correctness of this observation, and he should be glad to hear if others

had met with the same experience. He also mentioned the case of a young gentleman who consulted him about a small cavity in an upper molar. Whilst Mr. Sewill was preparing the cavity for stopping, the patient had two short but distinct epileptic attacks. Mr. Sewill remarked that the nature of these attacks in the early stages of epilepsy was often unrecognised by the patient and his friends, and it was therefore the duty of any practitioner who might observe them to give timely warning of their true import.

Some other cases of interest having been brought forward by Messrs. S. J. Hutchinson, Henry Moon, Browne-Mason, and Dr. Campbell, the President proceeded to deliver his Inaugural Address.

PRESIDENT'S INAUGURAL ADDRESS.

After thanking the Society for the honour it had conferred upon him by electing him to his present distinguished position, Mr. Rymer referred to the recent alteration in the bye-laws, which enables the Society occasionally to elect a president from among the provincial members—a change of which he had been the first to reap the advantage. Mr. Rymer then went on to speak of the part taken by the old College of Dentists in the Reform movement of 1856 and following years. This institution, in the management of which he had, as secretary, taken a very active part, had been established for the purpose of carrying on the education and licensing of dentists on an independent basis, it being thought that too strong a feeling existed in the medical profession to allow of the institution of examinations and the issue of diplomas in a speciality of any kind by any of the medical corporations. When, however, it was announced that the College of Surgeons, after long deliberations, had come to the conclusion that it would tend to the public advantage to grant diplomas in dental surgery, and the code of regulations was published, the duty of those who had the direction of the affairs of the College of Dentists at once became clear. To have continued the College on an independent basis would have been unwarrantable under the circumstances. Instead of helping on a good cause, it could only have carried on an embarrassing opposition, and postponed indefinitely the attainment of fraternal concord. Communications were accordingly opened with the Council of the Odontological Society, which had throughout favoured the establishment of the dental as a branch of the medical profession, with the view of arranging an amalgamation. This was soon consummated with entire cordiality on both sides, and he had no hesitation in saying it had never for a moment been regretted. Had the profession continued to be racked with wide-spread dissensions the Dentists' Act of 1878 would not have been secured. As it was, the opposition to the measure arising from a small section of men with impracticable views, was easily overcome. This was unquestionably the most important event which had happened during the twenty years which had elapsed since the amalgamation. Its healthy action had already become apparent, but it would require some time before all its latent powers could be fully developed. Its elevating influence would increase with each succeeding year. Mr. Rymer then spoke of other signs of progress in the profession—of the growth of the British Dental Association, the establishment of new schools in the provinces, the flourishing condition of the dental societies, and the progress of dental literature and journalism, and concluded by referring to some of the unsolved problems still before the profession, the most important being a clearer knowledge of the conditions which would favour longevity in the dental organs.

THE annual rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of their population were:—Birkenhead 14; Edinburgh 18; Derby 19; Leeds, Cardiff, Birmingham, Bradford, Halifax 21; Leicester 22; Sheffield, Hull, Norwich, Huddersfield 23; Bristol, Sunderland, Plymouth 24; Nottingham 25; Salford 23; Liverpool, Preston, Wolverhampton 27; Bolton, Glasgow 28; Newcastle-on-Tyne, Oldham 30; Manchester 32; Dublin 33; Blackburn 34; and London 35.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, FEBRUARY 22, 1883.

THE TREATMENT OF INTERNAL ANEURISMS.

AT no period in the history of medicine, probably, has general attention been given to the consideration of therapeutic measures with results so prolific as are being obtained at the present time. Whether regard is had to the significance of failures in treatment, or to successes achieved, we are at once forcibly struck by the value of the information that is daily adding to our stores of knowledge; and to whatever cause we may be disposed to assign the undoubted impetus the spirit of discovery and the effort after improvement have received, we are equally compelled to recognise the importance of the advances constantly made. The last few years—indeed, one might with truth assert the last few months—have been extraordinarily fruitful of great improvements in both medicine and surgery. Our own pages bear ample testimony to this fact, and it is a source of the highest gratification to us that no inconsiderable share in them has been taken by British representatives of the profession. There is, however, one subject of which it cannot be said that so much has hitherto been accomplished as will suffice to give it a prominent place in the list of diseases conquered by modern improvements in treatment. Notwithstanding the earnest attention paid to cases of internal aneurism, and the skill and ability brought to bear upon them, they still remain among the affections least amenable to curative agencies. That this is felt to be a matter calling for strenuous exertions, there is, however,

ample testimony forthcoming; and we may be permitted to anticipate ere long the introduction of measures which will be of effectual service in dealing with these intractable tumours. In the past they have always been regarded with grave suspicion, and with reasonable cause. We need only recall for a moment the nature of the remedies employed in the attempts to remove them to perceive this truth. At one time Val-salva's heroic treatment was almost the sole resort of physicians, and extensive depletion, together with rigorous starvation, were trusted to as the sole possible agents of cure. From this to Tufnell's system, the prominent features of which are rest in the recumbent position, and a very moderate diet, with sparing supply of fluids, was an inestimable advance, and under it very many cases of undoubted improvement have been recorded. The majority of patients, however, do not maintain the benefits derived during continuance of the treatment, and even the most marked instances of improvement are by no means the least probable of reversion to a hopeless state. Perhaps more genuine advantage has followed the introduction of the iodide of potassium treatment than any other; and although we are unable to look on the drug as a specific remedy, not a few of the most prominent physicians regard it with a confidence begotten of the results achieved with it in their experience. Certainly very many cases do well under it, and coagulation of the contents of the aneurism, either partial or complete, rarely fails to follow its employment. It may well be questioned whether the drug has yet received so full and thorough a trial as it deserves; whether it is not unfrequently too soon discarded or reduced in amount, because of the inconvenience caused by its administration. Except in large doses, it exerts very little beneficial effect, and hence it is commonly considered a hopeless task to push it to advisable limits. In this connection, therefore, it cannot be too widely known that free dilution of the salt prevents the occurrence of unpleasant after-consequences; and that, provided it can be given in sufficient amount, it may be trusted to alone for the production of desired changes in the aneurismal tumour. Where it is decided to strictly limit the quantity of fluid ingested by the patient, it is, of course, impossible to prescribe such dilution of the medicine as is suggested; but if, as we are taught by, among others, Dr. Balfour, the iodide is capable of bringing about the necessary changes unaided even by rest, then dilution is easy to secure. The exact mode of action of the drug is undetermined. The effect it produces is certainly coagulation of the blood within the aneurism; and equal difficulty attends explanation of the changes set up by ergotine when subcutaneously injected. This last remedy, however, meets with few supporters. In some cases it has produced good, but more frequently it has been tried in vain. Nor can we be surprised, for ergotine acts energetically on the hollow muscles; whereas, in a sacculated aneurism particularly, muscular tissue is the least well-developed structure of its walls. At best the remedy was experimental; its inadequacy has been sufficiently proved.

Whatever value may be ascribed to the various

methods of treatment above referred to, it must yet be admitted that surgical measures are alone competent to deal successfully with many cases of internal aneurism, although there are not a few in which the surgeon is powerless to offer aid. The ligature, compression, and galvano-puncture are now the three agents to which we have to look in this connection; but the second—compression—is, for obvious reasons, capable of employment in a small proportion only of these tumours. Ligation of the arterial trunk beyond the tumour has been successfully practised in many instances, and in examples of aneurism affecting the primary vessels springing from the aorta it is likely always to yield good results. The first consideration of all treatment in this class of diseases, viz., slowing of the blood current and promotion of the coagulating process, are thereby most surely effected, and we are justified in assuming that any case would yield to such treatment, provided it is adopted at a sufficiently early stage. The futility of the most successfully performed operation of this kind, where delayed too long, has again and again been shown by the condition of the aneurismal sac, which frequently bursts at a distant spot from that first threatened, the degeneration set up having been too extensive to admit of its being altogether controlled. On pathological grounds there is nothing to urge against the probability of long-extended life following such operations when performed at an early date. Much of the non-success hitherto attending them is chargeable to the desperate condition of the patients at the time it has been performed.

Galvano-puncture for aneurism may be said to be on its trial. Disappointment has followed its use up to the present in the experience of most operators, but we are inclined to agree with a suggestion recently made, that this is the fault of the apparatus rather than of the agent employed. Effectual currents need to be of a definite and constant strength; greater than that obtained by the four-cell Daniell battery ordinarily employed. It has been urged that a six-cell current produces an amount of pain which is intolerable. This indicates not that galvano-puncture must be discarded, but that it must be carried out with the assistance lent by anæsthetics. Again, frequent failures, if traced to the actual cause, would be found to be due to faulty construction, or to inattention to some point of essential importance in electrolytic operations. All these details are worthy of, and should receive, careful attention ere the treatment of dangerous aneurisms by galvano-puncture is finally abandoned. We cannot believe it will be found of such little service as has been described, and shall look with interest for its vindication as a remedial agent in the future.

In all that has been said in the foregoing paragraphs the questions of diagnosis, and of the nature of the aneurism as affecting treatment, have been intentionally avoided. We have endeavoured briefly to indicate the present position of our knowledge in regard to these tumours, and the mode of dealing with them; and, much as this may call forth a wish to witness a more rapid improvement in the particular direction referred to, we still consider that recent events point conclusively

to the probably speedy realisation of our best hopes on behalf of the treatment of internal aneurisms.

OUR COLLIERIES.—III.

In the good old days of some four-score years ago, when men, women, and children worked in, or more correctly speaking, *inhabited*, the mines, Sanitary Acts were little thought of. Nor were the ordinary usages of the time such as to require them. Once every year, in the early spring, the "hiring time" came round, when the yearly "bond" was read; and then followed rush and crush of men to sign it, the first of those to sign receiving any sum from a sovereign to five pounds, and beer *ad libitum*, and boys and children in proportion. The terms of the "bond" insured on the one side constant service to the master, and on the other, full employment and a home and fuel for the family for a year in advance; and that completed the matter. Accidents, entailing injury, while at work, were provided for by the employment by the mine owner of a "colliery doctor;" and the men "saved up" for sickness as they chose, or as best they could. Fevers and small-pox came and went, raged, abated, lingered, and returned, and at length departed. The stricken ones died or convalesced. There was mourning and there was rejoicing, and there was the usual modicum of "drink" at either.

And so the years wore on. Before the days of Watt or Bell, Stephenson or the historic and philosophic tinker who discovered the power of steam, coals for home or foreign use could be purchased at much less than forty shillings a ton; and the gross tonnage "drawn" out of the pits was, probably, not a five-hundredth part of that of to-day. In those days mining villages were not considerable towns, and if the houses were small the demands upon their space did not call for the inhabitants sleeping by "double shift." And similar needs governed the closet, sewerage, and water supply. But a time came when all this was changed; and with the growth of trade and increase of population, new habits and customs, new manners and new laws, arose, and the whole situation of affairs everywhere was changed. That it was the design of the Legislature to be vigilant over the nation's health goes without saying, when we remember that in twenty-three years—namely, from 1855 to 1878—no less than fourteen Acts of Parliament (for England alone) were passed for the very purpose of protecting it. The chief of those Acts (that of 1875) divides the whole of England (the metropolis excepted) and Wales into sanitary districts, urban and rural. And those districts are watched over by at least two officers in each—a medical officer and a nuisance inspector.

The appointing of these is vested in the local authorities—namely, town councils, local boards, and Poor-law guardians, subject to confirmation by the Local Government Board. This roundabout, unsatisfactory, and practically irresponsible system of appointment is open to grave objection in general, as we have before now pointed out; but in colliery districts in particular, the abuse rises to its acme. This can be seen at a glance when we disclose the method by which both Poor-law guardians and members of local boards are elected in those districts. We purposely

omit all reference to the particular colliery introduced in our opening article, and have, therefore, selected from our Commissioner's report the following details concerning an urban and a rural sanitary authority, which may be taken as fair examples of all. The total area of the two districts is about 16,000 acres (roughly, urban 1,500, rural 14,700), and the population may be set down as close upon 42,000 (urban, 14,600; rural, some 27,800). Two Peers of opposite politics are the chief land and colliery owners in the district; and the Board of Poor-law Guardians is composed, for the most part, of the farmers and colliery officials under each. There is, therefore, a much nicer balance of parties at the Board than the present House of Commons can boast of; and this state of affairs has its comforts and advantages unknown in the grand assembly. No tyrannical majority seeks to impose silence upon the minority by the argument common to all mobs—namely, brute force; and no minority taunts the majority with bringing ruin and disunion upon the Union. Thus, Lord A. and his men practically can do as they like in the south, while Lord B. and his men enjoy a similar liberty in the north. The sanitary medical service (which is dual) follows this rule exactly, both as to mode of election and discharge of its functions; and the nuisance inspectorship for the rural being in the singular number, when a vacancy occurs for this office both parties coalesce and elect the man who, from history and antecedents, will prove most harmless (i.e., least troublesome) and least actively offensive to all. And thus affairs glide along here most amicably: dirt, disease, and death follow as a matter of course; but then, "they are only colliers, and there are plenty of them."

How long this state of affairs may be allowed to drift on without a remedy will depend upon the interest taken in it by the country. At any rate, in opening it out, we have done our duty; and possibly, at some future time, we may be induced to return to it if remedial measures have not resulted. In the meantime something might, and ought, to be done, and we call upon the Local Government Board, in the interests of the public, the poor colliers and their families, to step in and discharge their bounden duty in defiance of the "vested interests" which foster these abominations.

JADED BRAINS AND WORRY.

Is human life lengthened by modern sanitation; by our efforts to improve the dwellings of all classes; by the crusade in favour of fresh air and fresh water; by the vigorous propaganda of the press, and even the pulpit, in diffusing what is called health education? Who can doubt the answer? It is sung out in pæans of joy at each sanitary congress; so much is added to human life by the saving of infant life; by the arrest of fevers of all classes; by the conservative surgery of modern times, and by the daring operations of our leading surgeons. There are, however, some pessimists—who have some truth on their side—who assert that all this saving is counterbalanced by the increased mortality, taking place from diseases of modern life, from worry—that essential feature of modern existence. What does worry mean? Is there such a thing? Is it

a neurosis? The pessimist says it exists. He points to the jaded, over-worked business man, who succumbs, at the age of 40 or 45, from some affection of the kidney, and he tells you that had it not been for worry this man would have lived to 70 or 80. But he has had too much to do. Anxieties of all kind, pressure of bills, large financial operations, requiring great thought and great waste of brain power, have been entered into. Sleepless nights have followed with loss of appetite and dyspnoea, and then kidney disturbance, with death, have put an end to all the useless strife for money or fame. He gives other instances from all classes of life, all proving that the pressure of modern times has a tendency to cut off, even in the prime of life; that jaded brains are produced, the churchyard reaping a rich harvest in consequence of this worry. He tells you, you save infant life—often not worth saving; that you bring up to boyhood or manhood the debilitated, the strumous, the deformed, but you lose at the most valuable part; that the deaths over 40 from modern diseases counterbalance the gain at the primary period.

The subject is a very important and interesting one. It is well that we should have some pessimists amongst us, otherwise we would indulge in optimistic dreams. If human life is saved at primary period, losing at middle stage, our plan must be to find out the best means of counteracting the loss.

Who can discover a remedy for worry? A return to Arcadian simplicity, to more primitive habits, simpler methods of living, to less striving after fame or money, would act as checks. But would life be worth living under the above conditions. How many would exclaim, "Better fifty years of Europe than a cycle of Cathay."

Notes on Current Topics.

Minor Hospital Appointments.

A CORRESPONDENT asked in our last week's number what was the best method of selecting candidates for the subordinate appointments in hospitals; whether by ordinary selection or competitive examination; and we invited the opinions of our readers on this important subject. A venerable anecdote is told of a man on his death-bed strongly advising his son to prefer honesty to roguery, adding significantly that he "had tried both." Being ourselves in this exact position as to making minor hospital appointments by selection and by competitive examination, we have no hesitation in expressing our condemnation of the latter. Professional knowledge is an important factor in the business; but there are factors of commensurate value; and we are not aware of any examination test which will pick out high character, kindness to the sick, and general satisfactory deportment. We have noticed that young men selected feel obliged to those that selected them; whereas those who obtained their places by examination appear to think that they are under no compliment for what was their right, and we have seen both classes trimming their sails accordingly. Of course, we speak on the supposition that the medical boards honestly endeavour to select the best candidates

all round, and do not convert the appointment into a mere nepotic or amicable job. We are glad to be fortified in our view by the high authority of the late Sir. D. J. Corrigan, who delivered an eloquent speech on this very subject in the year 1869 at the Statistical Society. He said, "We have now to consider the mode of election which has received the *ad captandum* name of 'concurus.' On my return from the Continent I was bitten by it, hoisted the standard of Excelsior, and said we must have the concurus. We had it; we got the worst men in the hospital, and in three years had to give it up. We found the men so appointed insolent to the other pupils, harsh and cruel to the patients, and intolerable to ourselves. We found, in short, that the man of talent and knowledge, who spent his time over the bed of his patient, and gave words of consolation and relief, was far better in an hospital than he who had read any amount of books." We endorse these words of wisdom and experience, and commend them to our more enthusiastic and progressive readers.

The Edinburgh Colleges and Dr. Lamson.

WE learn from the minutes of the Branch Medical Council for England, just issued, that the Colleges of Surgeons and Physicians of Edinburgh see nothing in the fraudulent appropriation of medical titles by Dr. Lamson to call for their notice. We quite anticipated that the Colleges would take this view, for it has always been their business to confer diplomas, not to revoke them, and they have never shown any excessive fastidiousness as to the character of the persons to whom they granted these licences. With them business is business, and money is money, and whether or not a licentiate obtains medical credit under false pretences is nothing to them, unless, indeed, that it relieves him of the necessity of buying the qualifications which he purloins. The case has now been returned on the hands of the General Medical Council, and we shall see whether the Council is more regardful of professional honesty than the Edinburgh Colleges.

Chinese Physicians.

ACCORDING to *Nature*, the Chinese authorities of Shanghai recently issued a quaint decree respecting the neglect of physicians to attend at once on their patients, and the high fees which they charge. They give notice that it is the duty of all physicians to use their knowledge for the benefit of the people; when people are sick they must be ready to attend upon them whenever they are sent for, without regarding the hour of the night or day, or the state of the weather. When people are ill they long for the presence of the doctor as the grain of seed longs for the rains. Instead of doing this, however, the physicians now think that they possess great skill, and not only charge high fees, but insist on being paid full hire for their chair coolies, and they do not care what becomes of the patient so that they get their fees. If these were only charged to the wealthy it would not so much matter; but the poor have to pay them also. An evil practice (the decree goes on) also exists by which doctors will not visit their patients before one o'clock in the afternoon; some will even smoke opium and drink tea until late in the evening. These are

abuses, the magistrates say, which they will on no account permit. Doctors must attend their patients at all times; they must, if necessary, visit them several times daily; they must think more of them and less of their fees. Notice, therefore, is given to all officials and people that a physician who does not attend when he is called must only receive half his fees and half his chair hire. "If you physicians delay your visits you show your wickedness, and sin against yourselves." The decree is a model one for a paternal government; argument, entreaty, exposition, threats, are all mingled in due proportion.

Castor Oil.

THE prospect of a castor oil famine is held out in a recent issue of the *Liverpool Journal of Commerce*, which publishes a series of figures to show that the stock at present held in this country and afloat for importation, is considerably less than was the case at the corresponding period of 1881. The following table explains the position:—

	Cases.
Quantity afloat for United Kingdom this time, 1881	27,681
Quantity afloat for United Kingdom at present	18,263
Decrease	9,418
Average consumption per month, 1881	
Liverpool	4,900
Consumption for month of January, 1882,	7,500
Increase	2,600
Stock in Liverpool on 1st February, 1882 ...	8,300
Afloat in ships now due	1,476
Total supply up to middle of March ...	9,776
Probable consumption up to middle of March	10,000

It is therefore probable that about the middle or end of March supplies will fall short of the demand, and as a necessary consequence prices will rise in proportion to the scarcity experienced. The outlook is sufficiently unsatisfactory; we can only hope that the expectations so freely expressed may not be verified, either by a diminution of consumption, or by early arrivals of vessels carrying castor oil as whole or part cargo.

An Amusing Instance of Journalistic Inconsistency.

ONE of the fiercest opponents of experimental science among the lay journals is the *Echo*, a cheap evening paper, one of the fixed beliefs of which, to judge from the nature of its articles on scientific questions, is that the "Anti" view is the one most worthy of support. Hence it is a constant occurrence to find its pages ornamented with reports of meetings addressed by anti-vaccinators, anti-vivisectionists, *et hoc genus omne*, while its readers are not ungenerously treated to editorials even penned in the same amiable service. It is therefore with a feeling of wondering surprise we find the *Echo* devoting nearly a third of a column to a jubilant description of the benefits to mankind produced through Pasteur's inoculation experiments on sheep and other animals. Can it be that the editor of the *Echo* has forgotten the mode of inquiry by which those results were obtained? or is it that he has

become convinced of the absurdity of antagonism to progress, and is resolved to sever the connection existing between himself and the party that employs his paper as a means of promulgating "Anti" views? It should be said, however, that the *Echo* has for long consistently denounced the torture of animals under the excuse of "sport," and we are glad to welcome the appearance of a determination on its part now to uphold the legitimacy of vivisection, or rather the experiments on living animals, as it undoubtedly does, indirectly, by accepting the value of Pasteur's discoveries.

Authorised Manslaughter.

IN a letter to the *Standard* of the 16th inst. a correspondent signing himself J. H. S. brings forward a charge of the heaviest kind against the Government, and one which, if substantiated, should create a widespread dissatisfaction. It is alleged that "about two months ago Captain Lambert R. Disney arrived in Omagh to succeed Mr. Mason as Governor of the County Goal. The drains in the Governor's residence were notoriously known to be faulty. One death and some illnesses had already occurred in Mr. Mason's family during that Governor's occupancy. Captain Disney, fully cognisant of this, very naturally applied for leave to sleep in lodgings until the drains under his rooms were mended. This leave was refused by the authorities. He was therefore forced to reside in this known pest-house. Luckily, he kept his wife and child in the town in lodgings. On February 7th Captain Disney died of typhoid fever, after a short illness, at the early age of forty."

Comment on this case, which is certainly an example of unprecedentedly cruel officialism, can hardly be made in terms strong enough to express the indignation evoked by a recital of the facts. It is particularly distressing, too, from the position held by the Government in respect to national sanitary affairs, and we cannot but hope that the matter is either exaggerated or misrepresented. Notwithstanding, however, there is great difficulty in comprehending how any mistake can have arisen; and in any case a searching investigation of the whole matter is imperatively demanded, and will, we trust, be directed to be made. Who are "the authorities" by whom the reasonable request of Captain Disney was refused?

University College Hospital.

AT the annual dinner of University College Hospital, held on Wednesday last, at the Langham Hotel, under the presidency of the Duke of Cambridge, the position of the institution was described as being somewhat depressed. It had been found necessary, according to the report, to sell out a considerable sum of invested capital to meet current expenses in the past twelve months; and much anxiety is experienced as to the future welfare of the charity. Several suggestions were made by those who spoke in proposing or replying to the toasts, with a view to remedying the existing state of affairs; among other things compulsory support of hospitals was hinted at as desirable, but nothing practical can be said to have been put forth. We heartily sympathise with the trouble the hospital is suffering, and trust it may prove but a temporary embarrassment, and that a measure of public sup-

port may speedily be accorded to it commensurate with its undoubted deserts.

General Medical Council.

At a meeting of Convocation of Oxford University on Wednesday last, Dr. Thomas King Chambers was elected to represent the University on the General Medical Council for a period of five years, in the room of the late Professor Rolleston. Dr. Chambers graduated M.D. in 1846, and has held the posts of Censor, Lumslean Lecturer, Gulstonian Lecturer, and Harveian Orator of the Royal College of Physicians of London. He is an Honorary Physician to the Prince of Wales, and Consulting Physician to St. Mary's Hospital. In him Oxford will possess a representative well calculated to maintain the high *prestige* of the University, and to guard its interests in the debates affecting its welfare.

Gastrotomy.

A SUCCESSFUL operation for gastrotomy is reported from Plymouth, Mr. Paul Swain having resorted to this procedure for relief of a woman suffering from malignant stricture of the œsophagus. So far it has been attended with most beneficial results; no bad symptoms supervened; and four days subsequently to the operation the stomach was opened, and the patient fed with warm milk and lime water. The case occurred in the South Devon Hospital.

Theatres as Sources of Disease.

At the commencement of another London season it may not be inexpedient to point out that many of our metropolitan theatres are so badly constructed and ventilated that they jeopardise the health of their patrons. Becoming greatly overheated and charged with foul air as the evening advances, they are swept at certain points by cold draughts, which are dangerous to all who are exposed to them, and which sometimes undoubtedly sow the seeds of fatal disease in delicate persons. Could accurate statistics be compiled, showing the mortality due to colds caught in theatres, the public would be startled into a peremptory demand on managers to set their houses in order. The number of deaths due to fires and accidents in theatres in any year—even in a year like that including the terrible Vienna catastrophe—is insignificant beside the figures representing the lethal effects of chills caught in theatres and their approaches. Managers should, therefore, apply their minds, not merely to facilitate the rapid egress of an audience, but to regulate the too rapid ingress of cold air; and visitors to theatres should resolutely decline to occupy seats in which they are conscious of a chilly current blowing over them. Invalids, and persons very liable to catarrh, had best stay away from theatres altogether, or only patronise them when their places have been selected for them by a professor of practical pneumatics. In one sense, the best theatres are the most hazardous to invalids, for whenever the emotional balance is disturbed, as it always is by a good and well-acted play, the susceptibility to the injurious influences of chilling of the surface of the body is enhanced; and, of course, the stalls and boxes suffer more from draughts than the pit and gallery, for those

who pay high prices of admission are less weathered and less sensibly clad than those who take their pleasures cheaply.

Perhaps the day will come when enterprising managers will place thermometers and anemometers in conspicuous positions in their houses, so that the public may satisfy themselves that their health is not being undermined while their fancy is being tickled.

Treatment of Persistent Vomiting.

PROFESSOR C. BRAUN, of Vienna, was lately called to a remote part of the Austro-Hungarian Empire to render assistance to a patient supposed to be dying of uncontrollable vomiting. As Prof. Braun reported in a lecture (*Wien. Med. Zeitung*, Jan. 31st), he found the patient, who was in the first half of pregnancy, in a very much reduced condition, and the practitioner in attendance considered that induction of premature labour would be necessary, owing to the persistence of the vomiting and the consequent rapid loss of flesh. As, however, Prof. Braun is no friend to the artificial induction of labour, he had the vaginal portion of the uterus bathed in a 10 p.c. solution of nitrate of silver. After five minutes this was well dried, so that no further caustic action should take place. The results of this procedure were so marked that in an hour the patient was able to partake of some roast veal, and after that no further vomiting took place. Generally speaking, Prof. Braun is of the opinion that hyperemesis will be removed from the category of indications for the artificial induction of premature labour, especially as he has often observed a fatal result after this treatment has been employed, but has never seen a death due to the persistent vomiting of pregnancy *per se*. Amongst the French, who are in the frequent habit of inducing abortion in hyperemesis, the vomiting ceases in only 40 p.c. of the cases, and in 10 p.c. death follows shortly after the abortion.

An Anæsthetic Mixture.

THE *Wien. Med. Zeit.* says that the Vienna mixture, under the use of which 8,000 operations have been performed without a single accident, consists of three parts of ether and one of chloroform; and Billroth's favourite mixture is composed of three parts of ether, one of chloroform, and one of alcohol.

THE St. John's Ambulance Association invite designs for horse ambulance wagons for town and country use. A medal and £10 10s. will be presented for the approved design.

IN consequence of the dense fog in London and suburbs on Saturday week, the Registrar-General reports a rise in the death-rate of 7 per cent. of the population during the week. This increased mortality was principally confined to persons of advanced age.

IN New York, scarlet fever and diphtheria continue to be fatally prevalent; no less than 109 deaths from these diseases were reported in that city last week. Diphtheria is also in excess in Paris, Berlin, and Glasgow, but not quite to the same extent.

Naphtol in the Treatment of Skin Diseases.

THE *Wiener Medizinische Wochenschrift* contains a series of articles by M. Kaposi, of Vienna, on this preparation and its applicability to the treatment of skin diseases, and as a substitute for tar. An endeavour of his to substitute some other body for tar, so much used in skin diseases, led to the discovery of naphtol. His experiments were guided by a fact, and by a certain theoretical conclusion therefrom. This fact is the well-known benefits resulting from the use of tar in diseased conditions of the skin as contra-distinguished from skin diseases, for the latter means a collection of symptoms which show themselves in the system, and receive a distinct name for themselves, and for which tar is not only useless, but injurious. The healing power of tar consists in its capacity for relieving certain distinct symptoms which are characteristics of disease. And the question to be decided is, for what symptoms, and at what time, should tar be used. Having pointed out the method of action of tar in these diseases, M. Kaposi dwells upon the disadvantages attending its use in consequence of its unpleasant smell, colour, and consistency. He remarks that objectionable symptoms are frequently developed from the absorption of the tar products into the general system, and considers that much would be gained if the principle which is active in the cure of skin disease could be isolated from the other elements of the tar, which are either useless or pernicious. With the aid of Professor Ludwig, M. Kaposi isolated it in the form of Naphtol, the beneficial principle of the tar product. This product he found to be very suitable for therapeutic use, being easily combined with fats for ointments, or spread upon linen for plasters. When applied to the healthy skin he found it to be a mild rubefacient of constant strength, and to be very effective in stopping the intolerable pruritus of skin diseases. The author gives in detail the results of his treatment of 106 patients suffering under numerous diseased conditions, and expresses his complete satisfaction with naphtol for this purpose, and the new agent appears to be fully established by him as an elegant and efficacious substitute for tar in these conditions.

RICHARD BARRETT, Esq., M.D., Carrigafooka House, Macroom, has been appointed to the Commission of the Peace for the county Cork.

WE are requested by the Council of the Odontological Society to give publicity to the fact that after November 1st, 1882, no application for membership will be received from any candidate not possessed of a diploma.

WE regret to record the death of Dr. Gadsby, of Mansfield, Nottinghamshire, at the early age of twenty-eight. Deceased was called upon to perform tracheotomy on a diphtheritic patient, from whom he caught the disease, and died a few days after.

THE amount to be raised by rates in London for the present year for the support of the Metropolitan Asylums and Fever Hospitals under the control of the Metropolitan Asylums Board is £226,076. There was a show of opposition at the meeting of the Board on Saturday, but the estimate was voted.

THE returns from the small-pox hospitals of the metropolis up to Saturday last showed a decrease of 46, and the fever returns a decrease of 26 patients remaining

under treatment, as compared with the figures of the preceding fortnight. The mortality from these causes is now exceedingly low in the metropolis.

As another instance of the overplus in our profession may be mentioned the fact that, for an appointment of surgeon to the Great Western Railway, with a salary of £600 a year attached, there were upwards of six hundred candidates. The appointment was decided last week in favour of Mr. Bond, Assistant-Surgeon to Westminster Hospital.

THE rates of mortality per 1,000 last week in the large towns from diseases of the zymotic class, were:—Scarlet fever 4.4 in Hull, 2.9 in Brighton, and 2.4 in Cardiff; from whooping-cough, 3.5 in London, 2.7 in Wolverhampton, and 2.5 in Huddersfield; from measles, 6.4 in Blackburn, 5.3 in Norwich, and 3.3 in Brighton; and from fever, 1.5 in Blackburn. The 45 deaths from diphtheria included 17 in Glasgow, 16 in London, 4 in Portsmouth, and 3 in Manchester. Small-pox caused 24 more deaths in London and its suburban districts, 2 in Bolton, one in Nottingham, and one in Hull.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official weekly returns, as follows:—Calcutta 36, Bombay 30, Madras 46; Paris 36; Geneva 33; Brussels 24; Amsterdam 25, Rotterdam 29, The Hague 26; Copenhagen 27; Stockholm 21; Christiania 19; St. Petersburg 52; Berlin 23, Hamburg 29, Dresden 24, Breslau 28, Munich 37; Vienna 33, Prague 30, Budapest 39, Trieste 39; Turin 27, Venice 30; Alexandria 35; New York 32, Brooklyn 25, Philadelphia 27, and Baltimore 24. No returns were received from Rome or Naples.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

GLASGOW MATERNITY HOSPITAL.—Mr. Donald Munro has scored a triumph against the Chairman of the Directors of the Glasgow Maternity Hospital. At a recent meeting, Mr. R. R. Grant (the chairman) referred to Mr. Munro in terms which that gentleman did well to resent. He put the matter into the hands of his legal adviser, and the consequence is, that Mr. Grant has written to Mr. Munro a sufficiently apologetic letter, disclaiming any intention of reflecting on the personal character of the latter, and paying all expenses in connection with the case.

DEGREE OF SCIENCE FOR ABERDEEN UNIVERSITY.—The Senators of the University of Aberdeen have resolved to institute the degree of B.Sc. in connection with the University. The resolution will be brought before the next meeting of the University Court.

ABERLOUR, N.B.—Dr. Glass, who has practised in this district for the last two years with much ability and increasing popularity, was entertained to supper in the hotel on the 10th inst., on the occasion of his leaving for a lucrative appointment in India.

A FEVER EPIDEMIC AT MUSSELBURGH.—At the monthly meeting of the Musselburgh Town Council, held on the 14th inst., Provost Keir presiding, a communication was read from the Board of Supervision regarding a somewhat serious outbreak of typhoid fever which had occurred in Fisher Row, and suggesting the erection of an infectious diseases hospital as approved under the Public Health Act. It was agreed that a deputation should seek an interview with the managers of the Edinburgh Infirmary on the subject.

GLASGOW ROYAL INFIRMARY.—PRESENTATION OF AN ADDRESS TO MR. WILLIAM MCEWEN.—An interesting ceremony took place at the Royal Infirmary, Glasgow, on the 14th inst., in the presentation, by the nurses of the Institution, of an address to Mr. William McEwen, who has long taken a lively interest in its affairs. Dr. Thomas, Superintendent of the Infirmary, presided, and in a neat speech presented the address. Mr. McEwen expressed the gratification which the act afforded him, and stated that he had given 19 years' service to the Institution, and he hoped to be able, if spared, to give a few more yet, when he would continue to do all he could for the welfare and prosperity of the Royal Infirmary.

ABERDEEN COMBE LECTURES.—The fifth lecture of this course was delivered by Dr. Stirling, in Aberdeen, on Saturday, the 11th inst., to a crowded audience. The lecturer described and showed experimentally the mode in which food, such as flesh and milk, is digested in the stomach, and also how large a portion of the digestive act takes place in the intestines. The actions of bile and the other digestive fluids were all shown by simple experiments. The mode in which the food passes into the blood was illustrated also by experiments, which frequently elicited the hearty applause of the audience.

POISONOUS FISH.—A case of poisoning, supposed to have resulted from eating unwholesome fish, is at present being investigated in Edinburgh by Dr. Littlejohn and the police authorities. It appears that about nine o'clock on Thursday evening, the 16th inst., Dr. Gunn, Rankellor Street, was summoned to attend a family named Hastie, residing in St. Leonard Street, four members of which had suddenly become seriously ill. Dr. Gunn found that the sufferings of Mrs. Hastie and three children indicated the presence of an irritant poison. Remedies were immediately applied, but as the symptoms continued alarming, it was considered advisable to call in Drs. Jamieson and Moir. All the necessary antidotes were administered, but it was not till an advanced hour on Friday morning that the patients were out of danger. Mrs. Hastie, it seems, along with one of her children, had partaken of some fish (ling) about three o'clock in the afternoon, and both became ill. An hour and a half afterwards the other two children, on their return from school, also ate some of the fish, and the same result followed.

THE IRISH UNION OFFICERS' SUPERANNUATION BILL.

THIS measure was introduced into the House of Commons by Mr. Herbert Gladstone on Monday last. It is, we believe, in effect the same Bill as that drafted by the Irish Medical Association, with a few—not very vital—differences, which may possibly be the subject of amendments in its progress through Parliament. We shall lay it before our readers at the earliest possible moment.

THE NEW SCHEME OF EDUCATION AND EXAMINATION OF THE IRISH COLLEGE OF SURGEONS.

DEPUTATIONS TO THE HOME SECRETARY.

ON Friday last Sir William Vernon Harcourt, Home Secretary, received at the House of Commons two deputations from the Irish College of Surgeons in reference to this Scheme.

As our readers may recollect, the Council of the College has been for more than a year past at work on a reform of the educational system of the College, and that the Scheme which embodied this reform was worked out by the Education Committee of the Council, revised, paragraph after paragraph, by the Council itself, and, after adoption, submitted to, and approved by, the Fellows at large.

In all these stages the progress of the Scheme was resisted by a minority of the Council, and its final adoption by the College at large was the subject of a contest in which the supporters of that minority were outvoted. But the Scheme was in many respects at variance with the existing educational bye-laws of the College, which it therefore becomes necessary to annul, in order that the new regulations should come into effect, and for this annulment the approval of the Home Secretary was considered advisable, inasmuch as the College Charter makes such sanction necessary under certain circumstances. This sanction was purely formal; nevertheless, the defeated minority endeavoured to prevent the Home Secretary from according it, and forwarded to him a memorial praying him not to assent to the request preferred by the Council of the College. The result of this extraordinary and unprecedented proceeding was to oblige the Council, after a long delay, to apply to the Home Secretary to receive a deputation on behalf of the College, and that application being granted, at once the minority applied for an interview for delegates from themselves.

These deputations, as we understand, were received on Friday last. That from the College consisted of Dr. Chaplin, President, Dr. Barton, Vice-President, Dr. Kidd, Dr. Robert MacDonnell, and Dr. Jacob. That on behalf of the recalcitrant minority consisted of Dr. Mapother and Dr. Ormsby. It is, of course, not our function to forecast the result of these interviews, nor have we such information of the proceedings therat as it would be right to publish. We, however, expect to be able to inform our readers very soon as to the Home Secretary's decision respecting the confirmation of the New Scheme of Education and Examination. We cannot, however, refrain from saying that, in our opinion, the attempt to obstruct the Council in carrying the Scheme into effect, after it had received the thorough sanction of the College, was most unconstitutional, unprecedented, and unjustifiable, and will be all the more worthy of censure if even partially successful. The opponents of educational improvement cannot possibly defeat the contemplated reforms. They can only obstruct, as they have obstructed, and may still obstruct, but we do not think that they or their cause can be supposed to gain in public estimation by such tactics.

Literary Notes and Gossip.

"THE INFLUENCE OF VIVISECTION ON HUMAN SURGERY" is the title of a masterly and unanswerable vindication of scientific experiments in the cause of humanity, by Mr. Sampson Gamgee, of Birmingham. It is published, price one shilling, by Messrs. Churchill.

THE Anti-Vivisectionists have collected into a single volume all the nonsense written by themselves during the past year, and have issued it under the title of "Sixth Annual Report." As a monument of human weakness the bulky pamphlet possesses a not inconsiderable interest; as an example of the bigotry of ignorance it is appalling; as a literary composition it is amusing; as a reasonable objection to scientific progress it is worthless; as waste paper its value is likely to be higher than in any other direction, as it is very fairly printed on paper good enough to have been applied to better uses.

MESSRS. CASSELL, PETTER, GALPIN & Co. announce for publication on February 27th the first part of a new work entitled "*Our Homes*," which will consist of a series of articles dealing with sanitary and other details of house construction, written with a view to popular perusal. As editor the publishers have secured the services of Mr. Shirley Forster Murphy, Medical Officer of Health to St. Pancras parish; and among those who have undertaken to contribute to the work are Drs. Corfield, De Chaumont, W. B. Richardson, and Messrs. Brudenell Carter, Malcolm Morris, and Douglas Galton. The work is to be completed in twenty-four monthly parts.

THE *Ophthalmic Review* for February contains the continuation of Mr. Critchett's valuable "Practical Remarks on Cataract," which are followed by the first portion of a paper by Mr. Priestley Smith, on "The Action of Atropine and Eserine in Glaucoma." Dr. Wolfe's new book on the eye is reviewed in a not very enthusiastic style. The excerpts from Continental periodicals are especially interesting; and amongst them we find a paper of Pagin-stecher's on "Massage in Diseases of the Eye," and one on "The Pathogenesis of Cataract," by Deutschmann, of Gottingen. The report of proceedings of the Ophthalmological Society concludes the number.

AN essay on "Cancer of the Breast," by Mr. Nunn, Consulting Surgeon at the Middlesex Hospital, has appeared this week. It is divided into two parts—the first, Clinical and Practical; the second, Pathological and Speculative. But few men can have had such an experience in the treatment of cancer as has fallen to the lot of Mr. Nunn; and the work which he has now presented to the profession will be welcomed as one containing the latest known facts as regards the pathology, etiology, and treatment of this common and terrible malady. The work is illustrated by twenty-one exquisitely executed lithographs in colours, on the physical appearance and pathology of the disease. We shall refer to it in detail on a future occasion.

IN the new *Medical Register*, just to hand, for 1882 there are but few changes observable beyond the necessary alterations by death or change of residence. The work, under the editorship of Mr. Miller, has been gradually undergoing for the past three or four years such a radical metamorphosis that it has become a reliable work of reference, in place of the conglomeration of errors of former years. Simultaneously is published *The Dentists' Register* for 1882, under the same official auspices; but when we look through the pages of this latter at the motley crowd of educated and uneducated dentists, we cannot but deplore the passing of an Act which brought about such a mixture, and sympathise with the editor in his ungrateful task.

THE Fourth International Congress of Hygiene will be held at Geneva from the 4th to the 9th of September, 1882, and the Committee entrusted with its organisation by the State Council hope to make it worthy of its predecessors, the Congresses of Brussels, Paris, and Turin. Those particularly interested in hygiene and demography are invited, together with boards of health, scientific and sanitary societies, to submit as soon as possible to the

Managing Committee such questions as they may think worthy of treatment by the International Congress. Several essays have been already sent in, and an exhibition of books, plans, and instruments of all kinds concerning hygiene and demography will be held in Geneva during the whole of September.

AT the last general monthly meeting of the Royal Institution (February 6th), Mr. William Bowman, F.R.S., was elected Honorary Secretary, and Mr. Warren De La Rue, F.R.S., Manager. The latter gentleman has been compelled to resign the office of Hon. Sec., in consequence of declining health; and resolutions, expressive of regret at this event, and recognising the valuable services rendered by Mr. De La Rue to science and to the Royal Institution, were passed at a meeting held on December 16th, and read at the meeting whereat his successor was appointed. Mr. Bowman, whose contributions to medical and scientific literature are well known, may be expected to prove a most worthy successor to Mr. De La Rue in the post he has been elected to fill.

MESSRS. J. & A. CHURCHILL have recently published two highly useful tables of the average weights of the human body and brain, and of different internal organs at various periods of life. In one table are given the weights of normal beings, and in the other, those observed in cases of insanity. The tables have been compiled by Dr. Boyd from an immense number of observations, and the amount of most valuable information contained in them is very great indeed. In the second table, that dealing with the insane, the measurements of the head, as well as weights, are given; and the forms of insanity are described in a separate table. The sheets are mounted on card, and varnished, so that they may be hung for constant reference in the post-mortem room, where they will be found of incalculable service.

A SECOND EDITION of the *Report on the City Day-Census*, 1881, has been issued by Messrs. Longman. This volume, compiled under the direction of the Local Government and Taxation Committee of the Corporation of the City of London, contains a mass of information likely, in view of the approaching discussions in Parliament on City reform, to be of the utmost service in following the debates. It is printed in a handy form and is clearly arranged, and the various details are so classified as to render reference to any particular point an easy matter, this being, moreover, much facilitated by the addition of an excellent index. The book gives "Physicians, Surgeons, &c." in the City, as numbering 231; but further on it is found that these include chiropodists, phrenologists, analysts' agents, instrument makers, plaster makers, chest makers, dentists, &c., &c., so that it affords no real account of the City representation of the profession.

MESSRS. WILLS & WOOTTON, proprietors of the Westminster College of Chemistry and Pharmacy, have been taught during the past few days that they cannot insult literary men with impunity. In 1879 Dr. Belville was employed by them to write a Latin grammar for the use of their pupils, in which establishment he was also employed as tutor. Matters, however, did not go on quite smoothly, and in October, 1880, Dr. Belville was dismissed. Subsequently, Messrs. Wills & Wootton inserted an advertisement in the *Pharmaceutical Journal* which included the following paragraph:—"Dr. H. Belville has no more connection with Messrs. Wills & Wootton. We anticipate no failures in future." For this gratuitous insult the aggrieved party took an action for libel, which resulted in a verdict for him, with £100 damages. We hope Messrs. Wills and Wootton will, like their pupils, stoop to learn, and that this lesson will not be lost upon them.

WE are asked to announce that the Société Française d'Hygiène have issued the following subjects for competitive essays:—I. Hygiene and Physical Education of Children from Six to Twelve Years Old: Home Life, School Life, Country Life, and Life in the Workshop to be discussed separately. II. Personal and Domestic Cleanliness: a Study of Personal and Domestic Cleanliness of Rich and Poor of both Sexes and all Ages in Town and Country.

The rules applying to both competitions are:—1. The essays not to exceed 30—40 pages of printed matter in 12mo. 2. The essays to be sent, distinguished only by a motto, to the office of the Society, "30 Rue du Dragon, Paris," before September 1st, 1882. (Candidates who make themselves known in any way are excluded from the competitions.) 3. The successful essays become the property of the Society, and will be published either *in extenso* or in an abridged form; the names of all successful competitors to be in the title-page of the published pamphlet, which will be largely circulated. These two competitions are entirely distinct, and in each case gold, silver, and two bronze medals are offered.

AMONG the prizes in connection with the Paris Academy of Sciences to be awarded during the next four years, and of which a list has recently been published, are several for researches in medical science. The subjects announced include the following:—"Inoculation as a Prophylactic in Contagious Diseases of Domestic Animals," for the Vaillant Prize of 4,000 francs, and a medal. "The Cure of Asiatic Cholera," for the Breant Prize, consisting of the interest of 100,000 francs. "The Anatomy, Physiology, and Pathology of the Genito-Urinary Organs," for the Godard Prize of 1,000 francs and medal. For the Lallemand Prize of 1,800 francs, work on the nervous system is proposed. All these will be awarded in the present year. In 1884 the Sener Prize of 7,500 francs will be given for the best work on "General Embryology, applied as much as possible to Physiology and Medicine." The Dugate Prize of 2,500 francs will be given in 1885 for "Diagnostic Signs of Death and Means of Preventing Precipitate Inhumation;" and in 1886 the Jean Renaud Prize will be awarded to the author of the most meritorious work produced within the preceding five years.

The first volume of the "International Encyclopædia of Surgery" has just made its appearance, and we are thus enabled to form an approximate estimate of its ultimate size and value. The work is printed and published in America, under the auspices of Messrs. Wood & Co., the English agents being Messrs. Macmillan & Co. It is a royal 8vo, of about 700 pages, and is to be completed in six volumes, at one guinea and a half per volume (somewhat in excess of the American price). Various authors are requisitioned, and many old friends, in the way of illustrations are to be found scattered throughout Volume I., which opens with a translation of Stricker's "Disturbances of Nutrition," and closes with a chapter "On Amputations," by the editor, Dr. J. Ashurst, jun. Of the remaining fifteen chapters, twelve are by American authors, one French, and two English—Mr. Butlin and Dr. C. Mansell Moullin, who, with the utmost respect to these gentlemen, can hardly be considered as representatives of British surgery. Surely, in a work which claims international recognition, others than an assistant surgeon and an assistant physician could be found to represent this side of the Atlantic. We do not make these remarks in a captious spirit; it is with the word "International" we are prone to quarrel. That the work is illustrative of American surgery we take for granted, but European surgery, most certainly, No!

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list, January 18th:—Clinical Lectures on Diseases of the Heart and Aorta, by G. W. Balfour, M.D. (2nd edition). Guy's Hospital Reports, edited by Mr. Howse, F.R.C.S., and Dr. F. Taylor (Vol. XXV.). Report of the Evidence of Howell v. West and Jones. A Plea for Early Ovariectomy, by G. G. Granville Bantock, M.D. Table II. of the Average Weights of the Human Body and Brain. Lectures on the Pathology and Treatment of Curvature of the Spine, by Wm. Adams, F.R.C.S. (2nd edition). The Other Side of the Opium Question, by W. J. Moore, L.R.C.P. Ed. Practical Exercises in Physiology, by J. Burdon Sanderson, M.D., F.R.S. St. Bartholomew's Hospital Reports (Vol. XVII.). Report of the Proceedings of the Fifth International Pharmaceutical Congress. Sea Sickness, by J. R. Stocker, M.D. Life Assurance (First Prize Essay), by T. M. Dolan, F.R.C.S. Sixth Annual Report of the Society for the Abolition of Vivisection. Report of the City Day-Census for 1881. History of Massachusetts, by S. A. Green, M.D.

International Encyclopædia of Surgery, edited by John Ashurst, M.D. (Vol. I.). On Cancer of the Breast, by Thos. W. Nunn, F.R.C.S. The Influence of Vivisection on Human Surgery, by Samson Gangee, F.R.S.E. On Hemorrhoidal Disorder, by John Gay, F.R.C.S. Opium-Smoking in America and China, by H. H. Kane, M.D. Materia Medica and Therapeutics, by Chas. D. F. Phillips, M.D. (Vol. II.) The Medical Register for 1882. The Dentists' Register for 1882.

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.

READING CASES.—Cloth board cases, gilt-lettered, containing 28 strings for holding each volume of the *Medical Press and Circular*, can now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

BUTTER.—The statement is authenticated by the highest testimony in every respect. For all purposes of food butterine is equally as serviceable as butter, although legally a fraud when used as an adulterant. You will find your other question fully answered in the "Current Topic" contained in our issue for Jan. 25, and which you refer to. We cannot undertake to promise space for your communication on any particular date.

A COUNTRY SURGEON.—Two guineas for midwifery is not at all an unusual sum, and many practitioners in country districts regularly receive no more. It is perfectly legitimate to regulate your fees according to the social circumstances of your patients; the very poor even should be attended gratuitously if it can be done without too much interference with other engagements. Doctors cannot help performing much unpaid duty; but we do not think they are the losers in consequence, all things considered.

MR. HARRISON BLYTH.—You should have no difficulty in procuring any form of midwifery forceps from an ordinary dealer in surgical instruments. Under the circumstances, however, you had perhaps better write to one or other of the well-known makers, such as Krohne and Seseman, Arnold, Matthews, or Weiss. Either of these names will forward a detailed price-list, from which you can order whatever you require. The case, though not unique, is interesting. Knots in the umbilical cord occasionally occur, and even without fatal results.

AN OUTSIDER mistakes the character of this paper. Application should be made to a medical practitioner, who will supply the information sought. We do not offer advice to non-medical readers in these columns.

MR. JAMES HENDERSON (Sunderland) will receive a private note.

MR. G. W. F.—You undoubtedly fell into unsympathetic hands; the money temptation was too strong for them to withstand.

E. S. T.—It is a curious case. Send a fuller and more complete account; with only the facts you supply at present, before us we are unable to say if a similar instance is on record. We rather think one or two closely analogous operations have been performed.

REDUCTION OF SULPHURIC ACID BY ZINC AND MERCURY AMALGAM.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—It may be interesting to some of your readers, more especially those who take an interest in that branch of a medical man's education or curriculum called Chemistry, to know that, although, as is well known, there are many agents which are capable of oxidising sulphuretted hydrogen to sulphuric acid, yet the reverse process, namely, splitting sulphuric acid up into sulphuretted hydrogen and oxygen, was until within the last ten years not thought possible, at least by chemical means, and where it has, only to a very limited extent. The first to publish such observations upon the action of zinc upon the various hydrates of sulphuric acid, were Messrs. Calvert and Johnston, in 1868, and in which they remarked, that though sulphurous acid was chiefly evolved, yet sulphuretted hydrogen was even more so, but less than hydrogen, and according to the same gentlemen, such an acid diluted with six equivalents of water only evolves hydrogen. This, however, was disproved by Kolbe, who showed that even with both acid and zinc quite pure, a small amount of sulphuretted hydrogen was evolved. In most cases, however, where a reduction of sulphuric acid takes place, it stops at sulphurous acid, as when mercury, copper, and carbon act upon the acid.

In an article in an old copy of the *American Chemist*, edited by Dr. Chandler, of New York, it is stated by Dr. Walz, that having studied the action of zinc and sodium amalgam on concentrated sulphuric acid, he finds a considerable amount of sulphuretted hydrogen is formed, and that with this amalgam the action is instantaneous. If a small quantity of sodium amalgam is covered in a test tube with an equal amount of chemically pure sulphuric acid (sp. gr. 1.84) the smell of sulphuretted hydrogen will be at once felt, and on pouring water into the tube it will become milky, with finely divided sulphur held in suspension. However, the reaction is better studied by using zinc instead of the sodium, the action being slower and more regular. The amalgam should be placed in a H₂S apparatus and the gases

passed into a solution of acetate of lead. Hydrogen seems to be first formed, and then sulphuretted hydrogen is given off in abundance. The liquid becomes white, owing to there being a period when sulphurous acid and the sulphuretted hydrogen come off together; the one acting on the other gives rise to this. No mercury enters into solution during the reaction.

Yours, &c.,
N. P. MURRAY.

Edinburgh, January, 1882.

H. D. asks if there is not a method of manufacturing a beverage out of milk somewhat similar to koumiss?

[If ordinary milk be placed in small quantity in a large open stone-ware pan, first mixed with a small quantity of powdered lump sugar, fermentation will rapidly proceed, and the milk will become sour. In twenty-four hours the fermented milk must be put into champagne bottles and well corked down, the cork being fixed with string or wire. On the following day it may be drawn off for use, when it effervesces freely like champagne. Persons with "delicate stomachs," who are unable to take food without nausea, or vomiting, can take with relish the beverage thus produced.—ED.]

PERPLEXED RUSTIC.—"Clubbed" fingers are caused by venous congestion of the parts. It may be variously brought about, and is sometimes produced, as probably in your case, by pressure of an aneurism on the subclavian vein, opposition to the return of the blood from the limb being thereby set up.

"LICHEN."

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—For the past twelve months I have been off and on in attendance on a lady who is suffering from a patch of lichen under and about the outer ankle of her right foot. About six months ago she was almost well, and the pain in the foot had entirely subsided; but from some cause the disease returned, and it is now worse than ever. I have tried arsenic internally and externally. I have tried all I know, and yet the disease continues. The pain in the upper part of the foot and toes is distressing.

If you or any of the readers of the *Medical Press* will be good enough to suggest a remedy, you will much oblige,

Yours faithfully,
A DISPENSARY DOCTOR.

MR. RAINBOW.—You should notify your requirements in our advertising columns; your committee could scarcely hope to get the work done gratuitously.

MR. F. C. C.—There is no prospect whatever of a result happening such as you think possible.

DR. M. C.—Yes, a deputation waited upon the Privy Council last week; the answer is not yet public property.

DR. P.—The death is to be deplored, especially occurring in the manner described; but no blame is attributable to the medical attendants, who were, in fact, not called in until too late. If the public will insist upon employing incompetent midwives, lives that with proper medical assistance would be saved will be constantly sacrificed. Mrs. Gibson undoubtedly did as much as her unskilled knowledge dictated; but Mrs. Gibson should not have been there at all, or if there, should at once have sent for the nearest medical man, and not attempted forcible delivery.

DR. McNAUGHTON JONES.—Letter unavoidably held over for want of space.

MR. G. J. COX (Maidstone).—Your letter well states the practical difficulties encountered in fitting a flue to gas-stoves, but does not affect our statements as to the danger to health. This may possibly be reduced to a minimum in a large well-ventilated hall; but in the first place, even the hall may not be well ventilated; and in the next place, there is always the danger that purchasers, pleased with their heating power, may proceed to fit them in rooms where there is little or no ventilation, *e.g.*, in bedrooms or sitting-rooms without a chimney. You recommend them for offices in your prospectus. The danger of a down-blow can be lessened by taking the fumes into an ordinary chimney-flue where practicable (in preference to taking them direct into the open air), and fitting an exhaust ventilator on the top of the chimney. Where taken direct into the open air the tube should taper outwards and be fitted with some contrivance for preventing draught. The ordinary burner is less likely to be blown out, and is hence safer than the atmospheric burner. As to the lime, the idea was that the products of combustion should pass in a horizontal direction over it—not upwards through a thick layer of it, which, as you say, would not be likely to answer.

MR. W. J. COLLINS.—Letter received as we were at press.

AN OLD BART'S MAN.—See reply to Mr. W. J. Collins.

DR. G. L. B. STONEY.—Proof not returned at time of going to press.

MEETINGS OF THE SOCIETIES.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—This day (Wednesday), at 4 p.m., Prof. W. K. Parker, "On the Morphology of the Mammalian Skull."

HUNTERIAN SOCIETY.—This evening, at 8 o'clock, Address by the President, Dr. Hughlings Jackson.—Dr. Stephen Mackenzie, "On some Cases of Acute Polio-myelitis."

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Friday, Feb. 24th, at 4 p.m., Prof. W. K. Parker, "On the Morphology of the Mammalian Skull."

QUERKETT MICROSCOPICAL CLUB.—Friday, Feb. 24th, at 8 p.m., Mr. T. Charters White, "On the Histological Development of the Larva of *Corethra Plumicornis*."

ROYAL INSTITUTION.—Friday, Feb. 24th, at 8 p.m., Prof. Odling, "On Sir B. C. Brodie's Researches on Chemical Allotropy."

CLINICAL SOCIETY OF LONDON.—Friday, Feb. 24th, at 8.30 p.m., Report of the Committee on Dr. Finlay's Case of Aortic Aneurism.—Mr. R. J. Godlee, "On a Case in which a piece of Grass Swallowed by a Child made its exit in an Intercostal Space"—Dr. Geo. Johnson, "On a Case of Sudden Perforative Pneumothorax, with rapid and

complete recovery."—Mr. Spencer Watson, "On a Sequel to a Case of Eyeball Tension, reported in the Clin. Soc. Trans., vol. xiv."—Mr. G. Lawson, "On a Case of Chimney Sweep's Cancer of the Axilla treated by Excision of the Growth, Ligature of Axillary Artery and Amputation of the Arm at Shoulder-joint."—Dr. T. H. Green will show a Case of Subcutaneous Fibroid Nodules in Rheumatism.—Mr. B. Squire will show a Case of Lupus of the Forehead treated by Erasion and Linear Scarification.

SURGICAL SOCIETY OF IRELAND.—Friday, Feb. 24th, at 8.30 p.m.

ROYAL INSTITUTION.—Tuesday, Feb. 28th, at 3 p.m., Prof. Mc Kendrick, "On the Mechanism of the Senses."

Vacancies.

Aberystwyth Infirmary.—House Surgeon. Salary, £175. A knowledge of Welsh desirable. Applications before the 28th inst. (See Advt.)
Belmullet Union, Bangor Dispensary.—Medical Officer. Salary, £100, and £10 as Medical Officer of Health. Election, March 3.
Bushey Sanatorium.—Physician. Full particulars of J. McDonald, Esq., Bushey, Herts. (See Advt.)
Castlebar Union, Castlebar Dispensary.—Medical Officer. Salary, £110, and £15 as Medical Officer of Health. Election, Feb. 25.
Central London Ophthalmic Hospital.—Assistant Surgeon. Honorary. Applications to the Secretary before March 4.
West London Hospital, Hammer-smith.—Assistant Physician. Honorary. Applications to the Secretary before March 1.

Appointments.

ACLAND, T. D., M.B., L.R.C.P., M.R.C.S., Resident Accoucheur to St. Thomas's Hospital, London.
BARTON, J., M.D.T.C.D., M.Ch., F.R.C.S.I., Medical Officer to the South City Dispensary, Dublin.
BUTLER-SMYTH, A. C., M.R.C.S., Honorary Assistant Medical Officer and Chloroformist to the Hospital for Women and Children, Vincent Square, London, S.W.
CARPENTER, A. B., L.R.C.P., M.R.C.S., House Physician to St. Thomas's Hospital, London.
COLLIER, M. P. M., F.R.C.S., M.B. & M.S., House Surgeon to St. Thomas's Hospital, London.
GODSON, C. M.D., M.R.C.P.Lond., Consulting Physician to the City of London Lying-in Hospital.
HAIGBROWN, C. W., M.R.C.S., L.S.A., Assistant House Surgeon to St. Thomas's Hospital, London.
HEELIS, R., M.R.C.S., L.S.A., Junior Assistant House Physician to St. Thomas's Hospital, London.
HERN, W., L.D.S.R.C.S.E., House Surgeon to the Dental Hospital of London.
JACOB, A. H., M.D.T.C.D., F.R.C.S.I., Ophthalmic Surgeon to Richmond Hospital, Dublin.

Births.

ALLEN.—Feb. 15, at Bagenalstown, co. Carlow, the wife of C. D. Allen, M.B., T.C.D., of a son.
GRIMSHAW.—Feb. 13, at Priorsland, Carrickmines, co. Dublin, the wife of Thomas Wrigley Grimshaw, M.D., of a daughter.
RICHARDSON.—Feb. 11, at Lynstead, Torquay, the wife of J. B. Richardson, M.B., of a daughter.
SHERLOCK.—Feb. 14, at 45 Waterloo Road, Dublin, the wife of H. G. Sherlock, F.R.C.S.I., of a son.
SWANZY.—Feb. 15, at 25 Merrion Square, Dublin, the wife of H. B. Swanzy, F.R.C.S.I., of a daughter.
THOMPSON.—Feb. 8, at Wellington Square, Oxford, the wife of Harold Thompson, M.R.C.S., prematurely, of twin girls, who only survived their birth a few hours.
WATSON.—Feb. 16, at Tottenham, Middlesex, the wife of W. Tyndale Watson, M.D., of a son.
WEATHERLY.—Feb. 9, at Portishead, Somerset, the wife of Lionel Alexander Weatherly, M.D., of a daughter.

Deaths.

COWAN.—Feb. 6, suddenly, Alexander Oswald Cowan, M.D., of Church Hill, Edinburgh, aged 47.
MONTFORD.—Feb. 9, at 2 Stanley Villas, Union Mills, Isle of Man, Henry Montford, M.D., aged 66.
PHILIP.—Feb. 3, at Via Della Croce, Rome, Rev. Dr. Philip, M.D., for forty years an able and faithful missionary to the Jews under the British Society for the Propagation of the Gospel.
WHITTELL.—Feb. 8, at his residence, Stewartstown, William Brown Whittell, M.D., aged 85.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 1, 1882.

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Original Communications.

CLINICAL LECTURES ON SYMPTOMS.

Delivered in the Wards of the Hospital.

By FREDERICK T. ROBERTS, M.D., B.Sc., F.R.C.P., Professor of Materia Medica and Therapeutics at University College; Physician and Professor of Clinical Medicine at University College Hospital; Physician to the Brompton Consumption Hospital, &c.

LECTURE VII.—ON THE SYMPTOMATOLOGY OF SYSTEMS AND ORGANS.

HAVING taken a comprehensive survey of symptoms, I desire now to study with you those which are associated with particular organs and structures, in so far as to enable us to understand their nature, and their relations to the several parts. As I have said before, it is not enough merely to know the names of these symptoms, and to be able to enumerate them, but you should endeavour to have an intelligent apprehension of their meaning, and then you will be in a position to appreciate their relations to individual diseases, and also to treat them on true principles. You will understand that I do not intend at present entering into full details about each symptom, but will merely consider them to such an extent as is necessary for our present purpose.

If you will call to mind the classifications of symptoms given in previous lectures, I think you will be prepared to regard them, in relation to systems and organs, according to the following plan:—

1. Ordinary morbid sensations.
2. Peculiar sensations.
3. Local symptoms recognised by objective examination.
4. Functional symptoms.
5. Abnormal actions.
6. Hæmorrhages.
7. Discharges.
8. Symptoms connected with the circulation or blood.
9. Mechanical or physical symptoms.
10. Remote sympathetic or reflex symptoms.
11. General symptoms.

You will observe that in this plan I have merely enumerated the different groups of symptoms of which I have already given a summary, but in a somewhat different way. Now, in studying organs and systems, I propose to point out in regular order what phenomena pertains to each, referable to the several groups, if there should be any. Of course some systems and organs only present symptoms belonging to a limited number, it may be a very few, of these groups, and it is only in exceptional instances that they afford examples of symptoms referable to the whole of them.

It does not matter in what order we take the several parts of the body. We must be guided by the opportunities afforded us of studying them in the wards, according to the cases under our observation; as we have at present several illustrative cases, I propose, therefore, to discuss:—

I.—SYMPTOMS CONNECTED WITH THE CIRCULATORY SYSTEM.

Under this head it will be necessary to deal with—
A. The Heart; B. The Systemic Arteries; C. The Systemic Veins; D. The Pulmonary Vessels.

A.—THE HEART.

Before discussing the nature of the cardiac symptoms, there are certain facts with regard to them which I desire strongly to impress upon you.

First, you must be prepared constantly to meet with cases in which some of these symptoms are present, when there is nothing actually wrong with the heart structurally. In short, this organ is one which is exceedingly liable to "functional" disturbance, from a variety of causes, and, probably, you are familiar with this fact in the frequency with which such symptoms as so-called palpitation, and fainting or syncope occur; and your knowledge of physiology ought to explain the reasons why the heart is subject to so many causes of disturbance.

Secondly, on the contrary, it is a matter of common experience that organic disease of the heart exists, even of a serious character, so serious that it may cause sudden death, and yet no symptoms whatever are present, the

mischief being only detected by physical examination. We have some striking cases illustrative of this statement under our observation at the present time.

Thirdly, when symptoms are present in cases of organic cardiac lesions, it is always extremely important to study them in relation to the signs elicited by physical examination. They give much information as to the way in which the heart is working, as to the condition of the circulation, and other points which mere physical examination cannot reveal. Also, you must be prepared for the occurrence of slight symptoms, clearly dependent upon the heart, and indicating organic changes in its substance, which you cannot discover by physical signs. These symptoms I will point out to you hereafter.

Fourthly, as you will see more clearly when we come to study the nature of cardiac symptoms, you must understand, at the outset, that the most important of these symptoms are to be found, not in immediate connection with the heart itself, but throughout the body generally, or in various parts of it, or associated with certain organs. This you will readily comprehend if you bear in mind that they are mainly produced through some disturbance of the blood-circulation, to carry on which is the function of the heart. Moreover, such symptoms are liable, in many cases, to become more or less independent of the direct influence of the heart in course of time, inasmuch as the disordered circulation tends to set up permanent organic changes in the various structures and organs of the body.

Fifthly, you must be very cautious in giving your opinion as regards the immediate prognosis of cardiac complaints from the symptoms present; and also never forget the remarkable effect which can often be produced upon the most serious of them by treatment. Very slight symptoms may mean grave danger, and may most unexpectedly precede a fatal termination; while those which are apparently hopeless not unfrequently disappear under suitable therapeutic measures, and the patient seems to be restored to complete health. We have cases in these wards at the present time which have been here on more than one occasion, suffering from more severe symptoms than they exhibit now, and they have so much benefited by treatment that we have been able to discharge them for the time, apparently free from all symptoms.

After these preliminary remarks, we will now proceed to consider the nature of cardiac symptoms.

1. ORDINARY MORBID SENSATIONS.—Painful sensations have to be regarded with particular caution in relation to affections of the heart, both from a positive and a negative point of view. Patients frequently complain of pain in the left side, which they associate with the heart; but you ought not to be led away by their notions, or by what they say. As a matter of fact, such pains are seldom connected with the heart, but with the chest-walls, the pleura, the stomach, or other structures; while the majority of cases of actual cardiac disease are not attended with any ordinary painful sensation whatever. Even in acute affections, where we expect pain, you must be prepared at any time to meet with instances where no such feeling is complained of or experienced. In short, taking the mass of cases, it may be affirmed that pain is, as a rule, a very unreliable symptom, either as to the presence or absence of cardiac diseases. At the same time you must be prepared to recognise the kinds of pain which may come under your observation, and which are, in some instances, of great significance. The most important are as follows:—

a. We anticipate and look for pain in *acute inflammatory diseases* associated with the heart. Therefore, if any condition exists in which such inflammation might be expected, and especially acute rheumatism or Bright's disease, the slightest complaint of any abnormal sensation referred to the cardiac region ought to command your immediate attention. But if you were to wait, under such circumstances, until the patient complains, you would commit a grave error, for serious lesions would frequently be set up of which you would be entirely ignorant, and which can only, though very readily, be recognised by

physical examination. Hence, you know we make it a rule to examine the heart in every case of acute or sub-acute rheumatism once, twice, or even more frequently, every day, without any reference to the presence or absence of symptoms. This is the only plan that can save you from overlooking important acute cardiac affections. What I have just stated applies with peculiar force to cases of inflammation involving the endocardium and valves, or the substance of the heart itself. In pericarditis we much more frequently meet with pain, of some degree or other. With regard to the particular features of the pain which may attend acute cardiac inflammation, I can only say that it is usually referred to the præcordial region generally, or more commonly to some limited area of this region, though occasionally it is chiefly felt towards the epigastrium; that it, however, tends to shoot and stab in different directions; that it varies much in its intensity, from slight discomfort or uneasiness to the most severe suffering; that its character also differs, but is not uncommonly burning in pericarditis; and that it is aggravated, sometimes considerably, by pressure made over the cardiac region or, in some instances, upwards from the epigastrium, tenderness being indeed occasionally present when no spontaneous pain is complained of.

b. There are certain paroxysms of a painful nature associated with the heart, which are usually very characteristic, and which are expressed by the term *angina pectoris*. These supervene, as a rule, in cases of well-recognised cardiac disease, but they may occur where the heart is affected so slightly that this cannot be determined by physical examination, or even where the organ is quite healthy to all appearance. We have had two striking examples of attacks of this character in the wards during the present session, in both of which the aortic orifice and valves and the aorta itself were diseased; and in my experience these are the lesions in connection with which *angina pectoris* is ordinarily observed. Whenever attacks of this kind occur, and more particularly when any cardiac affection is known to exist, they should receive immediate and serious attention. Without going into full details, it will suffice to state that *angina pectoris* is characterised by paroxysms of pain, usually coming on with marked suddenness; of great intensity, and sometimes unbearable; commencing in some part of the cardiac region, but, as a rule, shooting in different directions, and even down the left arm, or occasionally the right; varying much in character; generally accompanied with a marked sense of oppression, constriction, or compression of the chest, and of impending suffocation, the breathing being checked; and relieved by pressure. More or less serious symptoms accompany an attack, and not uncommonly it terminates fatally. In favourable cases the pain usually subsides more or less suddenly, and the patient experiences great relief, but another paroxysm is liable to return. It is remarkably influenced by certain remedies, and especially by inhalations of nitrite of amyl. I cannot now enter into a discussion of the pathology of *angina pectoris*, but it may be affirmed that it immediately arises from some serious disturbance affecting the cardiac muscular walls, supposed by some authorities to be of the nature of spasm, by others of paralysis and consequent distension of the heart.

c. It will be sufficient to mention the sudden and terrible pain which may attend *rupture* of the heart.

d. Taking the mass of cases of *chronic* cardiac disease, they are remarkably free from any persistent painful sensation, and it is quite the exception for patients to complain in these cases of any such sensation. In some instances more or less pain or uneasiness may be experienced in the præcordial region from time to time, but, as a rule, it has no special significance. It is said that pain is more frequently felt in aortic disease than in other forms of cardiac mischief, and perhaps there is some truth in this statement. Some of the most conspicuous examples of chronic pain referred to the heart which I have met with, have been those in which there were marked pericardial adhesions. I have now and then

observed instances in which the sensation seemed to be due to the presence of a greatly enlarged heart, distending or irritating the structures forming the chest-walls; and it has been relieved by supporting the side by means of plaster or a bandage. The chronic painful sensations in cardiac diseases are rarely severe, even when present, and often amount only to slight discomfort and annoyance. Remember, then, that such sensations in the left side are, practically, of no importance, either as regards the positive or negative diagnosis of diseases of the heart, although, of course, if a patient complained of them, you should examine the heart as well as other structures.

2. PECULIAR SENSATIONS.—The heart is one of the organs associated with which we have to recognise certain special local sensations, which are not uncommonly of much significance.

a. In the first place the patient is usually conscious of any abnormal action of the heart, and expresses this by complaining of *palpitation*. The sensations will vary with the nature of the disturbed action, and do not merely consist in feelings of excessive force and rapidity, as the word *palpitation* is often supposed to imply. Indeed, the patient may thus recognise feeble or inefficient cardiac force, as well as irregularity or intermittence, and may express himself by saying that "he feels as if his heart were going to stop." The precise sensations are, therefore, variable, and may be indescribable. Amongst the most familiar may be mentioned those of rolling of the heart, jogging, falling back, or as if the organ were suddenly "jumping into the throat." They may be merely unpleasant and uncomfortable; or they are attended with various degrees of distress and anxiety, until they culminate in the most extreme dread of impending death, accompanied with horrible feelings. These sensations are sometimes designated by the term "*præcordial anxiety or distress*." They are not only met with in organic diseases, but also in a very severe form sometimes in mere functional disorders. They often become very troublesome just as the patient is dropping off to sleep, and thus become a source of danger through interfering with sleep. They are also frequently increased by lying with the head too low, or on the left side. Towards the fatal close of certain cases of cardiac disease, these feelings become exceedingly troublesome to deal with. On the other hand, it is worthy of remark that patients sometimes become so accustomed gradually to various forms of disturbed cardiac action, that they cease to notice, and are not conscious of them, even when they are very marked.

b. Another peculiar feeling not uncommonly experienced in connection with the heart is that of weight, fulness, or oppression over the cardiac region, or even across the chest—*præcordial oppression*. This may be combined with pain or other sensations already described, and it may become so aggravated that the patient feels as if his chest were tightly gripped, and he cannot overcome the resistance so as to expand it. In some instances there is a sensation of an opposite character, as if there were a want of something, a hollowness, or sinking in the cardiac region. Frequently it is difficult to explain these feelings, but those of oppression and fulness may depend upon actual objective conditions, such as pericardial effusion, or a greatly enlarged heart.

c. Although belonging to another system, it is proper to allude to the feelings associated with *respiration* which are so commonly noticed in cardiac affection. The sense of difficulty in expanding the chest has already been referred to. There are, in addition, the sensations accompanying the different forms of dyspnoea met with in these affections; and certain special feelings occasionally observed, such as a tendency to involuntary sighing, or to drawing a full and deep breath.

(To be continued.)

THE CAUSES, SYMPTOMS, AND TREATMENT OF TETANUS.

A Clinical Lecture delivered in the Meath Hospital and co. Dublin Infirmary.

By LAMBERT H. ORMSBY, F.R.C.S.,
Lecturer on Clinical and Operative Surgery.

GENTLEMEN,—I shall occupy your attention this morning for a short time by giving you a brief account of the disease called Tetanus, and before doing so I shall read you the following notes of a case that occurred in this hospital, taken from the "Hospital Case-book," in order to give you a slight idea of the commencement, course, and termination this desperate disease invariably takes.

Patrick H., æt. 15, living at Whitehall, near Crumlin, co. Dublin, came to the Meath Hospital on February 15th, 1879, with a very severe lacerated wound between the thumb and index finger of his left hand.

State on admission.—The metacarpo-phalangeal articulation was exposed, and several pieces of muscle and tendon were hanging out of the wound dead and blackened. These were removed, the wound closed, and the edges brought into position and secured by three points of suture. There was scarcely any hæmorrhage. The wound looked so well that the boy said he would go home and come in a few days to be dressed.

Cause of Injury.—The account he gave was that he had been amusing himself by pouring gunpowder out of a flask on the fire, when the contents ignited, blowing the flask out of his hand. Luckily, the flask did not burst till it had gone some distance out of his hand.

Redressed on the 17th February, when he came again to show his hand, and as there was considerable suppuration, he was ordered to poultice it.

On the 20th February, he was brought again, presenting the following premonitory *symptoms* of tetanus: The back was arched; head thrown back and fixed immovably to the shoulder; chin advanced and elevated; corners of the mouth drawn up, showing the teeth, presenting a good example of the *sardonic grin*; eyes peering, as if short-sighted; eyelids depressed, and brows contracted; jaws opened half-an-inch, and incapable of being opened more; and the masseter muscles were hard and rigid.

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mischiefs being only detected by physical examination. We have some striking cases illustrative of this statement under our observation at the present time.

Thirdly, when symptoms are present in cases of organic cardiac lesions, it is always extremely important to study them in relation to the signs elicited by physical examination. They give much information as to the way in which the heart is working, as to the condition of the circulation, and other points which mere physical examination cannot reveal. Also, you must be prepared for the occurrence of slight symptoms, clearly dependent upon the heart, and indicating organic changes in its substance, which you cannot discover by physical signs. These symptoms I will point out to you hereafter.

Fourthly, as you will see more clearly when we come to study the nature of cardiac symptoms, you must understand, at the outset, that the most important of these symptoms are to be found, not in immediate connection with the heart itself, but throughout the body generally, or in various parts of it, or associated with certain organs. This you will readily comprehend if you bear in mind that they are mainly produced through some disturbance of the blood-circulation, to carry on which is the function of the heart. Moreover, such symptoms are liable, in many cases, to become more or less independent of the direct influence of the heart in course of time, inasmuch as the disordered circulation tends to set up permanent organic changes in the various structures and organs of the body.

Fifthly, you must be very cautious in giving your opinion as regards the immediate prognosis of cardiac complaints from the symptoms present; and also never forget the remarkable effect which can often be produced upon the most serious of them by treatment. Very slight symptoms may mean grave danger, and may most unexpectedly precede a fatal termination; while those which are apparently hopeless not infrequently disappear under suitable therapeutic measures, and the patient seems to be restored to complete health. We have cases in these wards at the present time which have been here on more than one occasion, suffering from more severe symptoms than they exhibit now, and they have so much benefited by treatment that we have been able to discharge them for the time, apparently free from all symptoms.

After these preliminary remarks, we will now proceed to consider the nature of cardiac symptoms.

1. ORDINARY MORBID SENSATIONS.—Painful sensations have to be regarded with particular caution in relation to affections of the heart, both from a positive and a negative point of view. Patients frequently complain of pain in the left side, which they associate with the heart; but you ought not to be led away by their notions, or by what they say. As a matter of fact, such pains are seldom connected with the heart, but with the chest-walls, the pleura, the stomach, or other structures; while the majority of cases of actual cardiac disease are not attended with any ordinary painful sensation whatever. Even in acute affections, where we expect pain, you must be prepared at any time to meet with instances where no such feeling is complained of or experienced. In short, taking the mass of cases, it may be affirmed that pain is, as a rule, a very unreliable symptom, either as to the presence or absence of cardiac diseases. At the same time you must be prepared to recognise the kinds of pain which may come under your observation, and which are, in some instances, of great significance. The most important are as follows:—

a. We anticipate and look for pain in *acute inflammatory diseases* associated with the heart. Therefore, if any condition exists in which such inflammation might be expected, and especially acute rheumatism or Bright's disease, the slightest complaint of any abnormal sensation referred to the cardiac region ought to command your immediate attention. But if you were to wait, under such circumstances, until the patient complains, you would commit a grave error, for serious lesions would frequently be set up of which you would be entirely ignorant, and which can only, though very readily, be recognised by

physical examination. Hence, you know we make it a rule to examine the heart in every case of acute or sub-acute rheumatism once, twice, or even more frequently, every day, without any reference to the presence or absence of symptoms. This is the only plan that can save you from overlooking important acute cardiac affections. What I have just stated applies with peculiar force to cases of inflammation involving the endocardium and valves, or the substance of the heart itself. In pericarditis we much more frequently meet with pain, of some degree or other. With regard to the particular features of the pain which may attend acute cardiac inflammation, I can only say that it is usually referred to the præcordial region generally, or more commonly to some limited area of this region, though occasionally it is chiefly felt towards the epigastrium; that it, however, tends to shoot and stab in different directions; that it varies much in its intensity, from slight discomfort or uneasiness to the most severe suffering; that its character also differs, but is not uncommonly burning in pericarditis; and that it is aggravated, sometimes considerably, by pressure made over the cardiac region or, in some instances, upwards from the epigastrium, tenderness being indeed occasionally present when no spontaneous pain is complained of.

b. There are certain paroxysms of a painful nature associated with the heart, which are usually very characteristic, and which are expressed by the term *angina pectoris*. These supervene, as a rule, in cases of well-recognised cardiac disease, but they may occur where the heart is affected so slightly that this cannot be determined by physical examination, or even where the organ is quite healthy to all appearance. We have had two striking examples of attacks of this character in the wards during the present session, in both of which the aortic orifice and valves and the aorta itself were diseased; and in my experience these are the lesions in connection with which *angina pectoris* is ordinarily observed. Whenever attacks of this kind occur, and more particularly when any cardiac affection is known to exist, they should receive immediate and serious attention. Without going into full details, it will suffice to state that *angina pectoris* is characterised by paroxysms of pain, usually coming on with marked suddenness; of great intensity, and sometimes unbearable; commencing in some part of the cardiac region, but, as a rule, shooting in different directions, and even down the left arm, or occasionally the right; varying much in character; generally accompanied with a marked sense of oppression, constriction, or compression of the chest, and of impending suffocation, the breathing being checked; and relieved by pressure. More or less serious symptoms accompany an attack, and not uncommonly it terminates fatally. In favourable cases the pain usually subsides more or less suddenly, and the patient experiences great relief, but another paroxysm is liable to return. It is remarkably influenced by certain remedies, and especially by inhalations of nitrite of amyl. I cannot now enter into a discussion of the pathology of *angina pectoris*, but it may be affirmed that it immediately arises from some serious disturbance affecting the cardiac muscular walls, supposed by some authorities to be of the nature of spasm, by others of paralysis and consequent distension of the heart.

c. It will be sufficient to mention the sudden and terrible pain which may attend *rupture* of the heart.

d. Taking the mass of cases of *chronic* cardiac disease, they are remarkably free from any persistent painful sensation, and it is quite the exception for patients to complain in these cases of any such sensation. In some instances more or less pain or uneasiness may be experienced in the præcordial region from time to time, but, as a rule, it has no special significance. It is said that pain is more frequently felt in aortic disease than in other forms of cardiac mischief, and perhaps there is some truth in this statement. Some of the most conspicuous examples of chronic pain referred to the heart which I have met with, have been those in which there were marked pericardial adhesions. I have now and then

observed instances in which the sensation seemed to be due to the presence of a greatly enlarged heart, distending or irritating the structures forming the chest-walls; and it has been relieved by supporting the side by means of plaster or a bandage. The chronic painful sensations in cardiac diseases are rarely severe, even when present, and often amount only to slight discomfort and annoyance. Remember, then, that such sensations in the left side are, practically, of no importance, either as regards the positive or negative diagnosis of diseases of the heart, although, of course, if a patient complained of them, you should examine the heart as well as other structures.

2. PECULIAR SENSATIONS.—The heart is one of the organs associated with which we have to recognise certain special local sensations, which are not uncommonly of much significance.

a. In the first place the patient is usually conscious of any abnormal action of the heart, and expresses this by complaining of *palpitation*. The sensations will vary with the nature of the disturbed action, and do not merely consist in feelings of excessive force and rapidity, as the word *palpitation* is often supposed to imply. Indeed, the patient may thus recognise feeble or inefficient cardiac force, as well as irregularity or intermittence, and may express himself by saying that "he feels as if his heart were going to stop." The precise sensations are, therefore, variable, and may be indescribable. Amongst the most familiar may be mentioned those of rolling of the heart, jogging, falling back, or as if the organ were suddenly "jumping into the throat." They may be merely unpleasant and uncomfortable; or they are attended with various degrees of distress and anxiety, until they culminate in the most extreme dread of impending death, accompanied with horrible feelings. These sensations are sometimes designated by the term "*præcordial anxiety or distress*." They are not only met with in organic diseases, but also in a very severe form sometimes in mere functional disorders. They often become very troublesome just as the patient is dropping off to sleep, and thus become a source of danger through interfering with sleep. They are also frequently increased by lying with the head too low, or on the left side. Towards the fatal close of certain cases of cardiac disease, these feelings become exceedingly troublesome to deal with. On the other hand, it is worthy of remark that patients sometimes become so accustomed gradually to various forms of disturbed cardiac action, that they cease to notice, and are not conscious of them, even when they are very marked.

b. Another peculiar feeling not uncommonly experienced in connection with the heart is that of weight, fulness, or oppression over the cardiac region, or even across the chest—*præcordial oppression*. This may be combined with pain or other sensations already described, and it may become so aggravated that the patient feels as if his chest were tightly gripped, and he cannot overcome the resistance so as to expand it. In some instances there is a sensation of an opposite character, as if there were a want of something, a hollowness, or sinking in the cardiac region. Frequently it is difficult to explain these feelings, but those of oppression and fulness may depend upon actual objective conditions, such as pericardial effusion, or a greatly enlarged heart.

c. Although belonging to another system, it is proper to allude to the feelings associated with *respiration* which are so commonly noticed in cardiac affections. The sense of difficulty in expanding the chest has already been referred to. There are, in addition, the sensations accompanying the different forms of dyspnoea met with in these affections; and certain special feelings occasionally observed, such as a tendency to involuntary sighing, or to drawing a full and deep breath.

(To be continued.)

THE CAUSES, SYMPTOMS, AND TREATMENT OF TETANUS.

A Clinical Lecture delivered in the Meath Hospital and co. Dublin Infirmary.

By LAMBERT H. ORMSBY, F.R.C.S.,

Lecturer on Clinical and Operative Surgery.

GENTLEMEN,—I shall occupy your attention this morning for a short time by giving you a brief account of the disease called Tetanus, and before doing so I shall read you the following notes of a case that occurred in this hospital, taken from the "Hospital Case-book," in order to give you a slight idea of the commencement, course, and termination this desperate disease invariably takes.

Patrick H., æt. 15, living at Whitehall, near Crumlin, co. Dublin, came to the Meath Hospital on February 15th, 1879, with a very severe lacerated wound between the thumb and index finger of his left hand.

State on admission.—The metacarpo-phalangeal articulation was exposed, and several pieces of muscle and tendon were hanging out of the wound dead and blackened. These were removed, the wound closed, and the edges brought into position and secured by three points of suture. There was scarcely any hæmorrhage. The wound looked so well that the boy said he would go home and come in a few days to be dressed.

Cause of Injury.—The account he gave was that he had been amusing himself by pouring gunpowder out of a flask on the fire, when the contents ignited, blowing the flask out of his hand. Luckily, the flask did not burst till it had gone some distance out of his hand.

Redressed on the 17th February, when he came again to show his hand, and as there was considerable suppuration, he was ordered to poultice it.

On the 20th February, he was brought again, presenting the following premonitory symptoms of tetanus: The back was arched; head thrown back and fixed immovably to the shoulder; chin advanced and elevated; corners of the mouth drawn up, showing the teeth, presenting a good example of the *sardonic grin*; eyes peering, as if short-sighted; eyelids depressed, and brows contracted; jaws opened half-an-inch, and incapable of being opened more; and the masseter muscles were hard and rigid.

Treatment adopted.—The surgeon on duty was immediately sent for, and while waiting his arrival, Mr. Lingard, the resident pupil, ordered the patient to be put to bed with a warm jar to his feet. The wound was washed, and wet lint applied, and a purgative draught administered containing 1 minim of croton oil, 12 minims of liquoris morphie muriatis; and 2 minims of liquor atropiæ were injected subcutaneously along the spine between the scapula. This subcutaneous injection was ordered to be repeated every four or five hours. He was also given three grains of calomel, to be repeated every three hours, and a linseed-meal poultice, saturated with liq. opii sed. to be applied to the part affected; the room to be darkened, and the floor to be carpeted, and no noise of any kind to be allowed within earshot of the patient. The boy was admitted at 5.30 p.m. At 7 p.m. the back was more curved, and the jaws could hardly be opened at all.

9 p.m.—Another hypodermic injection and dose of calomel administered.

11 p.m.—The severity of the symptoms increased; had the second spasm since he came in, and bit his tongue; it lasted only a few seconds. A cork was then introduced between his teeth.

12 p.m.—Another spasm, and his body was very much bowed backwards. *Opisthotonos*. When in the middle of the spasm, his body rested on the occiput and on the heels; during this spasm he bit his tongue again; he said that the spasm came on everytime he went to sleep;

the muscles of the jaw, producing trismus very early in the disease, afterwards passing to the muscles of the extremities, whereas the reverse is the fact in strychnia poisoning, the legs and arms being the first affected, long before trismus ensues, and this locking of the jaw is only present during the attack, being relaxed in the interval; whereas in true tetanus trismus is constant. If the effects of strychnia prove fatal, it generally does so from a few minutes to within three hours; whereas in true tetanus death generally does not take place sooner than the third or fourth day, and frequently later.

Hysterical attacks also simulate tetanus as well as almost any other disease. Hammond relates a case of a lady under his care who had repeated attacks of hysterical spasms, during which her jaws were tightly closed, she was unable to swallow, and her body was bent backwards, so as to assume the position of opisthotonos.

Such hysterical seizures are readily distinguished from tetanus by the facts that they are unaccompanied by pain or real distress, and are as a rule of a very transient nature, and other hysterical symptoms are generally present, and by the history of the case, coupled with careful observation; inquiry will seldom fail to elicit the true nature of the affection.

Prognosis.—In cases of acute traumatic tetanus the prognosis is most unfavourable. In the idiopathic or chronic form of the disease a more hopeful result may as a rule be entertained, but still it ought to be guarded. If the time between the receipt of the injury and the setting in of the premonitory symptoms is considerable, the chances are in favour of the patient recovering. If the attacks are very slight, and the intervals between the muscular spasms are long, with a low bodily temperature, such a condition indicates that it is probable the case may recover. A high temperature augurs badly for the patient.

The longer the person lives the better chance there is of recovery. If ten days pass over without a fatal result a favourable termination may be hoped for, although this expectation cannot be considered by any means as a certainty, for patients have died suddenly after the disease has existed for many weeks.

Notwithstanding what has been said, tetanus is certainly one of the most fatal of disorders, and we have only to appeal to a few statistics to verify the truth of this observation.

In the late American civil war, out of 363 cases of tetanus, 336 died. Dr. O'Beirne, as mentioned in the "Dublin Hospital Reports," vol. iii., pp. 343, 378, gives 200 cases without a single recovery. Heunen, with his extended experience in military practice, never saw a case of acute tetanus recover. McCleod collected and analysed 23 cases which occurred among the troops in the Crimean war, of which but 2 recovered. Demme refers to 86 cases in the different Italian hospitals during the campaign of 1859, of which only 6 recovered. Hammond mentions he had 9 cases under his care, of which there were 3 recoveries.

Now by the foregoing it will be clearly seen that a most unpromising result only too often crowns the labours of the surgeon who endeavours to save a human life or mitigate the sufferings of the patient who is stricken down with this most dreadful disorder.

Notwithstanding, however, that the disease is so fatal, and treatment in some cases of so little avail, it is the duty of the surgeon to combat the disease to the very last by treating each symptom as it arises, and continuing to do so until a favourable or unfavourable termination puts an end to the patient's sufferings.

(To be continued.)

THE ADMINISTRATION AND HYGIENE OF BRITISH HOSPITALS. (a)

By HENRY C. BURDETT, F.S.S.

So much misapprehension prevails as to the origin of hospitals, that it seems desirable to show by actual evidence that they were known previous to the birth of Christ. The inhabitants of Arabia, Persia, and India, possessed hospitals, some of which were supported by their governments long before the Christian Era. The Buddhists cut on rocks their edicts on hospitals, one of which, dated a.c. 220, can be seen near Sourat to this day. Medicines were provided, and skilled physicians were appointed to these hospitals at the expense of the State. All the physicians attached to the court, male and female, were compelled to give their services gratuitously to each of the hospitals as they might be required. Hospitals were established amongst the fire worshippers of Persia from the earliest times, the people being compelled by law to maintain suitable houses for the suffering poor of their community, whilst the king provided the best medical treatment for the inmates, free of cost. It is declared, upon evidence not entirely unauthenticated, that the sick were treated so far back as 1,124 B.C. in the temples of Æsculapius, at Titanus, a city of Peloponnesus. The Æsculapian temples had some features, at any rate, in common with our hospitals. Certain of these buildings were set aside for the exclusive treatment of patients suffering from infectious diseases. Tablets were suspended upon the walls, on which were recorded the history and treatment of each patient.

Finally, the Valetudinarius referred to by Seneca and others were in reality private pay hospitals or hydropathic establishments for the well-to-do. The first Christian hospital was founded at Bethlehem by St. Jerome in the year A.D. 300, and he it was who first used the word "Hospital" to describe an institution devoted exclusively to the reception and relief of the sick. St. Ephraim or St. Faviola is entitled to the credit of founding infirmaries, which were supported exclusively by voluntary contributions, and for the sole purpose of treating the sick.

The oldest Hospital in Europe now in use is the Hôtel-Dieu, which was founded A.D. 600 by St. Landry, Bishop of Paris; and the first hospital opened in England was built at Canterbury by Archbishop Lanfranc. Mr. Burdett pointed out as a remarkable fact, that Guy's Hospital, which is one of a very few, if not the only English hospital founded on the monumental, as opposed to the Christian idea, has recently been the scene of serious controversy, which report declares to be due, at the bottom, to differences of opinion on religious matters.

This circumstance is noteworthy as showing that money left for a specific purpose by a benevolent founder may, in process of time, come under the absolute control of those whose views, and whose mode of administration, are probably very little in accord with the views and intentions of the originator himself.

Passing from the past to the present, Mr. Burdett showed that the number of beds available in the General, Special, and Convalescent Institutions throughout Great Britain approached 25,000, exclusive of Poor-law and Cottage hospitals. The number of patients relieved every year at some 200 institutions was nearly 190,000; the number of out-patients relieved at 250 General and Special Hospitals, and Provident and General Dispensaries, was nearly 2,000,000 annually. The average gross annual income from all sources received by British Hospitals, Convalescent Institutions, and Dispensaries amounts to £1,450,452, and the average gross annual expenditure to £1,447,601. These figures, which are based upon the average receipts, expenditure, and work during three years, prepared upon an identical basis, and checked by an accountant, went to prove that if the incomes of the

(a) Abstract of a paper read before the Sanitary Institute of Great Britain, Wednesday, February 15th, 1882.

different medical charities were fairly distributed according to the requirements of each centre of population, the funds available would be equal to the demand.

As a matter of fact, many of the leading London hospitals are now very seriously embarrassed from want of funds. No less than three of the chief of them—St. George's, King's College, and Westminster—have, within the last few days, brought their impecuniosity prominently before the public in the columns of the *Times*. In a leading article which these appeals called forth, the *Times*, alluding to a deputation of two years ago to the Home Secretary, which urged upon him the necessity of appointing a Royal Commission to inquire into the whole subject, and to his reply "that public opinion was not yet ripe for such an inquiry," remarked: "It seems likely that the condition of ripeness, if not absolutely reached, is at least brought within a measurable distance of time." An inquiry can do no possible harm. By its means alone can the exact facts be ascertained, and the sooner a Royal Commission is appointed the better it will be for the hospitals, the public, and the poor.

Mr. Burdett then proceeded to consider the best scheme upon which British hospitals can be governed and managed. He pointed out the abuses attending the acceptance, without the fullest inquiry, of the offices of President, or Vice-President of a charity by a member of the Royal Family, a Bishop of the Church, a Peer of the Realm, or other representative personages. The name once given, the promoters were enabled to use it as a kind of peg upon which to hang any number of appeals for support, and any number of schemes for bleeding the charitable public. No name ought to be given to any charity without the most careful, thorough and competent inquiry. Mr. Burdett further pointed out the evils attending the present system of selecting any apparently presentable person who might offer himself for the office of superintendent or secretary to a hospital. There could be no doubt that to elect a half-pay officer, with a small pension, to such an office, because it enabled the Committee to pay something less than a fair rate of remuneration for the services of a gentleman in such a position, was to do great mischief to the charity, and great wrong to the individual. The labourer is worthy of his hire, and it would be a wise step for Hospital Committees to decide to pay such a rate of remuneration as would enable them to command the services of the most eligible candidates, especially as such a result could be obtained if the maximum salary of such an official were fixed at 5 per cent. upon the annual income of each hospital. Mr. Burdett showed it would be possible to train men for these positions to the great advantage of the Institutions, and to the great economy of charitable funds.

He referred to the dangers of non-formula prescribing in out-patient rooms, by which system overworked dispensers became the unwitting means of causing serious risks to the health and sometimes to the lives of those of Her Majesty's subjects who seek this kind of relief at the hospitals. The ticket system was criticised unfavourably, while the free system was extolled, the advantages and disadvantages in each case being fully stated. Allusion was made to a proposal now in course of adoption, to establish a North Metropolitan Hospital for North London, with 300 beds, upon the most approved principles of hospital administration known to those best competent to form an opinion on the subject. It was also declared to be desirable for inquiry to be made into the present system of managing British hospitals, and for a Hospital Society to be formed with the object of effecting a free interchange of views between hospital authorities.

On the question of hygiene Mr. Burdett showed, by quoting instances, that in the majority of cases the hospital committees have imperfect plans or none at all of the drainage of such institutions, and are often in entire ignorance of many points relating thereto which ought to be as familiar to them as the letters of the alphabet. The relative mortality of large and small

hospitals, the right system of drainage, the advantages of isolated wards adjoining the operating theatre for the treatment of such cases, and the best system of managing infectious and convalescent hospitals with a due regard for the public health, were fully dealt with.

In conclusion, Mr. Burdett expressed his opinion, based as it was on actual experience, and many years' study of the subject, that Hospital Saturday had practically proved a failure everywhere. In London, Hospital Saturday more nearly resembled a fiasco than a failure, for after several years' labour, begging for alms in the public streets, the institution of numerous benefit performances, and other means which the working men justly regarded as illegitimate, the sum subscribed by the whole of the working men in London for upwards of 100 hospitals and other institutions amounted to a less sum than the workmen in the Clyde have frequently subscribed for one of the hospitals at Glasgow. The proposal to institute a Convalescent Institution, which should be founded and supported by the working classes in the metropolis, was worthy of commendation. He hoped that it would result in the abandonment of the Hospital Saturday movement, in favour of a working men's provident Convalescent Home. Such a result would relieve the London hospitals from much anxiety, and would get rid of a movement which, in his opinion, did the hospitals far more harm than good, and which had never proved, and was never likely to prove, a substantial financial success.

Clinical Records.

Huddersfield Infirmary.

A Case in which there was Dislocation of both Knees.

Under the care of Mr. RHODES.

(Reported by Mr. NORMAN PORRITT, House Surgeon.)

THE following case is recorded on account of the rarity of the injury:—

The patient, a strong muscular man, *et. 31*, was, contrary to orders, attempting to put a strap on a rapidly revolving drum, when the apron he wore in front of him flapped against the machinery, became at once entangled, and he was carried round the shaft or axle of the drum with each revolution. The shaft was not more than two feet from the floor, against which, therefore, the man was dashed many times before the machinery could be stopped. When this was done he was found unconscious, and his clothes were torn from his body, and lay in shreds about.

He was at once conveyed to this Infirmary, where, besides bruising of the whole body, several scalp wounds, and severe shock to the system, a deformity of the legs at first sight resembling that caused by the prominence of a fragment of a broken femur was discovered. There was considerable restlessness, and the man raised both legs in his paroxysms, without any alteration of the deformity. On handling the limb at the injured spot, the tendon of the quadriceps extensor was loose, and behind the patella was a hollow cavity, produced by the displacement of the lower end of the femur behind the head of the tibia. By very slight force and manipulation the normal position of the bones was restored, but without any difficulty the joint could be re-dislocated, the femur being as easily pushed behind the tibia, on the one hand, as the tibia could be made to pass above and behind the condyles of the femur, on the other.

The patient never recovered consciousness, and died in thirty-six hours. No post-mortem allowed. In both knees there was the same displacement, without any fracture.

WOMAN'S HOSPITAL, NEW YORK.

Removal of a Cyst of the Pancreas weighing Twenty and One-half Pounds.

Under the care of Dr. N. BOZEMAN.

DR. BOZEMAN has kindly forwarded us particulars of this interesting case, which was presented at a recent meeting

of the New York Pathological Society. The following is its history, the points of interest being—firstly, as having been removed from the pancreas of a living woman; secondly, as having been mistaken for an ovarian cyst; and thirdly, as being the first operation of the kind upon record.

The patient was the wife of a prominent physician of Texas, *æt.* 41, tall and robust, weighing nearly 200 pounds, and perfectly healthy up to seven years ago, except occasional attacks of dyspepsia. Seven years ago she had, for the first time, pain in the right iliac region, extending down the right thigh and occasionally attended with numbness. Five years ago the abdomen began to enlarge, slowly at first, but gradually increased in size upon the left side, with a corresponding flatness upon the right side. The point at which the enlargement was first noticed was higher than would naturally be expected for an ovarian cyst. At that time no special importance was attached to the enlargement of the abdomen, either by herself or husband. It progressed in the ordinary way up to six or seven months ago, when it suddenly began to grow rapidly, and finally the entire abdomen was distended symmetrically. At the same time the patient began to lose flesh.

On November 18th, 1881, the patient having entered the Woman's Hospital, Dr. Bozeman examined her and diagnosed ovarian cyst. She was also examined by his colleagues, Drs. Thomas and Emmet, both of whom confirmed his diagnosis.

An operation was decided upon, and it was performed on the second day of December, under Listerism. Nothing unusual presented itself in the early stage of the operation. When the tumour was reached, through an incision below the umbilicus, its appearance was nearly that presented by an ordinary unilocular ovarian cyst, except, perhaps, it had a little deeper pearly colour. It was tapped, and two and one-half gallons of fluid were removed. After the greater part of the fluid was drawn off, about two-thirds of the cyst was drawn through the abdominal opening, and then, for the first time, Dr. Bozeman suspected it was not ovarian. He then passed his hand into the peritoneal cavity and found the uterus and both ovaries, and also determined that the cyst had an origin somewhere in the upper part of the abdomen. The abdominal incision was extended upward two inches above the umbilicus. The stomach was then found crowded against the diaphragm, and the bowels were deep in the abdominal cavity below the cyst. The cyst had an extensive attachment, apparently to the transverse mesocolon. After some manipulation he finally reached the pancreas, where he discovered a large vein, subsequently determined to be the splenic, which was very tortuous, and offered considerable obstruction to the operation, owing to its close relationship to the pedicle. Finally, he traced the cyst down until he reached the tail of the pancreas, which was turned up on the side of the cyst, and firmly adherent to it to the extent of two inches. He then proceeded to separate the extremity of the pancreas from the cyst by dissection, and, when completely separated the pancreas spread out and presented its natural appearance.

The attachment of the cyst was at the junction of the outer with the inner two-thirds of the organ, and it had a pedicle three-fourths of an inch in length, and about three-fourths of an inch in diameter. The veins of the pedicle were very large. Having fairly reached the pedicle, he transfixed it with a needle, ligated it in the usual way, and cut it off. The result was that he cut out the bottom of the cyst, as shown in the specimen. The portion of the cyst, however, which remained attached to the pedicle was subsequently completely removed by dissection. The artery which supplied the growth was doubtless a branch of the splenic, and it had attained a very large size—as large as the brachial. The loss of blood was small, and not a single bleeding vessel required a ligature. The fluid which the cyst contained was of a light brownish colour, its specific gravity was 1020, and it had an acid reaction, in that respect differing from the fluid removed from the ordinary ovarian cyst, which is alkaline. The girth of the patient before the operation was 41 inches, and both oblique measurements, from the anterior superior spinous processes of the ilia to the umbilicus, were the same—9 inches. The tumour, with the fluid, weighed 21½ lbs.

The specimen was also interesting in another respect, viz., with reference to the point of attachment, which was almost precisely in the position occupied by the bullet in the late case of our deceased President. The patient underwent

special preparation for the operation. She took salicin, 15 grains three times a day for two weeks. On the morning of the day on which the operation was performed she received 15 grains of quinine with 1 of opium, and when she went upon the table she was thoroughly cinchonized. The patient rallied from the anæsthetic and from the operation without any shock whatever. After the operation she took by the rectum, at intervals of six hours, 10 grains of quinine with 2 ounces of beef-juice, half a drachm of liquor opii comp., and 2 drachms of brandy. On the third day the temperature reached its highest point, 101.5° F., but the pulse never rose above 98. Subsequently the pulse fell to 80, and the quantity of quinine was gradually lessened, but on the eighth day after stopping the quinine the temperature rose to 102.8° F. The quinine was again resumed, 10 grains every six hours, and the temperature, in the course of thirty-six hours, fell to 99.5° F., and subsequently the patient progressed in the most satisfactory manner, and was discharged cured, Jan. 9th, 1882, the thirty-eighth day after the operation.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

CHLOROFORM.—A discussion upon chloroform occupied the whole meeting of the Académie de Médecine.—A member (M. Regnault), believed that the question as to the impurities of chloroform will crop up from time to time as long as another agent possessing the same anæsthetic properties as chloroform, but without its inconvenience and dangers, is not found. The reaction employed for detecting impurities did not, in his opinion, attain the desired end. This reaction consisted of a solution of permanganate of potash with a certain quantity of caustic potash added. This solution gives a fine violet colour when mixed with chloroform, perfectly pure in equal quantities; on the contrary being the case the colour would be green. But he had seen this test tried with chloroform which, though not absolutely pure, was sufficiently so for all intents and purposes, in that it contained no deleterious substances, and the colour obtained was green, so that the test could not be relied on.—M. Gosselin has been convinced for a long time that the accidents which occur under chloroform are not due to the impurities of the agent. These accidents are becoming rarer and rarer in France. According to recent statistics, there is now only one death in 5,200 cases in which chloroform has been used. To avoid these accidents he considered that the better way was to proceed slowly with the anæsthetic. His method has always succeeded admirably. He allows four inspirations of chloroform and then two of pure air, then six of chloroform and two of pure air, eight of chloroform and two of air, and so on. With this method vomiting is rare.—M. Verneuil considered that the best agent for detecting the quality of chloroform was the nose. He was always able to detect by smelling, bad chloroform. He agreed with M. Gosselin in believing that the accidents were to be attributed more to the mode of administration than to the quality of the anæsthetic.—Maurice Perrin was exactly of a contrary opinion. The discussion was closed as it was commenced, by M. Regnault, who, though quite agreeing with the last member, could not deny the fact that certain individuals cannot inhale chloroform, no matter how pure, without being sick.

ELEPHANTIASIS.—At the Société de Chirurgie M. Labbé presented a young girl, *æt.* 20, who was attacked with elephantiasis of the face. The tumour, which commenced at the external angle of the eye, appeared when she was 13 months old, and at the age of 5 it was already considerable. At this period the tumour was operated upon, but returned. M. Labbé thought that an operation might be useful, and

desired the advice of his colleagues. Surgical interference was decided upon.

HOSPITAL MORTALITY.—M. Beisier, in his report on the current diseases in the last three months of 1881, read before the Société Médicale des Hôpitaux, said that the mortality in the hospitals exceeded that of the same quarter of the last nine years, and in proportions beyond the increase of the population. For the entire year the mortality in the hospitals was 15,474 deaths, a number notably superior to the decennial average. Diphtheria had greatly increased, 605 deaths being registered, which showed an increase of 160 over the last quarter of the preceding year. Its mortality, which has been increasing for the last twenty years, has, during the last decade, made rapid strides, so that it has exceeded by a long way in its fatal results typhoid fever and small-pox, and other eruptive fevers.

THE TREATMENT OF HYPOPYON.—Dr. Just, in a German medical journal, recommends *massage* of the globe of the eye, which consists in pressing and rubbing gently the organ with the lower lid intervening. In this way he has succeeded in causing to be absorbed a purulent collection in the anterior chamber. Another oculist has been able to provoke rapid absorption when the hypopyon was mobile by making the patient lie alternately upon the right and left side, and making him change position every hour.

SIGN OF PREGNANCY.—Dr. Delattre writes to the *Gazette des Hôpitaux* upon a constant sign of the beginning of pregnancy, which consists in the almost complete disappearance of the phosphates from the urine. As to what became of the phosphates, the author believes that they are condensed into the bones of the mother, forming osteophites during the first months of intra-uterine life. During the last months the fetus developing rapidly, this reserve of phosphates is largely drawn upon, the bones increase in weight, and the osteophites diminish gradually until their complete disappearance, which generally occurs after the first month of nursing. However, where the mother is weakly and ill-nourished she has, far from forming these reserves, to borrow from her proper substance the elements necessary for the nutrition of the fetus, and consequently her strength becomes exhausted, and the child when born is small and weakly. In this latter case M. Delattre insists on the necessity of giving phosphate of lime during the whole course of the pregnancy.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, FEBRUARY 24TH.

The President, PROF. LISTER, F.R.S., in the Chair.

The Committee appointed at the preceding meeting to examine Dr. Finlay's case of thoracic aneurism presented their report, in which they expressed belief that the tumour was a sacculated aneurism of the ascending aorta, attended with symptoms indicative of aortic regurgitation.

SWALLOWING AN EAR OF RYE-GRASS.

Mr. GODLEE read the notes of a case occurring in the practice of Dr. Ruyard, of Watford, in which a child, *æt.* 2, had swallowed an ear of rye-grass, which had made its exit through a small opening in the back on the left side between the 6th and 7th ribs, three inches from the spine. The grass was shown at the meeting. The patient had suffered in the meantime from spasmodic cough, but as the grass was supposed to have passed by the bowels, the two facts were not connected by the mother. The interval of time between swallowing and the extraction of the piece of grass was altogether 43 days. Mr. Godlee thought that the grass had

probably entered the cesophagus, and not the trachea, and the cough depended upon some little pleurisy.—Reference was also made to a case, the notes of which were supplied by Mr. R. W. Parker, of a child who swallowed a piece of grass, which made its emergence through an abscess, which was set up in the left side, having a distinct fecal odour. The analogy between these cases and those of needle swallowing was pointed out, and a case of the latter was referred to in which a large number had been found by Mr. Godlee *post mortem* in various parts of the body, but exciting little or no inflammation.

Mr. GOLDING BIRD said a few days previously he had received a piece of grass, then covered with pus, which had been swallowed by a girl seven years old, the daughter of a banker in the country. Chest symptoms supervened, and it was thought the patient was consumptive. She was confined to bed, and by and by an abscess pointed externally, through which the grass referred to was extracted. Complete recovery ensued.

Dr. GEORGE JOHNSON on a

CASE OF ACUTE PERFORATIVE PNEUMOTHORAX TERMINATING IN COMPLETE RECOVERY.

A schoolboy, *æt.* 15, ran in a paper chase about twenty miles, and was so fatigued that he fell down exhausted. The two following days he was quite well, but on the 5th November, after running upstairs, he was suddenly seized with pain in the left side, urgent dyspnoea, and great prostration. He was sent to bed, and in four or five hours the distressing symptoms had ceased, but on the following day Mr. Wharton, of Gosport, found all the physical signs of pneumothorax. On the 14th November his father took him to his home at Woolwich, where, on the fifteenth, he was seen by Dr. Johnson in consultation with Surgeon-Major Godwin. He was in bed, but declared himself quite well. Pulse 60, resp. 24, temp. 97. The left side of the chest was nearly motionless, and hyperresonant everywhere except in the interscapular region, where it was slightly duller than at the corresponding point on the right side. Over this space there was a feeble respiratory murmur, but elsewhere over the whole left side there was distinct amphoric blowing, with occasional metallic tinkling, and amphoric echo of the voice and cough. There was no evidence of liquid in the pleura; no dulness at the base, nor splashing succussion sound. The heart was felt and heard distinctly beating to the right of the sternum. With rest in bed and simple diet the physical signs gradually changed. On the 27th November Dr. Godwin reported more movement on the left side; cessation of amphoric blowing and metallic tinkling. Some respiratory murmur on the left of the spine. Heart's impulse to left of sternum. General health excellent. On the 23rd December Drs. Godwin and Stevenson jointly found vesicular murmur over the whole left side, and the heart in its normal position. On the 4th January he was brought to Dr. Johnson, who found that the only difference between the two sides of the chest was a doubtful flattening and diminished respiratory movement in the left subclavian region. He has since gone back to school, and Mr. Wharton writes that, "so far as he can determine, he has perfectly recovered of his pneumothorax." In explanation of the perforated pleura, it is stated that two years ago he had a chronic cough, and it is suggested that as a result of some structural change in the apex of the left lung, the pleural surfaces had become adherent, and that the adhesions were stretched and torn by the violent exertion, so as to cause a rent in the texture of the pleura. Then, as there was no purulent or other morbid secretion which, by escaping into the cavity of the pleura would excite inflammation and suppuration, the ruptured pleura was soon repaired, the air was gradually absorbed, the lung again expanded, and the heart resumed its normal position. Reference was made to a case published by Dr. Stephen Mackenzie (*Lancet*, vol. ii. 1871, p. 259). A man, *æt.* 50, had sudden pneumothorax, resulting, as was supposed, from the rupture of an emphysematous air vesicle. The air was drawn off by an aspirator, and the patient made a rapid recovery. Three cases of recovery from simple pneumothorax have also been recorded by Dr. Wilks (*British Medical Journal*, vol. ii., 1874, p. 770). In none of these three cases was any operation performed.

Dr. DOUGLAS POWELL considered the case interesting in relation to the physical signs exhibited during its progress. The loud amphoric breathing described was unusual, save

in the presence of a free opening. Was it due to modified breath sounds, or to the passage of a to-and-fro air current? Some time ago he had under his care a patient whose stomach was very much displaced upwards, and in whom, a day or two before death occurred, an amphoric sound could be observed, and which post-mortem examination proved to be due to modified breath sounds, consequent on the deformity produced by the distended viscus. He thought that fatal terminations to pneumothorax were to be associated with advanced phthisis; and in one case observed by him, he thought he could ascribe an arrest of phthisical symptoms to the development of pneumothorax and effusion, which terminating in empyæmia with recovery, saved the life of the patient.

Dr. FREDERICK TAYLOR had in 1875 witnessed a similar case of recovery to the one recorded by Dr. Johnson. Patient was a young man, æt. 20, who first complained of pain in his side. He was treated at home, and was subsequently seen by Dr. Taylor after recovery from pneumonia. He suffered, then from dyspepsia, his pulse and temperature were much above normal; heart was displaced; there was dulness at the base of the lung, and the following day fluid, which shifted on motion, was perceived at the limit of the dulness. Under treatment the symptoms improved and gradual progress was made to recovery, which was completely established nine weeks after the onset of the attack. Later, lung disease had been suspected, and the patient had taken several sea voyages with a view to averting the mischief. Before the attack he was quite healthy, and it would be interesting to ascertain how far the pneumothorax might influence the subsequent condition of the affected organ. The attack might probably have been originated by the acute pneumonia which first invalidated him.

Mr. PEARCE GOULD described a case treated by him last summer in the Westminster Hospital. Patient, a boy, had been run over by a cab. Pneumothorax was suspected, and Mr. Gould introduced a small trocar into the back of the chest, air escaped, and a few drops of blood. The lung expanded again, and complete recovery ensued.

Mr. HOWARD MARSH related two cases illustrating the possible origin of pneumothorax. In the first a man had been run over on the chest by a heavy conveyance. Pneumothorax with urgent symptoms was apparent. Mr. Smith then introduced a hydrocele trocar into the cavity and a rush of air came through the tube, giving immediate relief to the patient, but followed by re-accumulation. Death soon after occurred, and at the post-mortem the left lung was found quite separated from its bronchus. There was no other lesion. In the second case, a woman getting out of an omnibus, with her face from the horse, fell backwards, and struck the step with such force that she died within a short time. At the post-mortem the pleura was found to be ruptured by the force of the blow; in Taylor's "Jurisprudence" a similar example is cited.

Dr. TYSON related the history of a woman who died from pneumothorax induced by pyæmia; she had long suffered from an ulcer on the leg.

Dr. COUPLAND suggested the last mentioned case might have been one of abscess. A few years ago he had under his care at the Middlesex Hospital a bank clerk who was suddenly attacked with dyspnoea from right pneumothorax, the chest on that side being full of air. By rest in bed for 14 to 21 days the lung re-expanded; there were signs of effusion, but recovery ensued. Previously to this a female patient had been attacked with sudden pneumothorax which proceeded from bad to worse, with purulent effusion, and terminated in death. This patient gave a family history of tubercle, which Dr. Coupland considered exerted a serious influence on the progress of such cases.

Dr. JOHNSON having stated in reply to a question from the President, that the amphoric sound was heard with both expiration and inspiration,

Mr. LISTER said that the case brought to mind the phenomena attending fracture of the ribs. He was accustomed to illustrate the gravity of the presence of air in the thorax by an experiment to the following effect. He tied a glass tube into the bronchus of a lung obtained from a butcher's shop, and further connected this by elastic tubing with a syringe full of air. Then, incising the lung substance with a pair of scissors, he pressed down the piston of the syringe, the air passing freely out of the wound in the lung. On drawing up the piston, however, it was at once apparent that the air

would not return through the valvular opening in the lung substance, and hence, although during inspiration, air entered the pleural cavity through wounds (usually of a valvular description) in the lung, it could not pass back again by the same channel; and hence the distressing nature of the symptoms induced by these lesions. In Dr. Johnson's case some air apparently did return, as shown by the double amphoric breathing.

Dr. JOHNSON said the blowing sound was caused by the passage of air through the opening. In one case he had found, at the post-mortem examination, that the opening into the lung was closed by lymph. In another case he proved the nature of the sound. It was that of a boy whose chest wall was perforated. On stopping the hole with a finger the sound ceased to be heard. The character of the sub-pleural cavity would determine in great measure the course of the pneumothorax; unequal pressure on the two sides of the chest would suffice to explain the displacement of the included viscera.

Mr. W. SPENCER WATSON read the sequel to a

CASE OF EYEBALL TENSION.

The right eye having been sclerotomised five years ago, the result was reported to the Society in 1880 as being perfectly satisfactory. Premonitory symptoms were then showing themselves in the left eye, and in June, 1881, Mr. Watson operated by sclerotomy on this eye also. The result was not so good as in the right eye, but it was tolerably good. The use of eserine before the operation and after it had been very advantageous. There was a slight contraction of the palmar fascia in this patient, and Mr. Watson having observed the same condition in other glaucomatous cases, was inclined to regard the concurrence of the two conditions as throwing some light on the pathology of glaucoma, and as indicating that an atrophic hardening of the sclerotic coat of the same kind as the shrinking of the palmar fascia might be the initial stage of the disorder. Further proof, however, of this was necessary before the theory could be accepted as proved.

Mr. GEORGE LAWSON considered that evil results followed sclerotomy with more frequency than occurred after iridectomy, while good results were obtained by the latter operation with greater certainty than with the former in cases of acute glaucoma in which no retinal hæmorrhages have occurred.

Mr. McHARDY remarked that the question had been freely and warmly discussed at the late Congress. He agreed with Mr. Lawson, as did all able authorities. In cases where two eyes were affected, it generally happened that the worse was that first operated upon, and hence, whenever the same individual submitted to two operations of which iridectomy performed on the eye most diseased failed, and sclerotomy was performed on the least affected organ, it was impossible to judge fairly on the respective merits of the two plans of procedure. He had recently under treatment, a man, æt. 29, the subject of chronic glaucoma. Cold hands and feet were almost the only other symptom exhibited. On one eye a large iridectomy was done; there was no anterior chamber, the lens impinging on the pupil. Four hours after hæmorrhage necessitated enucleation. Having consulted Mr. Bowman as to the course to be pursued with the second eye, of which the visual field was contracted to 30° above and below, iridectomy was again advised. The result was, unfortunately, bad, and the patient became totally blind.

The PRESIDENT considered Mr. Watson's a successful case of sclerotomy. It was certainly true that tension within the eye set up disturbances due to nervous excitation which was relieved when the tension removed, even for a time.

Mr. WATSON deprecated any desire on his part to overrate sclerotomy against iridectomy. The former operation was on its trial. Reduction of tension in the eyeball was of greater utility by removing pressure on the nerve than by relieving nervous excitement merely. He thought Mr. McHardy's case was one most fitted for the operation of sclerotomy. Under it there was less danger of intra-ocular hæmorrhage, because the aqueous slowly drained away, thereby gradually reducing the tension to which the vessels were subject. He thought the development of a cystoid cicatrix among the most interesting points in connection with his own case.

SOCIETY OF MEDICAL OFFICERS OF HEALTH, IRELAND.

A MEETING of this Society was held at the Royal College of Surgeons on the 15th Feb., Dr. A. O. SPEEDY in the chair.

Dr. CAMERON, Professor of Hygiene and Chemistry, R.C.S.I., Superintendent Medical Officer of Health, read a paper on

HOSPITAL ACCOMMODATION FOR VERY YOUNG CHILDREN SUFFERING FROM INFECTIOUS DISEASE.

The following is an abstract of the paper :—

The epidemic of measles now raging in Dublin, and which, after three months' existence, is now abating, suggests the consideration of hospital accommodation for very young children. The cases of measles which occurred in Dublin since the early part of December numbered many thousands, yet, but a comparatively small number of the patients were admitted into hospital. The disease appears to have been, almost without exception, confined to children, chiefly from two to six years old. It is difficult to induce the mothers of children affected with contagious diseases to allow them to go into hospital. They apprehend that the nurses will not give the little patients sufficient attention. It might be found a good plan to provide for the admission of the mothers of children under two years old into hospital. They would perhaps in the great majority of cases prove better attendants on their sick children than paid nurses. It would, of course, be necessary to provide special wards for mothers and children, and as, during the epidemics, the numbers of patients and their mothers admitted would be a great tax upon the resources of the hospital, pecuniary aid from the local sanitary authorities might fairly be demanded. Under the Public Health Act ample powers are given to local authorities to provide hospital accommodation. To enable hospital authorities to take in large numbers of patients during epidemics would be in the highest sense a measure for the promotion of the public health. There can be no question as to the desirability of promptly removing to hospitals poor persons' children affected with such diseases as scarlet fever, measles, &c. Two advantages result from such procedure—firstly, the patient's chances of recovery are greatly increased by being promptly provided with good medical advice, medicine, and food, together with cleanly surroundings. Secondly, the removal of every child affected with a contagious disease from its dwelling to hospital lessens by one the number of points from which contagion is spread. In the overcrowded, ill-ventilated, and too often filthy homes of the poorer classes, it is difficult to administer properly to the wants of a child suffering from scarlet fever, measles, or other serious disease; consequently the mortality from these diseases amongst the children of the very poor is appalling. When the child of rich parents contracts measles, but little apprehension for the patient's safety is felt. There is a current notion that every one must get measles sooner or later, and that there is no use in trying to evade it; and so far as the children of the rich are concerned, they have little to fear from measles. The great mortality from this disease amongst the children of the very poor is chiefly due to want of proper care during the progress of the disease, and to the filthy surroundings of the patients. A striking proof of the devastation caused by zymotic disease among the poor is afforded by the present epidemic of measles in Dublin. The disease is widespread, and affects all classes, yet hardly a fatal case has occurred amongst the children of the well-to-do people. In January 156 children died from measles within the Dublin registration area, and of these no fewer than forty-eight were the children of labourers, although the latter form only about ten per cent. of the industrial population. Not one child was described as the child of a "gentleman," "physician," "barrister," or other professional man.

The CHAIRMAN stated that he considered it absolutely necessary that in the case of children at the breast both mothers and children should be admitted to hospital.

Dr. DELAHOYD could not take it upon himself to enforce the separation of very young children from their mothers. He thought that both should go into hospital together.

A similar opinion was expressed by Dr. POLLOCK.

Dr. J. W. MOORE, Vice-President College of Physicians, stated that in Cork Street Fever Hospital provision was

made for the admission of the mothers of very young children.

The discussion was then adjourned.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 1, 1882.

MODERN DRESS.

ECCENTRICITIES of costume have in all ages formed a prominent subject on which satirists have expended the magazine of their wit; and in the present day no inconsiderable attention is given to it by those who make it a business to caricature the follies of their fellow beings. It is, however, an all but recent development that is being witnessed now in connection with the efforts made by the medical profession to awaken the public to a sense of the self inflicted evils suffered from absurd compliance with the demands of "fashion." Nor can we feel anything but sincere satisfaction that this question has so far become a "burning" one; and that men of the highest eminence deem it part of their duty to society to issue warnings against the miserable consequences of sacrifices offered to the shrine of appearance. The physical evils of inappropriate dress are so manifest to the physiologist, the constitutional damage they entail so apparent to the physician, the miseries they create so evident to the social economist, that it is rather a matter of wonder they have so long been permitted to continue unchecked and unreformed. Now and again, indeed, individuals in the past have raised a warning voice against indulgence in the fashionable caprices of their time; but never before has a determined attempt to improve public taste and educate public ignorance in

the matter of dress been made that characterises the action of the National Health Society in this respect. On Saturday afternoon last Mr. Frederick Treves, F.R.C.S., of the London Hospital, delivered a lecture before a crowded audience in the Kensington Hall, on behalf of the National Health Society, the subject selected being, "The Dress of the Period." It is gratifying to hear that unusual interest was excited by the preliminary announcements, and that in consequence of a large number of persons being unable to obtain admission to the Hall, the lecture will be repeated on March 18th, in the same place. We shall perhaps be indulging in unlicensed hopes, however, if we permit this result to create in our minds a belief to the effect that the public are at last growing alive to the harmfulness of following the dictates of fashion with the unreasoning submission exhibited in the adoption of its most outrageous demands. It is true the audience which greeted Mr. Treves's demonstrations of modern fashionable follies with applause, indicative of its approval of his denunciations, was chiefly made up of ladies whose claim to be regarded more or less as victims to the Moloch under censure was indisputable; but notwithstanding, it would be the refinement of rashness to expect from them an immediate renunciation of tight waists, cramped feet, and swathed limbs. The hold of these on the lives of those who form "society" is too secure and too steadfastly maintained to permit its being easily removed. We can trust for this happy result to nothing but a general and an intelligent apprehension of the mischief attendant on continuance of the evils which carry such disasters in their train.

We have ventured to express approval of the crusade against fashionable dress, the credit of originating which must rest with the National Health Society. By pursuing the course it has set out upon, this very deserv- ing Association will bye-and-bye be able to reflect that it has successfully combated one of the most destructive and insidious follies of the age; and the method of its action is the best augury for its future success. The ill-consequences set up by improper dress are most familiar to medical men; and medical men necessarily, therefore, are those most competent to advocate reform in customs to the injurious effects of which they are daily witnesses. In the particular folly of tight lacing, for instance, there is probably no practitioner who is not constantly called on to remedy to the evils it produces. In young girls, who, least of all, are calculated to support the strain to which their internal organs are submitted under the cruel pressure of the corset, we have often to deal with piteous examples of the sacrifices required in order to ensure a small waist. Nor is it that they suffer only while young. During their whole after-life symptoms referable to visceral displacement and disorganisation are of frequent occurrence; no woman, probably, who has at any time conformed to this fashion of abdomen-strapping being free from some form of gastric or liver trouble. To what extent, moreover, the craze for "an elegant figure" may carry its victim is scarcely credible, except for occasional proofs afforded at inquests and post-mortem examinations. While it is not unusual to find the liver deeply indented

by pressure of the adjacent ribs, and displaced deep into the pelvis, it has more than once been found that long-continued constriction of the body has resulted in hour-glass deformity of the stomach. Nor need we long hesitate to decide on the influence this vicious form of fashionable sacrifice exerts on the duration of female life, when we reflect on the prevalence among the middle and upper classes of the very diseases which would be induced by persistence in such habits. Gastric ulcer is at least three times as frequent in women as it is in men. Syncope is a common form of weakness exhibited by young women who subject their viscera to the vice-like compression of a corset; and the intestinal troubles set up by interference with the functions of the liver, together with the distributed pressure on the intestines themselves, are among the most productive sources of feminine illness. Indeed, the subject of tight lacing might with advantage be taken as the sole topic for a considerable number of lectures; and the more tellingly the evils it ensures are put before the public, the more convincingly they can be taught to perceive the fatal injury the practice is doing to the race, the more speedily and surely will it cease to be commonly indulged in. We would urge this point—that of the injury suffered through it by the whole race—with especial force. By as much as any woman undermines her own health—it matters not in what manner the mischief is done—to such an extent is she also injuring the physique that will be inherited by her children. Perhaps, by exciting the maternal instinct, more benefit will be derived than by any other means at present devised. At any rate the proposal deserves consideration.

Apart from tight lacing, there are other evils associated with modern clothing that deserve equal attention. Space forbids more than a mention of them now, but we may instance the inadequacy of modern dress to secure either of the two important desiderata—appropriate protection and equable temperature. As Mr. Treves pointed out to his audience, a fashionably dressed woman of to-day is all but nude about the chest and back, at most but a thin, single or double, layer of material protecting these delicate and susceptible regions, while a huge mass of useless clothing is swathed about the hips and legs, and trails in abundant prodigality to clothe the floor around. Again, the disastrous senselessness of "Parisian" shoes, high-heeled and taper-toed, needs no enforcing; but the fashion which insists on them will need a very strenuous and determined opposition ere it is finally conquered.

The question of modern dress, indeed, is, taken altogether, a serious and a pressing one; and the effort that is being made to educate the people into perceiving the frightful errors they are perpetrating by adhering to existing rules regarding it, is one that should receive the earnest support of every member of the profession anxious to witness an improvement in this important respect. We are glad to be able to offer Mr. Treves our hearty congratulations, both on the admirable lecture he delivered on Saturday, and on the unmistakable success with which it has been attended. As his first hope will be for it to be followed by im-

provements in fashionable attire, so are we wishful to see the first dawnings of reason in this respect in the minds of "fashionable society."

THE REFORM OF THE LECTURE CERTIFICATE SYSTEM IN DUBLIN. *

WE learn with great satisfaction that the Council of the Irish College of Surgeons has matured and finally adopted a scheme for securing the *bond fides* of the lecture and hospital certificates presented to them by candidates for their licences. Heretofore, as our readers know, these certificates have—in many cases—represented nothing whatever but money paid, and contained statements as to the attendance of students which were systematically false: On the 20th of October, 1881, the Council adopted a resolution to appoint a Committee "to inquire and report respecting the best means of ensuring the *bond fides* of lecture and hospital certificates as evidences of medical study;" and the Committee then appointed had under consideration replies received in March, 1876, from schools and hospitals throughout England and Scotland, to inquiries then instituted by the Education Committee respecting the method usually adopted to check the attendance of students at lectures and hospital; they also examined the replies from Dublin schools and hospitals to similar inquiries submitted to them by the Branch Medical Council for Ireland, which replies are printed *in extenso* as an appendix to the minutes of the General Medical Council, July 16th, 1880, page 141. On the report of the Committee the Council has resolved in future to recognise no certificates of courses of study unless they fulfil the following requirements:—

(a.) That all lecture certificates shall set forth the exact number of the student's attendances, and the total number of lectures delivered in the course.

(b.) That no lecture certificate shall be received by the Inspection Committee, unless the number of attendances certified shall be at least two-thirds of the entire number of lectures which the Council shall consider sufficient.

(c.) That, as regards hospital certificates, the number of daily attendances certified shall be not less than eighty for the winter session, and forty for the summer session.

The Council has approved the following new form of certificate, which shall, in future, be required by the College:—

SCHOOL OF MEDICINE AND SURGERY.

Lectures on

I hereby certify that Mr. attended
 Lectures of the Course, consisting of
 Lectures, delivered by me during the Session 188...

Signed,

..... Lecturer.

..... Registrar.

In future, in the schools and hospitals in Ireland recognised by the College the attendances of students shall be checked by the following methods:—

(a.) As regards lectures, printed cards indicating the nature of the course, with blank spaces for signature and date, shall be issued at intervals by the lecturer or school

registrar to each student, and one of such cards, properly signed and dated by the student, shall be received by the lecturer from each student when leaving the room after the lecture. Not more than one card shall be accepted at one time, under any circumstances, and all such cards shall be retained until the termination of the course, as evidence of the attendance of the student.

(b.) As regards hospital attendance, in all hospitals recognised by the College a book shall be kept in which each student shall sign his name from day to day; such book shall be taken up by one of the medical officers each morning, half an hour after the commencement of the clinique, and be ruled off and signed by him each day, so that no entry may be made therein, except on the particular day indicated by the signature. In case it appears from the nature of the signatures therein that more than one name has been signed by the same person, the whole of the signatures which appear to be so written shall be struck out by the registrar, and no credit given for the attendance on that day to any of the persons so named. Such book must be kept for future inspection.

In order that the sufficiency of the attendances of the student at lectures and hospital may be fully guaranteed, and presented to the Inspection Committee of the College in proper form, the Council has decided that the various courses of medical study required for each of the examinations of the College be set forth in a "Schedule." The registrar of the schools and hospitals at which the student has attended shall be required to sign a declaration upon such schedule that the entries therein respecting the attendances at their respective school are in all respects correct. The student shall be also required to sign a declaration upon such schedule to the same effect, and furthermore that he agrees that—if the College licence should, after examination, be granted to him on the faith of the entries in such schedule—the diploma may, in pursuance of Clause 18 of the Supplemental Charter, be cancelled and the licence withdrawn, if it be afterwards ascertained that the entries are not correct.

Notes on Current Topics.

Guy's Hospital.

GUY'S HOSPITAL was last week the subject of an attempted censure, most unjustly delivered, by a coroner's jury at Southwark. A patient had been attended in the surgery for what appeared to be only a scalp wound, and was soon after sent away. Before reaching the address he had given, however, he became unconscious; and not being known at this house, the friend who had charge of him conveyed him to the nearest police-station, where he was seen by the divisional surgeon, who ordered his immediate re-conveyance to Guy's Hospital. He never recovered consciousness after admission, and died thirty-six hours subsequently. Post-mortem examination revealed fracture of the base of the skull, and it was on this account the jury sought to blame the officers of the hospital for sending the man away in the first instance, notwithstanding medical testimony showed the fracture could not have been discovered ante-mortem. We are glad to report that the coroner, Mr. W. J. Payne, peremptorily refused to listen

to the complaint of the jury, very properly remarking that he had never known a case in which less blame could be attached to the surgeons who treated the patient. In this instance we cannot but think an unrighteous attempt was made to fasten unmerited disgrace on an unfortunate institution; and we repeat that we regard the action of the coroner as a satisfactory proof of a desire to repress undue willingness on the part of jurors to censure the hospital on every occasion when it is unfortunately brought into notice, whether it deserves it or not.

Waller and De Watteville on the Electrotonus of Human Nerves.

THE results obtained by these observers, after a long and patient investigation, are embodied in a memoir communicated to the Royal Society by Professor Burdon Sanderson, and of which an abstract was read at the last meeting. Many experiments have been made in Germany during the last fifteen years, with a view to demonstrate on living human nerve the phenomena so well known since Pflüger's classical researches. Owing to imperfect methods, however, the results had been as scanty as conflicting. Drs. Waller and De Watteville have succeeded, however, in demonstrating most clearly that the same alterations of irritability which are observed in the excised frog's nerve, both during and after the passage of a galvanic current, occur in the living nerve. Some of these alterations seem, indeed, to be far more marked in the latter than in the former; and the perfected methods they employed gave remarkably clear and uniform results. They tested the irritability of the polarised nerves, not only by means of galvanic and Faradaic stimuli, but mechanical stimuli, also a novel and important feature in their experiments. The consideration of the numerous sources of fallacy to which experiments on the human body are exposed led them to investigate a number of collateral phenomena of interest. Whether any immediate application of their results to electro-diagnosis and therapeutics is possible remains to be seen; but in the meanwhile, we are glad to observe that their memoir is the first contribution ever made in England to the cause of scientific electro-therapeutics.

The Dress of the Period.

On Saturday afternoon, Mr. F. Treves, F.R.C.S., of the London Hospital, delivered a lecture at the Kensington Town Hall, on "The Dress of the Period." The audience was a large and fashionable one, and so great was the interest excited by the lecture, that large numbers of persons were obliged to be turned from the doors in consequence of the large hall being completely filled. The lecture will, it was announced, be repeated on March 18th, in the same place, when those who were unable to obtain admission on Saturday, will have an opportunity of hearing it. The chair was to have been taken by Dr. Andrew Clark, but he was unavoidably prevented from attending, and in his absence Prof. W. H. Flowers, F.R.S., introduced Mr. Treves to the audience. The lecture, which was listened to throughout with marked attention, dwelt on the evil effects produced on the female body by tight lacing, by the absurd manner in which the clothes are customarily worn, and by the compression of the foot into the shoes

insisted on by fashionable requirements. In illustration of the truths laid down, numerous excellently executed diagrams had been prepared, and a model fashionable dress, lent by Messrs. Shoolbred, standing side by side with a beautiful, marble, full-sized copy of Thorwaldsen's Venus, served to emphasise the distinctions drawn by the lecturer between a normal and a fashionably distorted waist. At the conclusion, Dr. W. B. Carpenter briefly addressed the audience.

Torture in the United States.

THE *Louisville Medical News* of January 28th, comments with some asperity on a note with this heading which appeared in our columns a short time ago, and thus affords gratifying evidence that we have succeeded in calling attention in the United States to a matter seriously affecting the credit of the military service of the Republic. The incident, circumstantially reported by Mark Twain, either really occurred or was a creation of the gifted author's fancy. The *Louisville Medical News*, of course, regards it in the latter light, and speaks of it as a bit of extravagant humour. We fail, however, to see the humour of a vivid description of the infliction of intense suffering on an unhappy boy in order to compel him to speak out; and we must remind our contemporary that Mark Twain distinctly states that the experience which he relates is not fictitious, but genuine, and that he takes pains to convince his readers on this point. Supposing, however, that he has been drawing on his imagination for this experience, it is at least curious that he should have endeavoured to heighten its picturesqueness by introducing an impossible incident at the very time when he was labouring to establish the truth of his narrative. Great artists do not often thus offend. For our part, however, we shall rejoice to be assured that "the Innocent at home" did slip for once, and that supposed spies never were *triced* up by the thumbs during the War of Secession.

The *Louisville Medical News* is splenetic in a somewhat school-boy fashion, and retorts on us with a rather transparent *tu quoque* in the shape of a story of an English officer who served in the Kentucky Brigade, and was successful in eliciting information from a Federal prisoner by letting him have an inch of knife in his flesh, saying, "that's the way we manage in India."

The difference between our contemporary's story and ours is just this: that while we give our authority for ours, his is altogether unauthenticated. If he will name the English officer referred to, we shall not credit his anecdote, but be in a position to inquire into it. No British officer would require to be twice convicted of running his knife into a prisoner in India or anywhere else. Our contemporary strangely fails to notice that his anecdote tends to confirm the suggestion which he is so indignant with us for making, that torture was used during the war in the States, for the English officer was in the Confederate service when he ventured to use his knife interrogatively.

DR. MURRELL, Lecturer on Materia Medica and Therapeutics at the Westminster Hospital, has been appointed Examiner in Materia Medica at the University of Edinburgh, in succession to Dr. Lauder Brunton, F.R.S., who has resigned.

Minor Hospital Appointments.

CONSIDERABLE interest having been evinced in our articles on this subject, we now place before our readers the system which obtains in France, taking as our text the special *concours* for the nomination of four *accoucheurs*, advertised to open on March 27, 1882. *Conditions*: All medical men desiring to enter for these appointments must apply to the secretary-general of the Administration of Assistance Publique. The register will be open on February 25, closing on March 11. Those absent from Paris, or prevented by other reasons, can have their names inscribed by letter. As soon as the list of candidates is closed, a jury is formed: each candidate may ascertain the composition of the jury, and if he has any objection he can lodge it in a sealed letter with the director of the Administration. The jury for the appointment of *accoucheurs* is composed of two hospital physicians, acting or honorary, two hospital surgeons, acting or honorary, and three surgeons who have had charge of a special *service d'accouchement*; in all, seven members. Tampering with the jury in any way is forbidden, and is a bar to appointment.

The conditions for the contest are as follows:—1. A written composition on an anatomical or physiological subject; three hours are allowed for this composition. 2. Clinical observation of a woman, *enceinte*, in labour, or recently confined—ten minutes will be allowed for examination of the patient, five minutes for reflection, and five minutes for an explanation of the case to the jury. 3. A theoretical lecture on some subject connected with midwifery, of twenty minutes' duration, after twenty minutes' preparation. 4. Two operations on the dead body. These are called *proofs of admission*.

The next steps, or final tests, consist of—1. A written opinion on a woman suffering from some surgical affection, or on a newly-born child—ten minutes being allowed for examination, and forty-five minutes for composition. 2. An oral, clinical opinion on two women, pregnant, in labour, or recently confined—twenty minutes being allowed for examination, and thirty minutes for an explanation of the cases.

The jury decide by points, twenty being allowed in the first test, and thirty in the latter for each subject. A process of elimination takes place by excluding those who have obtained the least number of marks.

There are advantages in the French system which commend themselves. 1. Merit and industry have a chance of recognition. Influence and interest are of no use in competitions of this kind. 2. Habits of writing and extemporary speaking are cultivated, very important requirements in those who have to teach others.

Now that the struggle for existence is so keen amongst the younger members of the profession, it is important that the fittest should survive; and that appointments in the large hospitals should be thrown open to such a competition as would bring forth the best energies of young aspirants for these appointments. Considerable opposition will, no doubt be raised against a proposal of this nature, as we are so conservative in our ideas and so tenacious of our insular customs. We shall be glad to open our columns to those who desire to ventilate the subject.

Compulsory Notification of Infection.

WE observe with much satisfaction that professional opinion on this subject in England grows apace. Compulsory notification has been rejected by the profession in Liverpool, and condemned at Bolton, and recently the subject has been under discussion in two of the branches of the British Medical Association. At a special meeting of the Lancashire and Cheshire Branch, held on Feb. 8th, it was resolved, after discussion:

"That, in the opinion of the meeting, the compulsory notification of infectious diseases is of great public and national importance. In carrying out this object, the meeting believes that the responsibility of notifying disease should rest with the householders, and that the medical attendant should possess the voluntary power of notifying cases of infectious disease."

A discussion on the subject was also introduced by Mr. Nelson Hardy at a meeting of the South London District of the Metropolitan Counties Branch, held on Feb. 17th, when it was resolved:

"That it be suggested to the Chairman of the Parliamentary Bills Committee as desirable, that the opinion of the profession in the Metropolis should be ascertained in a similar manner to that adopted by the Dublin Colleges, as to the proposals brought forward by the Dublin Branch of the Association, with regard to the notification of infectious disease."

On the other hand, the Town Council of Nottingham have determined to put in force the legal powers which they obtained in 1880 but never used. They propose to limit the notification to small-pox and scarlatina; but we need hardly point out that, if the profession accepts the duty of notification of these diseases it must perform the same function in all infectious cases. We certainly hope they will not submit to be thus burthened with duties inconsistent with their position and inadequately paid for. Notification can be provided for quite as satisfactorily without lading the physician with the duty of procuring and with police-court penalties if he omits to do what he is bid; and we hope the Nottingham physicians will—in the interests of their brethren at large—make their views heard.

A Medical Officer at Fault.

THE medical officer for the Borough of Birkenhead, Dr. Vacher, has recently been made to occupy a somewhat unpleasant position by reason of his over-zealous action in obstructing the sale of adulterated articles of food. Having summoned a tradesman for vending coffee which was asserted to contain a considerable admixture of chicory, the accused denied the adulteration. Dr. Vacher thereupon, somewhat gratuitously, as any competent chemist will allow, insisted that he had proved the existence of chicory by a careful *analysis*. Until this we had entertained the usual opinion that the *microscope* was the only test to be relied on for the detection of this adulteration; and, seemingly, others agree with us, for a certificate attesting the purity of the condemned coffee from Dr. Campbell Brown testifies to the same fact. A certificate of the genuineness of the coffee was submitted from Somerset House; and in face of this cumulative testimony to the worthlessness of the analysis, on the strength of which the tradesman was summoned, the case was of course dismissed; the magistrate adding that

he had very great pleasure in pursuing this course, and giving costs against the corporation in whose service Dr. Vacher performed the analysis.

This incident is a very unpleasant one, not only for Dr. Vacher, but for us, and for all who are called on to condemn his action in the matter. Dr. Vacher is, we believe, a painstaking official, although in this matter he shows a little proneness to over-zealous discharge of his duties. We trust he will learn from the occurrence in which he figures at such disadvantage, to temper his zeal in future with a discretion which will save him from a repetition of the error of which he has this time been undoubtedly guilty. *Verb. sap.*

The Porter Memorial Fund.

It will be in the recollection of many, that when Surgeon-Major Porter met his death at Sherpur, Afghanistan, while engaged as principal medical officer of the Cabul Field Force, that a memorial fund was started to perpetuate the memory of one so much beloved and who had served his country so nobly. The memorial was to take the form of a monument, to be placed in the Chapel of the Royal Victoria Hospital, Netley, and the committee which was appointed on 20th January, 1880, to carry out the design, having now completed their labours, report that the work is now in position, and meets with general approbation. The medallion portrait is of life size, and both it and the other sculptural parts of the monument are of pure white statuary marble, on a back-ground of polished black marble. There was a small balance of £2 9s. 6d. in hand after payment of all expenses, which the committee have handed over to the Netley Charitable Fund.

The Health of Vienna.

THE following data are taken from the last report of the city medical officer, Dr. Kammerer. On the whole there was a moderate increase in sickness during January of the present year. 27 persons died of measles, against 22, Dec. 1881, of which number all were under ten years of age. 13 died of whooping-cough, and 5 of puerperal fever. 321 cases of small-pox were reported, against 270 in the previous month, and 65 persons died of this disease, of which 46 were very young children, and nearly all unvaccinated. 217 cases of scarlatina were reported, against 138 in the previous month; 37 died, of which 28 were under 5 years of age. 154 cases of diphtheria were reported, of which 47 died; 28 of these were under 5 years of age. To each 10,000 of population there were 4 cases of small-pox, 3 of scarlet fever, and 2 of diphtheria. 10 persons died of enteric fever, the same number as in the previous month. In District 1 there were 6 cases, of which 5 were from the House of Detention, from which source were also announced 11 cases of typhus. The total number of cases of typhus was 28, of which 7 persons died. From the 1st to the 10th of February, 16 new cases of typhus have occurred, 13 of them coming from the House of Detention (*Polizei-gefängenhäuser*) in Sterngasse. To combat this house-epidemic, delodgment, disinfection, &c., were at once undertaken by the health authorities. The total number of deaths among the civil population of Vienna in Jan.

1882 amounted to 2018 (inclusive of 136 still-births), against 2,091 in Jan. 1881.

The Horrors of Vaccination.

IN an amusing little article the *St. James Gazette* recently described the vaccination (in America) of the members of Mr. Mapleson's Opera Company. Apparently these worthies regarded the operation in the light of a serious tragedy, and much excitement was created in the bosoms of all at the prospect of facing the vaccine points. "Madame Cavallazzi, as the American journalist puts it, 'bared one of her arms to the keen lancet.' Mdlle. Rossini, Cöbianchi, and Lauri followed the example of Mdlle. Juch, 'who had sacrificed a lower limb.' It was generally remarked that the ladies behaved with greater heroism than the gentlemen. Signor del Puente, so brave when he is playing the part of the bull-fighter in *Carmen*, is said to have had his eyes bandaged, 'so that he should not witness the approach of the glittering steel towards the biceps of his right arm.' Signor Galassi, whom we last saw in London as the terrible Rinnegato in Baron Orczy's opera of that name, prayed during the operation—at least, he assured every one present that 'the fervent words he uttered were indeed a prayer.' Novari fainted and on recovery said he felt sleepy. Monti sent for a Bible, and insisted on his wife's reciting to him 'that portion of the Holy Scriptures referring to the Philistines and the jawbone of an ass.' Campanini was not vaccinated 'nor was his pug-dog.' Mdlle. Vachot wept tears of apprehension, and required two hours before she consented to follow the example of her sister prima-donna. Madame Dotti cried, 'give me the dagger' and nearly knocked the doctor down. Colonel Mapleson faced the lancet like a true soldier, exclaiming at the same time, in the presence of the reporters, who seem to have been admitted to the trying scene, 'This may interfere with cheques and free passes.' Mdlle. Hauk declined the operation, as her husband was away in Pittsburg, and she naturally would require solace. Arditì, with all the strings, most of the brass, and a few of the flutes, was vaccinated on the left arm. One sporting character was vaccinated on both legs, and made a bet as to which leg would 'take' first. The ladies of the ballet, it is stated declined unanimously to be vaccinated, preferring the chances of small-pox to the certainty of immediate disfigurement."

The Case of Dr. Kenny.

MR. CALLAN, M.P., has given notice that he will "call attention to the circumstances connected with the arrest and dismissal of Dr. Kenny under a sealed order of the Local Government Board for Ireland, and to move that the action of the Local Government Board in dismissing Dr. Kenny under sealed order was harsh and uncalled for."

Lunatic Asylums.

MR. STANLEY LEIGHTON has given notice that on an early date he will move in the House of Commons "that the cost of maintaining public asylums should be paid out of the taxes, and not out of the rates, and that private asylums should be abolished."

Rokitansky on the Zwanck Pessary.

A WIDOW, 48 years of age, had worn a Zwanck-Schilling pessary five years, during the last twelve months of which period it had never been removed. It had become rotated, and as may be anticipated, had caused deep ulcerations in the vaginal walls, overlapped by granulations. After some trouble the offending body was removed.

As the Zwanck pessary even yet finds admirers in this country, where it is still sold in the shops, and figured in the catalogues of surgical instrument makers, Professor Rokitansky's opinion thereupon may not be unserviceable. He pointed out that in this case para- and perimetritis might easily have been set up, perforation of the rectum might easily have taken place, and that the causes of these untoward occurrences did not so much lie in the length of time during which the instrument was uninterruptedly worn, as in the shape, form, and mode of action. He concludes as follows:—"According to the principles that govern modern gynecological therapeutics, the Zwanck-Schilling pessary must be pointed out as one that is dangerous and totally useless. It is high time, indeed, that this pessary should take up its permanent place in the gynecological lumber-room. Its only pretensions to value are of an historical nature. Notwithstanding its known dangers, it still, however, here and there finds admirers; it is true that the right choice of a pessary for a particular case requires, first of all, skill, and frequently also not a little patience—requisites that are not at home with everybody."—*Wien. Med. Zeit.*

The Zwanck-Schilling pessary, although not generally known by name in these kingdoms, is objectively known to gynecologists as Zwanck's pessary with three stems, one from each wing and the third running from the hinge.

The Contagious Diseases Act.

THE anti-contagionists are on the war path; they are holding public and private meetings; they are circulating pamphlets and leaflets, and doing all in their power to contaminate the homes of the country, by talking about diseases the names of which have been hitherto unknown to the majority of the women of this country. It is very astonishing that a large number of women who are engaged in this crusade are either spinsters of uncertain age, or wives who are childless.

We have so often spoken on these Acts that we need not repeat the arguments in their favour. We would, however, urge upon the well-meaning, but mistaken women who are connected with this agitation, the harm they may do by the indiscriminate dissemination of literature of this nature among young innocent girls. It would be better for them to do more work directly amongst the class whose persons they are so anxious to protect; to establish refuges and homes where these girls may turn to for assistance, when anxious to leave their abandoned method of living; to bring more personal sympathising aid; above all, to teach their fellow women to be kind to those who have fallen. This form of employment would do more good than ephemeral agitation. We regret to say that female refuges are very badly supported. Women are very severe upon women—many

an unfortunate has been made by the cruelty of her sisters. Turned out of situation after situation, for an offence committed, perhaps, many years before, many a helpless girl has been thrown upon the streets. The offence having become known, the servant or shop-girl is discharged to satisfy her mistress's outraged sense of virtue, and the worst has been accomplished.

Army Medical Department.

SURGEON-GENERAL CRAWFORD, the new head of the Army Medical Department, will leave Calcutta for England on March 12th, so that he will time his arrival almost exactly to enable him to take up his new post on April 1. Dr. Crawford will find plenty of work to do, as the department is by no means in a satisfactory state, notwithstanding all that has been done of late years by Royal Warrants. The proportion of home to foreign service, about two years to five, is still so small that a very large number of surgeon-majors of over twenty years' service retire before they otherwise would, to the detriment of the Service and of the public purse, which is thus burdened prematurely with more pensions.

THE Municipal Council of Villefranche, in the department of the Rhine, has voted the erection of a statue to the illustrious physiologist Claude Bernard. It is to be placed in the square which already bears his name.

AN outbreak of black small-pox of a very virulent type is reported from Trebinje in Herzegovina, a district included in the present revolt. The authorities are said to be taking the strictest precautionary measures against the spread of the disease.

MRS. FRANCES GRANT, who gave a donation of £10,000 last year to found a chair in the new Liverpool University, has now placed in the hands of trustees the munificent sum of £100,000, the interest of which is to be annually distributed among the deserving poor of that town, without regard to class or creed.

AMONGST the Parliamentary Bills which have been read a first time are, a Bill by Mr. Peter Taylor "to repeal the compulsory clauses of the Vaccination Acts," to be read a second time on Wednesday, June 21st; and a Bill for the Total Abolition of Vivisection, to be read a second time on Wednesday, June 28th.

At the quarterly court of governors of the Brompton Hospital held on Thursday last, it was stated that when the new extension building was open it would require an additional income of about £10,000 a year, and the committee accordingly appealed for liberal help. Legacies to the amount of £1,550 were announced.

It is reported that fever has been very prevalent among the troops in Natal, and that the mortality thereby has been somewhat high. At Newcastle the disease appears to have been particularly high; and in consequence of this some regiments have been moved from that place to a healthier locality. The form of the prevailing fever is

said to have been "typhoid;" whether the term is applied as indicating a condition, or a specific disease does not appear from the accounts received.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official weekly returns, as follows:—Calcutta 30, Bombay 32, Madras 42; Paris 33; Geneva 34; Brussels 27; Amsterdam 22, Rotterdam 39, The Hague 31; Copenhagen 27; Stockholm 22; Christiania 20; St. Petersburg 52; Berlin 23, Hamburg 25, Dresden 23, Breslau 31, Munich 37; Vienna 29, Prague 32, Budapest 40, Trieste 41; Turin 30, Venice 30; Alexandria 29; New York 35, Brooklyn 24, Philadelphia 22, and Baltimore 25. No returns have been received from Rome or Naples since December.

THE annual rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of their population, were—Leicester 14; Derby, Hull, Portsmouth 19; Cardiff, Bristol 20; Birkenhead, Edinburgh, Nottingham 21; Halifax, Birmingham, Leeds, Sheffield 22; Newcastle-on-Tyne, Sunderland, Bolton, Bradford 23; Norwich, Liverpool 24; Salford, Plymouth 25; Huddersfield 26; Wolverhampton 27; Manchester, Glasgow, Oldham 28; London, Preston 29; Brighton 30; Blackburn 35; Dublin 36.

THE rates of mortality per 1,000 last week in the large towns from diseases of the zymotic class, were:—Scarlet fever 3·1 in Sunderland, 2·2 in Nottingham, and 2·1 in Leicester; from whooping-cough, 4·3 in Brighton, 2·2 in Sunderland, and 2·0 in Salford; from measles, 10·3 in Blackburn, 5·3 in Norwich, and 3·8 in Brighton; and from fever, 1·0 in Blackburn and Bolton. The 35 deaths from diphtheria included 12 in Glasgow, 6 in London, 3 in Edinburgh, 3 in Portsmouth, and 3 in Birmingham. Small-pox caused 28 more deaths in London and its suburban districts (including 6 in Croydon), 2 in Brighton, one in Bolton, one in Salford, and one in Leeds.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

THE CASE OF FISH POISONING AT EDINBURGH.—The members of the family who suffered severely, as if from irritant poison, after eating ling fish for supper, as reported in our last, are now completely recovered. A portion of the fish remaining uneaten was examined by Dr. Littlejohn, but nothing unusual was discovered. An examination of the salt, and the vessel in which the fish was boiled, also gave negative results. Dr. Littlejohn says that in all his experience he does not remember a case in which insufficiently-cooked fish alone produced such results.

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 18th ult., was 80, and the death-rate 18 per 1,000. Only 8 zymotic deaths were recorded, none of which were fever.

EDINBURGH UNIVERSITY.—EXAMINERS IN MEDICINE.—The following appointments to vacant additional examinations for graduation in medicine were made at a late meet-

ing of the University Court:—Dr. Byrom Bramwell, F.R.C.P.E. (of Edinburgh), *Clinical Medicine*; Dr. Sidney Coupland, F.R.C.P.Eng. (of London), *Pathology*; Dr. J. D. Gillespie, F.R.C.S.F. (of Edinburgh), *Surgery*; Dr. Wm. Murrell, M.R.C.P.Eng. (of London), *Materia Medica*; and Dr. Richard Caton, M.R.C.P.Eng. (of Liverpool), *Physiology*. These appointments are for the current year; but may be continued by annual re-appointment for five years. The additional examiners in anatomy, practice of physic, clinical surgery, medical jurisprudence, midwifery, botany, and natural history were re-appointed for the current year.

EDINBURGH MEDICAL SCHOOL.—Two new lecturers, we learn, are to be shortly added to the Extra Mural School, in the persons of Drs. Peter Young and Berry Hart. The subject chosen by these gentlemen is that of Midwifery, together with that of the Diseases of Women and Children.

EDINBURGH UNIVERSITY COURT.—At a meeting of the Edinburgh University Court, held on the 20th ult., Principal Sir Alexander Grant presiding, there was laid before the Court an Order of Her Majesty in Council approving of the Council's report in favour of Sir C. Wyville Thomson being allowed to retire from the professorship of natural history on a retiring allowance, and it was reported that the usual publication and intimations had been made as soon as the Order in Council was received. There was also laid before the Court an Order of Her Majesty in Council, granting further monopoly to the University, viz., an alteration of Ordinance No. 8, for making it compulsory on medical graduates to take the degree of Master in Surgery as well as that of Bachelor of Medicine in future.

GLASGOW DEATH-RATE.—The death-rate of Glasgow for the week ending with Saturday, the 18th ult., was 28 per 1,000 per annum, the same as the previous week.

"THE LEAST AND LOWEST FORMS OF LIFE."—The fifth of this season's course of lectures, under the auspices of the Glasgow Science Lectures Association, was delivered on February 23rd. in the City Hall, by the Rev. W. H. Dallinger, F.R.S. There was a large attendance, and the chair was occupied by Dr. Andrew Fergus. The lecturer remarked at the outset that the unity and variety of nature had always been more or less closely perceived by careful observers; but they had never been so wonderfully discovered as now, when immense power of vision had by optical appliances lifted us almost into a new sense. We could now with absolute certainty affirm the universality and changelessness of nature's laws; and, whatever was the subtle difference between matter in a living condition, it was something wholly different, not in degree, but in nature and properties, from matter that was not living. The life stuff in the brain of the philosopher and of the ape—ay, and even of lichen or fungus upon the apple tree—were to chemistry and physics at present precisely similar. But the difference between the lowest form of life and unliving bodies was practically an infinite one. The lecturer traced the life-history of the organisms to be found in a drop of putrescent water, and he illustrated the subject by means of some beautiful diagrams. In conclusion, he stated that these organisms were capable of being destroyed as adults at a temperature of 140° Fahrenheit, but that in fluid heat some of their spore were not more than destroyed at a temperature of 260°. So that we could not infer spontaneous generation in the origin of organisms because they had been in fluids heated to the boiling point of water. All this had a powerful and important bearing when we remembered that some of the most terrible diseases were dependent, as had now been definitely proved, upon the presence of organisms closely allied to those whose history he

had been relating. It had been proved that these were the positive cause of disease, in some cases the disease itself, and at the same time it had been proved that they were capable of modification outside the blood of the patient, which actually changed them into a vaccine that could save them from the disease itself. It was, he thought, a most important matter that we should be definite in our knowledge of a subject like that on which he had been speaking, and he looked forward to the time when we would see that our knowledge of these minute organisms gave us a triumphant power over many of the deadliest forms of suffering which afflicted the human race.

FYVIE.—MEMORIAL TO THE LATE DR. A. F. GREIG.—Soon after the death of this well-known and highly respected physician (in July, 1880), a committee was formed for the purpose of obtaining subscriptions to serve in commemorating his personal and professional worth. The committee, in conjunction with representatives of Dr. Greig's medical friends, have received contributions to the amount of £300, and with that sum it has been resolved to endow a bursary, of the annual value of £12, or thereby, for students of medicine at the University of Aberdeen (his *Alma Mater*), and also to erect a small memorial in Fyvie, which may bear an enduring tribute to the esteem in which he was held by neighbours and patients during a long and arduous practice of 42 years. The form which this local memorial is to assume is still under consideration; but the money for the bursary has already been gratefully accepted by the Senatus of the University, on conditions which provide that it shall be known as the "Dr. Greig, Fyvie, Bursary," the conditions being that it shall be open for competition to all students commencing the second winter session of their medical studies (the subjects of competition being fixed from time to time by the Medical Faculty, and announced beforehand in the "University Calendar"), and that it shall be tenable for three years. It is stipulated that in cases of equality a preference shall be given to natives of the district in which Dr. Greig practised his profession. The first competition is to take place at the beginning of next winter's session.

EPIDEMIC DISEASE AT TORRY.—At a recent meeting of the Town Council of Torry, as Local Authority under the Public Health Act, attention was called to the report of the medical officer, which stated that zymotic diseases—typhoid fever, measles, &c.—had been prevalent for months in the village of Torry, which is only separated from Aberdeen by the river Dee, and from which there is constant communication by fisherwomen and others; and Dr. Beveridge moved that the Board of Supervision be memorialised on the subject with the view of their ordering the Local Authority for the parish of Nigg (of which Torry village forms part) to take steps under the Public Health Act to prevent the continuance of the epidemics. After some discussion the motion was agreed to unanimously, it being stated that under the Public Health Act the Nigg Board could impose any rate of assessment it might be necessary to carry out the provisions of the statute, although they could not impose so large assessment for drainage or water works.

ABERDEEN.—COMBE LECTURES.—St. Catharine's Hall, Aberdeen, was crowded on the evening of Saturday, the 18th ult., to hear Dr. Stirling's lecture "On the Heart." After describing the circulation, the lecturer showed numerous experiments on the action of the valves of the heart, and also on the excised heart of a frog. An image of the frog's heart, whilst the heart was beating, was thrown on a screen, so that the audience could watch the movements of the heart. The image was about nine feet

in diameter, so that the changes of shape of the heart and the order of its movements were visible to every member of the audience. The lecture was brought to a close with a description of the action of the nervous system on the heart, this part being illustrated by apt quotations from Shakespere. The lecturer suggested the desirability of giving instruction in physiology and the elements of surgery to—policemen!

CONCERT IN THE ROYAL INFIRMARY, GLASGOW.—On the 23rd ult., a "residents' concert" was given in the Royal Infirmary, when a number of the medical and other gentlemen connected with the Institution took part in the entertainment. The hall used on the occasion was crowded to the doors with the nurses, patients, and friends, a number of students occupying one corner and filling up the intervals by singing choruses. Romberg's "Toy Symphony" was played. The audience enjoyed the various parts thoroughly, and each item was loudly applauded.

PROBABLE REINSTATING OF DR. KENNY.

WE have authoritative reason for the belief that the Government has, in consequence of the strong representations made by Dr. Lyons, M.P., and others, expressed its disposition to consent to Dr. Kenny being again appointed to the office of Medical Officer of the North Dublin Union, notwithstanding his dismissal by sealed order, if the Guardians please to re-elect him, which, doubtless, they will do. The authorities have shown discretion in thus relaxing their rule in Dr. Kenny's favour, and Dr. Lyons deserves, we think, the thanks of the profession for his exertions in the matter.

WE regret to learn of the sudden and serious illness of Sir Edward Sinclair, Professor of Midwifery in the University of Dublin, and of Dr. Hans Irvine, a well known and much esteemed member of the surgical profession.

Correspondence.

LUCAN SPA, NEAR DUBLIN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am sure it will be of interest to your readers to know that I am making every effort to revive the Lucan Spa, now that the times are not so prosperous as we would wish, and, consequently, people are not in as good a position to travel for their health's sake as formerly. It has, therefore, occurred to me that by placing the enclosed description of this famous Spa before my medical brethren they can at once see that, without much travel or outlay, their patients can enjoy the benefit of mineral waters, as good, if not superior to, the distant ones they have been accustomed to visit. Being about half-an-hour's drive from Dublin, patients can enjoy the privileges of the capital without in any way interfering with their medical course at the Spa.

Apologising for taking up so much space in your valuable journal,

I am, yours, &c.,

GEO. L. B. STONEY, L.R.C.S.I., L.K.Q.C.P.L., &c.
Late Medical Officer and Medical Officer of
Health, Borrisokane Union.

Dec. 9th, 1881.

LUCAN SPAS.

The principal and once famous Spa is situated in the beautiful and picturesque demesne the seat of Lieut. Col. Colthurst Vesey, about midway between the Lucan and Leixlip entrances, and in close proximity to that little para-

dise known as the "Cottage Garden." Through the kind courtesy of Col. Vesey, this demesne is open to the public, and a visit to it is amply rewarded by the splendid scenery it contains. Overlooking the Spa, and only separated from the demesne by the high road, stands that noble pile of buildings lately occupied by, and known as, the Stewart Institution for Imbeciles, or Lucan Spa Asylum, but in years gone by as the Spa Hotel—one of the best hotels as to accommodation, elegance, and appointments, of its day. So much was the water of this Spa sought after at that time, that I believe it was a common occurrence to be entered on the books of the hotel a month before being accommodated with apartments. There is a promenade connecting the hotel with the Spa running beneath the road and opening into the demesne. At the back of the hotel, a little to its right, in a nicely railed-in park (about 3 acres), is situated a terrace of five houses, most comfortable, and having every accommodation; there is also a detached house; their situation is most healthy; being on an eminence they enjoy a dry, bracing air, as well as command a most pleasing scenery. The water of this Spa is of a sulphurous nature, equal, if not superior, to the celebrated Lisdoonvarna, or Harrowgate Spas, as shown by the annexed analysis, kindly made for me by Professor Cameron, who not only examined the water at the Spa, but also at his laboratory, Royal College of Surgeons.

Royal College of Surgeons,
30th day of Nov., 1881.

Composition of a specimen of water taken by me from the Spa at Lucan.

An imperial gallon (70,000 grains) contains the following in grains:—

Total solid matters	...	...	37.400
Including			
Albumenoid Ammonia	...	...	0.004
Saline Ammonia	...	...	0.002
Nitrogen in Nitrates and Nitrites	...	...	traces
Chlorine	...	...	3.450
Equal to Chloride of Sodium	...	...	5.950
Sulphate of Calcium	...	...	3.500
Carbonate of Calcium	...	...	22.000

This water contains 4.71 cubic inches of sulphuretted hydrogen dissolved in each gallon of water. It is therefore a good sulphur water. It is clear and sparkling, being charged with an abundance of carbonic acid gas. It has a low temperature even in warm water. I hope the use of this ancient Spa may speedily be revived.

CHARLES A. CAMERON, M.D., S.Sc.C.

The action of the above is stimulant, mildly alterative, and slightly diaphoretic; therefore especially beneficial in chronic cases, and in the various forms of skin diseases. Sir H. Marsh used the water with good effect in treating psoriasis, acne, &c. Drs. Hudson and Ferguson recommended its use in chronic rheumatism with enlargements of joints. It has been recommended in secondary syphilis, hæmorrhoidal and some forms of hepatic disease. I myself have used it with great success in eczema. It gently moves the bowels, determines to the surface of the body, promotes the excretion of urine, and strengthens the digestive organs. The Spa is spoken most favourably of by Professors Tichbourne, Mapother, and McNamara, in their respective treatises on mineral waters. During a course of this, as well as all mineral waters, there should be regularity of diet, open air exercise, agreeable society, and perfect rest from all business and mental strain. Dr. McNamara, in his admirable work says: "So fully were the ancients impressed by these important items in a course of mineral water treatment, that the following lines were inscribed over the bath of Antoninus:—

*Curse vacuus hunc adeas locum
Ut morborum vacuus abere queas
Non enim hic curator qui curat."*

There are two other Spas in the neighbourhood, one in the village of Lucan, the other at Louisa Bridge, opposite Leixlip Station, M. G. & W. Ry.; both are of a chalybeate character, and well deserving of a trial.

Lucan and Leixlip are so well known that I consider it quite unnecessary to enter into particulars of their respective attractions. Suffice it to say that there is every facility of reaching them by either the Midland Railway, Great Southern Railway, or by steam tram; the latter, I expect, will be open for traffic early in the New Year. By this route

visitors can enjoy the drive to or from Lucan at a trifling cost. Since the year of the great famine, the Lucan Spas have lost their notoriety; the great hotel had then to be abandoned. It was afterwards taken for a clergy sons' school, and after that as an asylum, for which it was used until 1879. Since then, it is vacant, but excellent lodgings can be procured, either at the terrace, or in the village of Lucan.

RETINAL HÆMORRHAGE AND PREGNANCY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your correspondent has put a most important query in your issue of November 30th. There can be little doubt that retinal hæmorrhage would be a most serious complication of pregnancy. We have in the state of the retinal circulation, perhaps, the most ready key to the condition of the vessels generally, both cerebral and renal. The altered state of the blood during pregnancy, more especially when that state passes from the naturally changed condition, and which is inseparably attendant on the pregnant state, into another and far more important one, namely, a hydræmic, or uræmic, or hyper-fibrinoid, and where the small arteries, and capillaries partake of the general consequences which follow frequently on albuminuria, explains at once the reason why we should expect to find in the fine and delicate retinal vessels a frequent indication of danger. This is a danger oftentimes accentuated by the accompanying cardiac deviation in the abnormal force of the ventricular contractions, consequent upon the combined hypertrophic state of the heart, and the irritating effects of the circulating fluid, and the effort to overcome the obstruction in the capillary vessels. Whether we look to the natural consequences of any or all of these morbid blood and vascular accidental attendants in pregnancy, on the resulting effusion or thrombosis, or hæmorrhage, at any stage, from the early months until after labour has terminated, we have the pathological solution of the clinical symptoms, blindness, tinnitus, paralysis, convulsions, and the many other clinical phenomena included in the disorders of pregnancy. Some time since, in a notice of Dr. Wecker's admirable "Lectures on Ocular Therapeutics," I drew attention to this subject thus: (a)

"Nothing could be more convincing than the cases related by Dr. de Wecker in referring to retinal hæmorrhages. It is well known how frequently such hæmorrhages are due to secondary heart mischief which has its source in vascular changes due to morbid blood states, as for instance, in Bright's disease. Most important are such ocular disturbances in pregnancy. This is obvious when we remember the effect produced on the blood by this state, and the relative importance which it has to the safety of the patient, both as an indication of head complications and other hæmorrhagic discharges, either before or during labour."

"I was requested, says Dr. Wecker, (b) to examine a young American lady, twenty years of age, who was in her seventh month of pregnancy, and who complained that her sight had been somewhat dim during the last few days. Her husband begged of me to examine her that very evening, although to do this I had to disturb a large dinner party, which neither the condition of her sight nor health prevented her taking part in. I found that there was a very slight haziness of the retina in the neighbourhood of the papilla in both eyes, and deferred further examination till the next day. At ten o'clock the following morning, the ophthalmoscope showed on the left, near the papilla, a small extravasation, which certainly could not have escaped my investigation of the previous evening. Meeting a colleague in consultation, I informed him of the fresh hæmorrhage in the left eye, and the increased haziness of the papilla, and begged him to allow premature labour to be brought on. I felt convinced that it would not be long before serious brain symptoms would declare themselves, and that in any case this primipara would not arrive at her full time without some accident. One of the most celebrated accoucheurs in Paris was called in in further consultation, but I was unable to convince him of the urgency of this danger. During the night which followed this consultation—that is four days after the first ophthalmoscopic examination—the patient was seized with convulsions, following each other in rapid succession. In all haste Dr. Campbell was sent for, but he did not feel justified in forcibly delivering a patient who lay unconscious and in a moribund condition. Death occurred the following night."

(a) *Dublin Monthly Journal*, April, 1880.

(b) "Ocular Therapeutics," translated by Lytton Forbes, 1879

I am in the habit, in dealing with this subject in my obstetric course, of quoting this most instructive case and another of my own, where a lady desirous of consulting me for a sudden dimness of vision, came to my house, and on finding me out at the time, went away, promising to call the following day. That night she took a warm bath, to relieve her headache, in which she was seized with convulsions, and never rallied, passing into a comatose state. Thus, I think, we have ample grounds, physiological, pathological, and clinical, on which we are justified in advising the postponement of marriage in a case of retinal hæmorrhage, until at least its cause is ascertained, and so far as practicable removed. I am, yours, &c.,

H. MACLAUGHTON JONES,
Professor of Obstetrics, Queen's College, Cork,
Surgeon, Cork Ophthalmic and Aural Hospital.

VACCINO-TUBERCULOSIS!

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—In your last issue appears an article on the transmissibility of tubercle and syphilis by vaccination. I suppose if that were possible, tuberculosis and syphilis would be almost universal diseases, which I am glad to say they are not.

I have had a pretty fair experience as a public vaccinator on and off for nearly thirteen years, and I say that vaccination (properly performed) is incapable of conveying either tubercle or syphilis, or any other disease save and except vaccinia. This may appear a rash statement, and no doubt would be, had I not felt confident of the grounds on which it is made. No doubt many diseases occur after vaccination, which are not of vaccination, as they do after most diseases which are capable of "troubling the waters," and bringing the mind to the surface.

Had the government taken, as they ought to have done, proper precautions that the Acts were carried out with due regard to the welfare of the people, I do not think we should have been troubled with vaccinophobia. At present the vaccination officer is the relieving officer, who has no technical knowledge whatever, and the vaccination inspector has such an enormous district allotted to him that he is hardly able to make one inspection in three years.

I would suggest that there should be an inspector appointed for each county, whose business it should be to attend at least once at each vaccination station during every vaccination period, and that he should have full power to see that the process was carried out in a proper manner, and with due regard to the future health of the vaccinated.

I may state that what I mean by proper vaccination method, is that a child's arm should not be ploughed up as if it were a grass field being prepared for agricultural purposes. That it should no more be said "Dr. So and so made the blood run down to the child's elbow." "He made my child's arm sore by squeezing out the matter," &c. I am quite at one with those who hold that specific diseases have been spread by incapable and careless vaccination. And I am also positive that vaccination pure and simple can no more convey syphilis than small-pox can, than scarlatina can, or than any other contagious disease can, in fact that a disease in conveying its contagium does not make itself the vehicle for conveying another disease also. I do not doubt that if a syphilitic child has vaccination performed on it in an improper manner and the result is an actually inflamed wound, then by taking pus from that wound and inoculating another child with it the result may be highly unpleasant. That vaccination performed as follows is not followed by any disease other than vaccinia, I can say from my own personal experience, viz., The number of "scratches" not to exceed three or four for each pus tube, or more properly vesicle, the punctures to be made only deep enough to cause blood to exude more than sufficient to fill the scratches. The lymph should be perfectly pure and limpid when; lymph is taken all patients with inflamed areola should be rejected, and only those of pearly appearance used, these should be punctured with a very fine instrument, and if the faintest trace of blood or any turbidity appears, don't use it. When old women inoculated small-pox in former times, I do not think there is an instance on record of any disease save and except small-pox resulting therefrom. I may also say that I am informed that syphilis is not unknown among cattle.

I am, yours faithfully,

Whitwick, Feb. 17, 1882.

WILLIAM DONOVAN.

RESIDENT HOSPITAL APPOINTMENTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—You have done good service to medical students by calling attention to this hospital grievance. Last month I ventured to write to the *Lancet* on the subject of the appointments at St. Bartholomew's, hoping thereby to attract the notice of the powers that be; but in vain. I therefore readily accept your invitation to join in the discussion you have raised. The disproportion you speak of between deserving students who are desirous of resident appointments, and the number of the latter to be disposed of, attains its maximum at St. Bartholomew's; while the difficulty of selecting from the deserving and desirous those best qualified to fill the coveted posts is at its greatest, and since it is from those who have served on the junior that the senior staff is recruited, the selection or rejection of a candidate for these appointments may make or mar his future prospects.

It would be uncharitable to say the appointments are obtained by a process of jobbery, but it would be difficult to characterise it otherwise. No examination is held to test the capabilities of candidates; little notice is taken of their private career or University attainments; there is no consensus of opinions as to fitness, but the decision rests solely with one man, the physician or surgeon under whom the appointee takes office. It is, therefore, not surprising that a private introduction is a better recommendation than an University degree; and a family connection better than either.

What, then, is the remedy for this state of things? The increase of the junior staff which has been promised will be of little avail if the present rotten system of appointment be not superseded. Let the whole senior staff constitute a committee for the purpose, with the treasurer as chairman; let the previous careers of candidates be discussed, and allowance made for all attainments in the hospital, at the colleges, or at the universities; let a *viva voce* examination at the bed-side (the best of all tests of real knowledge) be instituted; and lastly, let the voting be by ballot, and I firmly believe the result would be satisfactory alike to staff and students.

I am, Sir, yours, &c.,

February 20, 1882.

AN OLD BART'S MAN.

PASS LISTS.

Royal College of Physicians of London.—The following candidates, having passed the required examinations, were admitted Licentiates on Thursday last, Feb. 23rd:—

Alderton, Herbert Charles, Dispensary, Stoke Newington, N.
Bevan, Henry Crook, 29 Frederick Street, W.C.
Cooper, George Frederick, St. Thomas's Hospital, S.E.
Day, Thomas Montagu, Harlow.
De Lom, Henry Anthony, 31 Denbigh Street, S.W.
Fell, Walter, 198 Earl's Court Road, S.W.
Harper, Charles John, 2 Station Road, Minchley, N.
Joseph, John Baptiste Edgar, Trinidad.
Parry, Robert, Festinog.
Prabhakar, Govindrao Bhan, 48 Saltoun Road, S.W.

King and Queen's College of Physicians in Ireland.—At the February Examinations the following obtained the Licences in Medicine and Midwifery of this College:—

MEDICINE.—Henry Vincent Dillon, Fredk. William Elsner, William Dargan Gray, Thomas James Hennessy, James Thomas Laffan, John Patrick Nicolls, Michael J. O'Doherty, Francis Edward Pim, Chas. Fredk. Porter, John Alfred Scott, Charles Henry Freeman Underwood.

MIDWIFERY.—Fredk. William Elsner, William Dargan Gray, James Thomas Laffan, John Patrick Nicolls, Michael Joseph O'Doherty, Francis Edward Pim, Charles Frederick Porter, John Alfred Scott, Charles H. F. Underwood.

The undermentioned Licentiates have been admitted Members:—

John Guinness Beatty. | Charles Coppinger.
J. Barclay Clibborn, Surg. R.N. | Geo. Edw. Twiss, Surg. A.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.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, can

now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

MR. W. BERRY.—The notes are interesting, and shall appear in an early number.

MR. J. S. McDONAGH (Hampstead).—We hope to be able to find space for your "Notes on a Case of Idiopathic Peri- and Endo-Carditis" in our next.

MR. B. W. S.—Thanks; by that date there will probably be less pressure on our space.

DR. G. S. B.—We have spoken to a "person in authority," who promises to interest himself in the case, which is certainly a very sad one. When it is necessary to move further in the matter, will write you a private note.

A VICTIM.—Contending interests appear to be so strong that it is difficult to arrive at the truth. We have asked a third and disinterested party to investigate and report.

A COUNTRY PRACTITIONER.—Yes; you will find "Gant's Science and Practice of Surgery" thoroughly reliable; the work is not so well known to country practitioners as its merits deserve.

THE FERTILITY OF THE MULE.—The Arab proverb that "when the mule produces offspring women will become men and men will become women" is now proven to be amongst that large category of rules with an exception, for that great zoological rarity is now on view at the Jardin d'Acclimatation, Paris. It is an African female mule, and since 1874, when she was brought over, she has given birth to five offspring—three to a horse and two to an ass. It is very interesting to compare together the members of this family, unique in origin.

A CAUTION TO SMOKERS.—In a pamphlet recently issued on tobacco monopoly, the author states that in Thuringia 20,000 cwt. of beetroot leaves are used annually for making tobacco. In the neighbourhood of Magdebourg and in the Palatinate they use potato leaves and chicory for that purpose. The Vevex cigars in Switzerland contain no tobacco at all; they are made with cabbage and beetroot leaves, soaked in a decoction of tobacco. The Hygiene Committee of Brealau (Germany) gives the names of five manufacturers at Oban who use every year 1,500 cwt. of beetroot leaves. Besides those leaves, salt, syrup of treacle, sugar, rum, sal ammoniac, tamarinds, saltpetre, potash, aniseed, gum, and dextrine are also used to make both smoking and chewing tobacco and snuff.

MR. J. HENDERSON.—The matter shall be reconsidered.

MR. ALISON.—Tonga is of undoubted value in facial neuralgia, and you may very possibly be successful with it when other remedies fail. It has never, in our experience, produced the symptoms you describe, and we do not imagine you will find them to follow its employment in your case. It may be prescribed either way. Certainly you should obtain it without difficulty in your own town.

ALBERT J.—You probably mean Schroeder van der Kolk. There is a small work answering the description you give by him. The English version was published in Melbourne, Australia. It contains several cases in which clergymen and physicians were victims of the disease. We regret we have not a copy of the book, nor do we think you will easily obtain it.

DOCTUS.—We have no recollection of it, and even if we had it would be of little service to you now. You will be much wiser to adopt a course the reverse of that you indicate; it is never advisable to make enemies where it is possible to avoid doing so.

AN ANXIOUS PATIENT asks us to give him the name of "an honest physician." If the request is *bona fide* we pity our unfortunate correspondent, who must have been mercilessly "quacked" ere he could utter such an appeal. We cannot, however, mention any practitioner by name in these columns; it is against our invariable rule to do so. Any duly qualified medical man should be able to accept the case.

A. F. B.—It is a very disgraceful affair, however it is regarded.

DR. E. F. A.—The clinical consequences are those of most importance. Suppression of urine is always a very serious occurrence, but in the case of an enfeebled subject, it is surrounded with a variety of considerations that might be absent in other circumstances. You may reasonably expect a repetition of the phenomena, and you will be wise to act at once with equal appreciation of the gravity of the situation. We cannot recommend any improvement on your method of proceeding, which in itself speaks well for the excellence of the school you name. This being, as you say, your first trying case, you have acquitted yourself most creditably. We shall be glad to have a history of the case when complete.

MR. HARRIS.—You are required by law to give a certificate of death if you were in attendance on the deceased during his last illness, and can certify without doubt. We do not know of any case in which, under the circumstances you suggest, a medical man has been fined; we only know he *may* be.

DR. WILLIAMS.—Messrs. Churchill will give you the particulars, or you can obtain the book through your local bookseller with less trouble perhaps. We can assure you that you will find it to contain all the information you require.

HUNTER'S PLATES OF THE GRAVID UTERUS.—An almost perfect copy of these rare plates is advertised for sale in our present number. To a bibliophile in search of this work, which is not often obtainable, this notice will be acceptable.

THE SOCIETIES, COLLEGE LECTURES, &c.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—This day (Wednesday), at 4 p.m., Prof. W. H. Flower, "On the Anatomy, Physiology, and Zoology of the Edentata."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—This evening, at 8 o'clock, Annual Meeting: Report, President's Address, &c.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—This evening, at 8 o'clock, Dr. Hubert Airy, "On the Probability that the Infection of Diphtheria is sometimes transported by the Wind."

OBSTETRICAL SOCIETY OF LONDON.—This evening, at 8 o'clock, Specimens will be shown.—Dr. W. S. Playfair, "Notes on Tracheorrhaphy, or Emmet's Operation."—Dr. W. A. Popow (Penna), "On the Corpus Luteum."

ROYAL INSTITUTION.—Thursday, March 2nd, at 8 p.m., Dr. P. L. Sclater, "On Geographical Distribution of Animals."

HARVEIAN SOCIETY.—Thursday, March 2nd, at 8.30 p.m., Dr. Edis, "On Cases of Menorrhagia, with Remarks."—Dr. Cleveland, "On Primary and Secondary Vaccination."

ABERNETHIAN SOCIETY (St. Bartholomew's Hospital).—Thursday, March 2nd, House Surgeons' Evening: The House Surgeons will introduce a Discussion on Head Injuries.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Friday, March 3rd, at 4 p.m., Prof. W. H. Flower, "On the Anatomy, Physiology, and Zoology of the Edentata."

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—Friday, March 3rd, at 5 p.m., Gulstonian Lectures: Mr. W. Kwart, "On Pulmonary Cavities—their Origin, Growth, and Repair."

ROYAL INSTITUTION.—Friday, March 3rd, at 8 p.m., Mr. A. Tylor, "On Roman Antiquities in London."

ODONTOLOGICAL SOCIETY.—Monday, March 6th, at 8 p.m., Papers by Messrs. W. H. Coffin, S. J. Hutchinson, and Marcus Davis.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—Wednesday, March 8th, at 5 p.m., the Second Gulstonian Lecture by Mr. Ewart, "On Pulmonary Cavities—their Origin, Growth, and Repair."

Appointments.

ABBOTT, T. E., L.S.A. Lond., Medical Officer to the Almondbury District of the Huddersfield Union.

BARTON, J. E., M.B. C.S., L.M. C.P. Ed., Senior Assistant Medical Officer, has been appointed Medical Superintendent to the Surrey County Asylum, Brookwood.

BERNARD, A., M.B., Surgeon to the Liverpool Lock Hospital.

FOTHERBY, H. A., L.S.A. Lond., House Surgeon to the Royal Cornwall Infirmary, Truro.

HUTCHINSON, S. J., L.D.S., M.R.C.S., Dental Surgeon to the Dental Hospital of London, Leicester Square.

MARLOW, F. W., M.B. C.S., L.S.A., Senior Assistant House Physician to St. Thomas's Hospital, London.

MCNEILL, J. P., M.D. Dub., L.R.C.S.I., reappointed Public Analyst for the Borough of Tiverton.

PURDON, H. S., M.D. Glas., L.R.C.P. Ed., L.E.C.S.I., Certifying Surgeon to the Belfast District, Belfast.

RICE, B., M.B. Lond., M.R.C.S., House Surgeon to the Warneford Hospital, Leamington.

SUTTON, S. W., M.B., L.R.C.P., M.R.C.S., House Physician to St. Thomas's Hospital, London.

WHITE, E. F., M.B. C.S., L.S.A., House Surgeon to St. Thomas's Hospital, London.

Births.

DUIGAN.—Feb. 22nd, at West Kensington, the wife of D. J. Duigan, C.B., M.D., Deputy Inspector-General of Hospitals, of a son.

ORMEROD.—Feb. 26, at 25 Upper Wimpole Street, London, the wife of J. A. Ormerod, M.B., of a daughter.

Marriages.

BEVOR—LEADAM.—Feb. 7, at the Parish Church, St. Marylebone, Charles Edward Bevor, M.D. Lond., M.R.C.P., to Blanche Adine, third daughter of the late Thomas Robinson Leadam, M.D., of Mortimer, Berks.

DUNBAR—SAUNDERS.—Feb. 21, at St. Paul's Church, Bayswater, James John Macwhirter Dunbar, M.D., eldest son of Surgeon-General J. A. Dunbar, M.D., Indian Army (retired), to Mary, daughter of George Saunders, M.D., C.B.

GORDON—YEATS.—Feb. 8, at Monkstown Church, Samuel Thomas Gordon, Surgeon to the Royal Irish Constabulary, to Fanny Armstrong, daughter of the late Rev. William Butler Yeats, Rector of Tullylish, co. Down.

ROBSON—JAMIESON.—Feb. 21, at St. Mary's-in-the-Bolton, South Kensington, Edward Shedden Robson, B.A., M.R.C.S., L.R.C.P., of Durham, to Edith Isabel, youngest daughter of the late James Young Jamieson, of Gainford House, near Darlington.

YOUNG—RENFREW.—Feb. 23, at Trinity Church, Glasgow, W. S. Young, Esq., of Hong Kong, to Mary, daughter of Robert Renfrew, M.D., of Glasgow.

Deaths.

ALLEN.—Jan. 9, at Secunderabad, India, Richard Maurice Allen, Surgeon 28th Regiment, Madras Native Infantry, son of the late Richard Allen, Wexford.

COUCHMAN.—Feb. 21, at Worthing, R. Couchman, M.R.C.S., formerly of Bedford, aged 63.

DOLAN.—Feb. 26, at Horton House, Halifax, Yorks, Joseph T. Dolan, infant son of T. M. Dolan, F.R.C.S. Ed., aged 7 weeks.

FELLOWES.—Feb. 18, at Chobham, Surrey, Henry Thomas Abdy Butler Fellowes, M.R.C.S., aged 25.

GOODWIN.—Feb. 24, at Ashbourne, Derbyshire, Robert D. Goodwin, F.R.C.S.

GREENHILL.—Feb. 24, at Stoke, Devonport, Louisa, the beloved wife of Surgeon-Major Greenhill, A.M.D., F.R.C.S., who only survived the birth of her daughter six days.

M'CARTEY.—Feb. 24, Florence M'Carthy, L.R.C.P. & S. Edin., eldest son of Eagar M'Carthy, Esq., Dublin, aged 39.

MORELAND.—Feb. 19, at Belfast, Hugh Moreland, M.D., aged 63.

TOOZE.—Feb. 17, Frederick Randolph Tooze, M.R.C.S., second son of the late Rev. H. J. Tooze, of Psychembury, Devon.

YEATES.—Feb. 26, at Walthamstow, Essex, George Yeates, M.D.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 8, 1882.

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Original Communications.

CLINICAL LECTURES ON SYMPTOMS.

Delivered in the Wards of the Hospital.

By FREDERICK T. ROBERTS, M.D., B.Sc., F.R.C.P., Professor of Materia Medica and Therapeutics at University College; Physician and Professor of Clinical Medicine at University College Hospital; Physician to the Brompton Consumption Hospital, &c.

LECTURE VIII.—SYMPTOMS CONNECTED WITH THE HEART.—Continued.

THE consideration of the remaining cardiac symptoms presents some difficulty, inasmuch as many of them may be produced in more than one, perhaps several ways, and therefore might be referred to different groups, if we adhered strictly to the plan of describing them sketched in the previous Lecture. I, therefore, think it best, in the present instance, to deviate somewhat from this plan, and after indicating in what further ways symptoms associated with the heart can be produced, to give an outline of the nature of these symptoms.

We have already dealt with two classes of cardiac symptoms, and the rest can be included under the following divisions:—

3. Those belonging to the *functional* group are of great importance. The one *function* of the heart is to circulate the blood. It is the central organ whose action initiates, and chiefly maintains the circulation. Therefore, we naturally look particularly for symptoms resulting from any derangement of this function, but you will readily understand that even when the heart is diseased structurally, it may be able to do its work perfectly well to all appearance, or at any rate so well that no appreciable symptoms can be discovered. Moreover, the phenomena may be of very varied character, according to the exact way in which the function is disordered, and the organs or parts of the body which happen to be affected thereby. It is very important that you should comprehend the different modes in which, so far as the heart is concerned, the cir-

ulation of the blood may be deranged, and they may be summarised thus:—

a. The heart often acts with *excessive force*, with or without increased frequency, as in many cases of mere palpitation, or in those of cardiac hypertrophy. In the latter condition, were it not that it is usually accompanied with other lesions which relieve its undue force, its effects would be much more serious than they are; and, as a matter of fact, the hypertrophied heart may not actually increase the force of the circulation, being merely compensatory to some other condition which interferes with it.

b. On the contrary, *impaired force* of the heart is frequently met with, and this may culminate in complete *failure* of its action. This may be exemplified by the functional disorder producing ordinary syncope; and by the effects of fatty disease or dilatation of the heart.

c. The cardiac action may be *disturbed* in various ways, and thus influence the circulation. For instance, it may be ineffectual and incomplete, although not actually weak in itself; irregular or intermittent; or embarrassed by neighbouring conditions or by conditions within the heart itself, as by pericardial effusion or adhesions, pleuritic effusion, or clotting of blood in its cavities.

d. The circulation is often seriously affected by *mechanical* or *physical* difficulties and disarrangements within the heart, in connection with its orifices or valves. These have to be taken into account in all cases in which any mischief causing obstruction or regurgitation exists at an orifice. Under this head may also be mentioned certain malformations of the heart, in which portions of its septa are deficient, and unusual communications are formed between its cavities.

The effects upon the circulation which may be produced in different cases by the abnormal modes of action of the heart just indicated, are sufficiently obvious, and readily explain the diversity of symptoms resulting therefrom. The effects may be enumerated as (1) Excessive and too forcible flow of blood into the main arteries—namely, the aorta and pulmonary artery, this effect reaching a variable distance along their branches and divisions, and more or less arterial or active congestion being thus produced. (2) Deficient flow into these vessels, often

combined with inequality, the amount of blood driven out of the heart differing in different beats. (3) In the case of the systemic arteries, an undue rush of blood into them, followed, however, by a sudden or rapid emptying in various degrees, in consequence of more or less incompetency of the aortic valves. (4) Overloading of the general venous system, or of the pulmonary circulation, owing to some impediment to the flow of blood, whether due to some mechanical difficulty, especially in connection with the orifices, or to impaired cardiac force. In consequence of one or other of these causes, or it may be both, the circulation behind the difficulty is hindered, a "back-working" effect being produced, and the general venous system, the pulmonary circulation, or both being implicated, according to the seat of the impediment, and a mechanical congestion thus induced. (5) A general languid and sluggish state of the circulation, so that the blood moves slowly throughout the whole body and in all classes of vessels, though this is mainly noticed in connection with the capillaries and veins. (6) Admixture of venous and arterial blood, through abnormal communications existing between cavities of the heart.

Now, you must not forget that some of the disorders of the circulation which I have indicated tend, in course of time, to originate definite lesions in the walls of the vessels, and in the different organs of the body. Therefore, the symptoms resulting therefrom in many cases become permanent, and independent of the cardiac disease which originated them in the first instance.

4. Another element which has to be recognised in the causation of symptoms in relation to the heart is the *blood itself*. In the first place the proper aeration of this fluid may be interfered with more or less, owing to some impediment to the pulmonary circulation; or there is such an intimate mingling of arterial and venous blood through abnormal channels, that in no part of the body is it pure. Then there is often a state of *anæmia* in various degrees, which may be independent of, but is not uncommonly at any rate partly due to cardiac disease. Clotting of the blood, or thrombosis, is liable to occur in certain affections of the heart, and this tends to give rise to grave symptoms. As a consequence of this clotting, or in connection with certain other conditions in the heart, definite emboli may be detached, and conveyed with the blood-current from this organ to other more or less distant parts. Occasionally, materials having septic properties are formed on the inner surface of the heart, and thus becoming directly mixed with the blood, are circulated throughout the entire system, producing the most grave effects. Such are the conditions affecting the blood which have to be borne in mind in different cases, in relation to cardiac affections of an organic nature.

5. In some instances diseases associated with the heart produce *mechanical* or *physical* symptoms, by their effects on neighbouring structures. These are chiefly noticed in cases of considerable pericardial effusion; or sometimes when the heart is much enlarged. In these conditions the parts in the vicinity are liable to displacement or compression, and thus certain phenomena may arise. Here may also be mentioned *rupture* of the heart—a physical lesion which is usually attended with a peculiar group of symptoms.

Having thus endeavoured to point out the modes in which symptoms may be originated in connection with the heart, I proceed now to consider these symptoms individually; and it will again be convenient to arrange them in certain groups.

(1.) You must be prepared for *sudden* or *very rapid death*, immediately due to the heart; or for the occurrence of *sudden grave symptoms* connected with this or with some other organ, but, in the latter case, really of cardiac origin. Sudden death is most frequently dependent upon the heart, and it may be instantaneous, or preceded by subjective præcordial sensations, objective cardiac disturbance, syncopal phenomena or those of collapse or shock, urgent dyspnoea, cyanosis, or other symptoms.

The fatal event may be due to cardiac failure, whether functional or the result of organic disease; arrest of the action of the heart owing to aortic regurgitation, and consequent sudden over-distension of the left ventricle; angina pectoris; clotting of blood in the cardiac cavities, or it is supposed the lodgment in the pulmonary artery of a portion detached from such a clot in the right ventricle; or rupture of the heart. It must be borne in mind that this sudden termination may occur in cases in which cardiac disease, although well-marked, has not been known to exist; while, in other instances, although disease might have been suspected, its signs have been so indefinite that no positive diagnosis has been arrived at. Under certain circumstances, also, unquestionably the heart may fail when it is perfectly healthy, so far as we can discover by the most careful post-mortem examination. Moreover, sudden death from cardiac disease may happen without any obvious immediate cause.

The grave attacks which may supervene, attributable to the heart, but not necessarily fatal, are faintness or actual fainting or syncope; violent disorder of cardiac action; so-called "cardiac asthma," or other form of urgent dyspnoea; angina pectoris; fits of giddiness, which may cause the patient actually to fall; temporary apoplectic or epileptiform attacks, due to congestion or other disturbance of the cerebral circulation; or the cerebral symptoms resulting from actual hæmorrhage into the brain, or from embolism. The heart may certainly contribute by its undue action to the rupture of a diseased cerebral vessel; and embolism of the middle cerebral artery is frequently associated with cardiac disease as its immediate cause. It will suffice at present thus to indicate the occurrences of a sudden and grave character which may be connected with the heart, without entering into a detailed account of all the symptoms, as these will come up for consideration on other occasions.

2. A class of symptoms may be recognised in relation to the heart, of the nature of *general* or *remote subjective sensations*; that is, the patient may be conscious of certain feelings, either throughout the entire system, or in some part at a distance from the heart, and yet dependent upon this organ. They may be constant, variable in degree, or only felt at times. The general sensations include more or less chilliness or coldness of the whole body, culminating in the extreme feeling of this nature noticed in some cases of congenital malformation with cyanosis, the patient feeling cold even in the hottest weather, and crouching over the fire; a sense of weakness, ennui, languor, apathy and indisposition for exertion or occupation, want of vitality and vigour, and fatigue easily induced; and a tendency to faintness. The local sensations are coldness or clamminess of hands and feet, but especially the latter; throbbing about the head, face, or neck; headache, or a feeling of fulness or heat in the head; vertigo; temporary or permanent disorders of vision; tinnitus or noises in the head, and disturbances of hearing. These symptoms depend mainly on the way in which the heart is acting, and the blood circulating; but partly, in some instances, on the condition of the blood itself. Some of them are not uncommon in functional cardiac affections.

(To be continued.)

ON OSSEOUS ANCHYLOSIS OF THE HIP-JOINT TREATED BY OSTEOTOMY. (a)

By WILLIAM STOKES, F.R.C.S.,

Professor of Surgery, Royal College of Surgeons, Ireland;
Surgeon to Richmond Surgical Hospital, Dublin.

WHATEVER differences of opinion may exist as to the surgical merits of resection of the hip-joint, these can hardly be said to exist as regards some of the other kinds

(a) Read before the Surgical Society of Ireland. Discussion will be found on page 203.

of operative interference at this articulation, when one of the results of injury or arthritis, viz., complete ankylosis altering the position of the limb so as to render it practically useless to the patient, is present. This form of complete angular ankylosis, sometimes oddly termed "vicious," is not, in my experience, one often observed. A well-marked example of this condition was under observation in the Richmond Hospital during the early part of last spring; and a brief record of the case, along with an account of the operative treatment I adopted, has, I think, points of surgical interest not unworthy of record.

Nicholas B—, æt. 14, was admitted into the Richmond Hospital under my care on the 1st of March, 1881. He was a fairly-nourished youth. The right thigh and leg were, however, much atrophied, and this process involved largely not only the soft structures of the limb, but also the bones, arrest of development in the tibia on the affected side, as well as the femur being well marked. The thigh was strongly flexed, and rigidly fixed in that position, which rendered the limb perfectly useless to the patient. Locomotion could only be effected by the aid of crutches, the assistance of which the patient invariably had recourse to. The result of careful measurements showed that in length the affected limb was shorter than its fellow by three inches and one-eighth. Both on the lateral and posterior portions of the upper part of the thigh were found numerous cicatrices, indicating the pre-existence of sinuses, which, as I was informed by the patient's mother, for several years gave exit to a profuse purulent discharge. These, however, had at the time of the patient's admission into hospital completely healed. The mother stated that the disease commenced nine years previous to this, and gave evidence in favour of it having originated from injury. On observing the child walking lame, and complaining of pains referred to both the hip and knee, she brought him to an hospital of this city, where, however, he was, owing to alleged carelessness on the part of his nurse, only allowed to remain for three weeks. Of the treatment adopted at this stage of the disease all I could ascertain was that blisters were applied to the affected hip. After this, for seven years, the child was kept at home, and without any regular surgical treatment. An abscess formation then occurred, which opened at the front of the thigh. This was treated mainly by poultices, of various and strange composition, unnecessary to indicate, recommended at different times by irregular practitioners. The case not improving, and the limb getting more flexed, the patient was in 1879 brought to an hospital, when forcible extension was recommended and tried, but without success. After this fresh abscesses formed, opening chiefly at the back of the thigh. The patient remained three months in hospital, during which time four ineffectual attempts were made to forcibly straighten the limb. Excision of the head of the bone was then proposed, but to this suggestion the mother would not assent. The patient was then brought home, and kept there until February 14th, when he was brought to the Richmond Hospital in the condition I have indicated above, and placed under my care. Had so many attempts not already been made to forcibly extend the limb, I should probably, in the first instance at all events, have had recourse to this line of treatment. But having regard to the facts of the absolute immobility of the limb, and also that the surgeon under whose care the patient had been is a person of recognised discretion and skill, I deemed it inadvisable to make any further attempts in this direction. I came to the conclusion, therefore, that some other operative measure was indicated, such as division of the neck of the femur, or, if necessary, excision of its head. I informed the patient's mother of the view I took as to the operative treatment to be adopted, and she at once left the case unconditionally in my hands.

On March 9th, 1881, I operated in the following manner:—The patient being etherised, I made a straight incision behind the great trochanter, commencing three-quarters of an inch above it and carrying it downwards

for a distance of three inches and a-half. From the upper portion of the incision I carried it in a curved direction upwards, forwards, and then slightly downwards—the whole incision being thus somewhat crozier-shaped. This line of incision I adopted partly to give myself plenty of space to determine the actual condition of the parts, and partly because I knew by experience it is a convenient one to adopt, in case I deemed it desirable to excise the head of the bone. The soft structures being then dissected off the trochanter, and portion of the bone immediately below it by scalpel and periosteal raspator, I then passed my finger into the wound to ascertain the condition of the head and neck of the bone. The former I found rigidly fixed to the acetabulum, the latter shortened and atrophied. There was no evidence whatever of any part of the bone being in a state of softening. I then passed in a medium-sized osteotome, and by a few sharp taps of a mallet succeeded in dividing the neck of the femur. Notwithstanding this, I found it impossible to satisfactorily straighten the limb, owing to muscular contraction, chiefly of the adductor muscles. A subcutaneous tenotomy, however, at once overcame this obstruction, and the limb then could be satisfactorily extended. The wound was then carefully washed out with a 1-40 solution of carbolic acid, a drainage tube inserted, and the edges brought into close apposition with numerous points of interrupted catgut suture. The usual Lister dressings were then applied. The wound healed without pus production. During the convalescence of the patient a moderate extension of the limb was kept up, mainly by my double-threaded screw extension splint. After six weeks the patient was able to get about the ward without the aid of crutches, but with that of a stick. This latter was subsequently discarded, and the patient soon after returned home. Three months after this I found the patient healthy and strong, and able to walk with facility without stick or crutch. He suffered no pain, and there was distinct evidence of the formation of a false joint at the site of the operation. The muscular development of the affected limb was greatly improved, the limb straight, and the patient stated he was able to walk without inconvenience a distance of over three miles. He was shortly after this admitted into the Artane Industrial School, where he still is.

As regards osteotomy as a treatment for angular ankylosis of the hip, a few historical details connected with it may be mentioned. The credit of having first suggested and practised the operation for the cure of this deformity, formerly considered a condition that necessitated amputation, is due to Dr. J. Rhea Barton. He, as we learn in Dr. Agnew's classical treatise, performed the operation in 1826, in the case of a sailor, by exposing the trochanter by means of a crucial incision and dividing it with a saw. The modifications of this procedure were those of Rodgers, who excised a wedge-shaped piece of bone between the trochanters, and establishing a false joint at this situation; also that of Sayre, who excised a segment of bone convex above and concave below, so as to imitate a ball and socket joint. In connection with this subject, I am glad to be able to exhibit a cast of the false joint, which was obtained after one of Prof. Sayre's cases, which cast he kindly presented to the Museum of this College. The post-mortem in this case showed a capsular ligament, synovial membrane, and two round ligaments. The next modification is that of Mr. Adams, who, as all here know, divides the neck of the bone subcutaneously by means of a peculiar-shaped saw, which he devised for the purpose. However signal the advantages of subcutaneous osteotomy may have been in what may be termed the pre-antiseptic era of surgery, they can hardly be so regarded now, and it has this disadvantage, that the surgeon cannot possibly obtain any accurate information as to the existing condition of the parts when he operates through a mere puncture of the skin. There is another point connected with Mr. Adams' operation which I think worthy of note. I am not aware that in any of his cases has a movable joint been obtained. This, possibly, may be owing to the presence of bone fragments in the wound, resulting from the action of the saw, and such acting as

centres of ossification, may possibly be antagonistic to the formation of a pseudarthrosis. Actuated by this idea, I determined to divide the neck of the bone in the case I have brought under your notice this evening with a chisel rather than the saw. This was, I have heard, done first by the late Mr. Maunder, of London. The method is one which I think undoubtedly possesses advantages over the modifications of Rhea Barton's operation, which I have already briefly alluded to.

There are several important questions involved in the consideration of such a case as the one I have just recorded—questions bearing on the all-important and still unsettled one, as to the best means of dealing with coxo-femoral arthritis in the child—a disease of such frequent occurrence among the badly-clothed and badly-nourished poor of this country, one, I may say, under constant observation and treatment in the surgical practice of all here. In this case had issues been inserted, or blisters applied, had tapping the joint in the early stage of effusion into the joint been employed, had long-continued extension or drainage by caustics, or rigid fixation been applied, or lastly, had resection of the joint been performed, would the chances of the patient having a more useful limb than he has at present have increased or diminished? To such a question it must regretfully be admitted—and all conscientious surgeons will, I feel sure, endorse what I say on this point—that a definite answer could not honestly be given. No one here has had, so far as I am aware, a larger experience of the merits or surgical value of hip-joint resection than our Vice-President, and that experience, of which he gave an able account at the debate on this subject at the International Medical Congress, was not such as to encourage surgeons to advocate or practise, unless in very exceptional cases, this particular excision.

The all-important and still unsettled question as to the best means of dealing with the early stages of coxo-femoral arthritis, not only with a view to cure, but also to the prevention of deformity, and the comparative merits of forcible extension, resection and osteotomy, when the particular and rare form of deformity which the case I have brought under the notice of the Society this evening afforded so signal an example of, is present, are topics which must ever be of the deepest and most abiding interest to the surgeon.

NOTES OF A CASE OF EARLY MENSTRUATION.

By WM. BERRY, M.R.C.S. Eng. & L.R.C.P. & S. Ed.
Hon. Surgeon Royal Albert Edward Infirmary, Wigan.

CASES of early menstruation in this country are sufficiently rare to make them worthy of record when they do occur.

By early menstruation I mean cases in which the menstrual *menstrum* is properly and perfectly established. I do not include at all those cases which occur now and again in infants of from three or four weeks old and suffer now and again from hæmorrhage from the genitals, but have no symptoms common to the function of menstruation.

I find from a table given by Professor Leishman in his work, page 88, that in England there are recorded 14 cases under 10 years of age by Rolleston, Lee, Whitehead, and Murphy, and in the *Lancet* of 1866, vol. ii., Dr. Allbut gives a list of cases supplied to him by Dr. Aveling.

A similar case to the one I am about to record is published in the form of a letter to the *Lancet*, of July 20, 1878, by Mr. Tetley, of Keighley, the age in that case being 5½ years, and menstruation commenced 12 months before.

The following are the notes of my case:—

On June 17, 1880, I was consulted by the parents of A. B., aged 6 years and 2 months, owing to a periodical discharge of blood, which rather alarmed them, although she did not suffer in health.

Her mother informed me that she noticed the discharge 10 months before; that would be at the age of 5 years and

4 months, and it had recurred regularly ever since at periods varying from 3 to 6 weeks, and generally lasted three days. The girl at these times often complained of pain in her belly, and looked very pale.

On examining her I found her with well-developed mammary glands, and the external genitals also well developed, and covered with soft rudimentary hairs. Although the discharge was now absent, I was satisfied from the description that this was a case of early menstruation.

I told her mother not to be uneasy about the discharge, but to watch her and look after any little ailment she might have, and inform me if the discharge again recurred. She did not see anything more till September following, being a period of three months. Since then, however, she has menstruated regularly, the longest interval being 5 or 6 weeks. In every other respect the girl is strong and healthy.

Clinical Records.

MIDDLESEX HOSPITAL.

Cerebral Abscess—Trepining—Death.

Under the care of Mr. GEO. LAWSON.

[For the notes of this case we are indebted to Mr. W. ROGER WILLIAMS, F.R.C.S., Surgical Registrar.]

THE patient was a little girl, æt. 12, who was admitted into the Hospital on Dec. 31, 1881, complaining of headache and sickness. Five weeks ago she fell and cut her head down to the bone. Her mother says she has lately had "fits," attacks of vomiting, and a weakness of the right arm.

The patient is a delicate-looking child. She has vomited twice since admission, and has a bad frontal headache with vertigo. There is a small, almost completely healed, wound on the right side of the forehead, just at the spot where the hair commences. The pupils are normal. No optic neuritis. Bowels confined. Pulse, respirations, and temperature, normal. After a week's rest in bed all these symptoms subsided, and the patient seemed quite well—talking, reading, &c.

On the morning of Jan. 11th, the headache and vomiting recurred. She continued in this condition for three days, then she grew dull and drowsy, and had twitchings of the upper and lower extremities. There was no fever. Coma gradually supervened.

On Jan. 15th Mr. Lawson trephined at the seat of the injury. There was no "puffy swelling," or other local indication of intracranial suppuration. No fracture could be detected. A rather small-sized trephine was used. The bone was soft, especially the diploë. The dura mater was congested; there was no cerebral pulsation. A canula was thrust through it, and nearly 2 ozs. of pus evacuated. It was at the time believed to have come from between the dura mater and the brain. There was scarcely any bleeding. The patient vomited several times the night after the operation, but not subsequently.

On the following day she was semi-comatose and drowsy, but able to answer questions rationally when shouted at. The eyes were closed and averted from the light; the pupils normal. Frequent twitchings of the limbs occurred. Pulse, 80—sub-intermittent, full; temperature, 98.2° F. As no discharge escaped from the wound, Mr. Lawson incised the dura mater and cautiously inserted the knife to the depth of about half an inch. By this means a little pus was evacuated. Throughout the evening and night she continued in the same state. Towards morning the coma deepened, and she died thus at 8 a.m.

Autopsy, thirty hours after death: Rigor mortis well marked. On clearing the soft parts from the outer table of the skull, in the vicinity of the aperture made by the trephine, which is just above and external to the right frontal eminence, no fracture could be detected; but the bone had lost its proper colour, and was softer than usual. Its inner table was rough and red near the perforation. The diploë was very soft and red. Seen through the trephine aperture, the dura mater is congested, and there is a small hole at

about its middle through which thin pus oozes. At this spot the dura mater is adherent to the surface of the brain, over an area about the size of sixpence, corresponding to the forepart of the mid-frontal convolution, which is also perforated by a small hole. The brain and its membranes are congested, and the convolutions markedly flattened. In the right frontal region there is great deformity. The convolutions of its upper surface are not only flattened, but the normal convexity of this part of the brain is replaced by a shallow concavity. Over this region fluctuation is very manifest. The lightest palpation causes escape of pus from the small hole just mentioned. There is evidently an abscess in the substance of the brain. The inner aspect of the frontal lobe bulges in a very marked manner across the median longitudinal fissure, encroaching on the corresponding part of the left hemisphere, in which there is an indentation. On making a vertical section of the right prefrontal region, at right angles to the longitudinal axis of the hemisphere, after the manner of Pitres, an abscess, the size of a small orange, was exposed, which has destroyed nearly the whole of the white substance of the centrum ovale, in the midst of which it is situated. It has a thick, tough capsule quite impervious, except at the spot where the canula has penetrated. The grey matter of the convolutions is not destroyed, though in several places only a very thin layer of white substance intervenes between it and the abscess-wall. Posteriorly, the abscess comes near to the anterior extremity of the lateral ventricle, and the adjacent parts of the basal ganglia; but it does not actually encroach on either of these parts. However, the tissues outside the abscess sac, occupying the intervening space, are in a state of acute red softening—bordering on complete disintegration. Probably, this was the cause of death, and of the symptoms observed during life; the abscess itself having caused scarcely any obvious disturbance. In other respects the brain was healthy; the liver was congested; the other organs were normal.

This case illustrates the fact pointed out by Dr. Ferrier, that removal or destruction of the antero-frontal lobes is not followed by any definite physiological results. It is also in accordance with recent pathological observations which point to the same conclusion.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

A MEETING of the Surgical Society of Ireland was held on Friday evening, Feb. 10th, in the Albert Hall, Royal College of Surgeons.

Mr. B. WILLS RICHARDSON, F.R.C.S., Senior Member of Council present, in the chair.

Mr. WILLIAM THOMSON, Hon. Sec., read the minutes of the previous meeting, which were confirmed.

Mr. WHEELER exhibited the
ARTICULAR ENDS OF THE RIGHT FEMUR AND TIBIA, WITH
PATELLA,

which he removed from a lad, *æt.* 13, when excising his knee. About three years before the boy came into hospital he received a severe blow from a school-bench on the patellar region. Pain, accompanied by considerable swelling, supervened. He could always walk on the injured leg, except during frosty weather. Measurement showed, below patella of healthy knee, $9\frac{1}{2}$ inches; diseased knee, 10 inches; sound knee, on patella, $11\frac{1}{4}$ inches; diseased knee, $12\frac{1}{4}$ inches; sound knee, above patella, $10\frac{1}{2}$ inches; diseased knee, $11\frac{1}{4}$ inches. Very little pain was complained of on pressure, except at the lower and external angle of the patella. When the tibia was pressed against the condyles of the femur considerable pain resulted. The limb was habitually semiflexed. On examination of the parts produced, it was found that the synovial membrane well represented the pulpy degeneration of Sir B. Brodie. Both condyles of the femur were carious, the external more than the interval, and the space between the condyles was more diseased and more worm-eaten in appearance. There seemed to be marked condensation of the deeper portion of the bone around this ulceration. The semilunar cartilages were eroded. Beneath could be seen the head of the tibia, carious.

The bone at the edges of the cartilage was carious. The patella was healthy.

Mr. H. G. CROLY showed a specimen of

EPITHELIOMA OF THE OESOPHAGUS.

The patient, *æt.* 60, was admitted into hospital on the 22nd December last. It was remarkable how little pain he suffered. There was syphilis in the history of the case. On trying to swallow the patient made spasmodic efforts to get fluid down; but it was immediately rejected. He was kept under observation a few days, being able to swallow a certain amount of soda-water and milk. At last the symptoms became so aggravated he could scarcely swallow anything at all. Having expressed his opinion that the case was one of cancerous stricture of the oesophagus, Mr. Croly proposed the operation of gastrostomy to save the man from death by starvation. The operation was performed, with the result that he lived only a day after it. In the specimen might be observed the adhesions between the peritoneal surface of the stomach and the abdominal walls, which were very perfect. The disease was seen in the form of an epitheliomatous mass, and Dr. Abraham had so declared it to be a cancerous type. The situation of the annular stricture was a little below the crossing of the left bronchus. There was no disease of any other surrounding parts. The specimen was interesting in connection with the operation of opening the stomach. His only regret was that he did not open the stomach immediately on the admission of the patient into hospital; but he had had no previous experience of gastrostomy.

Mr. THORNLEY STOKER exhibited a specimen of

COMPOUND DISLOCATION OF THE ANKLE,

which was so severe as to require amputation. The dislocation was of the most usual form, that of the foot inwards and of the two bones of the leg outwards. In addition to the dislocation and laceration of the soft parts, the malleolus of the fibula had been fractured transversely on a level with the transverse surface of the tibia, while the malleolus of the tibia was similarly broken off from its attachment and remained connected in its usual position on the inside of the foot. There was, however, this difference, that whereas the fracture of the fibula was quite transverse, that of the tibia extended obliquely upwards and inwards. The injury was produced by a kink of chain catching round the man's leg while anchor was being weighed.

Mr. LAMBERT H. ORMSBY exhibited two specimens of Scirrhus Breast.

The discussion on Mr. W. Stokes' paper on

DIVISION OF THE NECK OF THE FEMUR IN CASES OF ANCHYLOSIS,

then took place, an abstract of which paper will be found on page 200.

Mr. BENNETT considered the question raised was as to the *modus operandi*—whether they should follow Adams' operation, consisting of the subcutaneous section by a saw introduced through an opening the width of its own blade, or that of Mr. Stokes, by a free and open incision. Unquestionably at the time Adams introduced his operation it was the only one admissible, as under the older system of operation he did not think any one would undertake the section of the neck of the femur either in child or adult with a free incision; but now there was the security of antiseptic treatment. Therefore, the point was as to whether the osteotome or the saw was the best instrument to use. So far as the child was concerned in this case, there could hardly be two opinions about it. The saw must produce a certain amount of detritus from the bone, which could not be an advantage, and hence, if an instrument could be got to divide the bone without producing such sawdust it would be preferable. In the case of a child, where the pressure of the hand would take the osteotome through the bone, there could not be any question as to using that instrument; but in the case of an adult, it was extremely difficult to take an osteotome or saw through the bone, and he would prefer the osteotome, because no *debris* would be left by its action. It was obvious, therefore, that Mr. Stokes' method was the best, as combining two advantages—first, that of a free and open incision, guarded by the antiseptic proceeding; and secondly, by using the osteotome rather than the saw there was a less amount of irritation in the wound, and nothing was left behind.

Mr. WHEELER said, as to the point which Mr. Bennett

raised about the saw, no doubt that to perform Adams' operation strictly the objection would apply; but by making a free opening the *débris* could be washed away, and in that case the saw would be a better instrument than the chisel. But that was not the point he would dwell upon; it was rather the important fact that the boy was present to be examined, so that they could see whether there was any amount of shortening, whether there were any sinuses, and so on. Again, it was important, in a surgical point of view, to see, under the guidance of statistics, whether they were justified in attempting operations of that class at all or not. Of course he was aware the operation was performed by Rhae, Barton, Bardwell, Adams, and others. But the point was to see the result themselves. He rather emphasised that, inasmuch as he knew there were many cases recorded and put down as successful in which the result was not satisfactory.

Mr. STOKES moved that the standing orders be suspended, in order that he might exhibit the patient.

Mr. BENNETT seconded the motion.

The CHAIRMAN put the motion to adjourn for ten minutes in order to examine Mr. Stokes' patient.

The motion was put and carried *nem. con.*

[The boy was then introduced and examined.]

Dr. HEPBURN asked what was the date of performing Mr. Stokes' operation, the successful result of which they had witnessed?

Mr. STOKES—Last March.

LITHOTOMY.

Dr. ANTHONY H. CORLEY said he wished to exhibit as a specimen a vesical calculus which he had extracted by the lateral operation nearly three weeks previously from a little boy, *æt.* 8. As there was some difficulty and delay in getting into the bladder, he would relate the case with observations, and trusted it would give rise to an interesting discussion. He might remark that the patient had made a complete recovery; therefore, there might be less hesitation in discussing the difficulties of the case, as operations in which obstacles were encountered were often more instructive than those in which the procedure was rapid and brilliant. When the patient was placed in the usual position, the staff, an ordinary one, size No. 6, was introduced (an attempt to pass a larger one, of Dr. M'Donnell's pattern, having previously failed). Unfortunately, at this stage the urine escaped, it was hoped partially, but, as it afterwards turned out, completely. The usual first incision was made, the groove in the staff was reached without much difficulty, the urethra was incised, and he then changed his knife for a blunt-pointed one. There was, however, great difficulty in passing this through the urethral cut into the groove, so much so, that he laid it aside and again introduced the sharp-pointed knife into the groove and passed it along into the bladder. When he believed he had made a sufficient incision, he tried to pass his finger along the knife, but failed to do so. The tissues seemed more ready to be pushed before the finger than to allow it to pass through the incision. At the furthest point, where the finger could touch the staff, he could distinctly feel a membrane across the groove, and it occurred to him that this must be the lower wall of the urethra which the knife had pushed before it and not thoroughly divided. He then passed a probe along the groove, and could feel from the inside the membrane which he had already felt with his finger. Withdrawing the probe and taking up an ordinary Blizard's knife, guiding it with his finger as far as possible, and then following the groove, he divided the membrane and made a sufficient section of the vesical neck to allow his finger to pass into the bladder. Having felt the stone with his finger—and not till then—he withdrew the staff, introduced a blunt gorget, passed the forceps along it, and, without further difficulty, completed the operation. These proceedings took much longer than their description would imply. He confessed that, to himself, the minutes seemed hours—the quarter of an hour which the operation required being to him a most anxious one. It was the first time he had ever used a probe-pointed knife in the second step of the operation, and it would be the last. He could not help remembering that in some cases the bladder had not been reached at all—a mischance always fatal. Many explanations had been offered to account for failing to get into the bladder. Mr. Dease thought that the "stop" at the end of the staff had something to do with preventing the knife from getting in, or with taking it out unexpectedly and pre-

maturely. Accordingly he recommended the use of an instrument open at the end—a principle adopted in Dr. M'Donnell's staff. Mr. Peile advised that the operator should hold his own staff, considering that the *consensus* between the two hands was likely to lead to a more ready striking of the groove, and a more certain entrance into the bladder. Dr. M'Donnell also adopted this recommendation, but was believed to be the only operator in this country who did so. The "stop" at the end of the staff could hardly act the dangerous part Mr. Dease assigned to it if the instrument were kept well in the bladder, and, above all, if this important rule were always observed of never—under any circumstances—withdrawing the staff until the finger touched the stone, the only *infallible proof that the bladder had been reached*. Although his personal experience as a lithotomist was limited to a few cases (as stone is a rare disease in Ireland), yet as "lecturer on surgery" he had performed a very large number of operations on the subject from year to year. From what he had observed, he was satisfied that in most cases the failure to reach the bladder resulted from the manner in which the staff was held. The assistant in charge, in his anxiety to watch the steps of the operation, would allow his hand to droop and rest on the abdomen of the patient, thereby drawing the concavity of the instrument's curve round the sub-public structures, and lodging its point in the membranous portion of the urethra. The knife, passed in the usual way, would incise the structures as far as the prostate. The finger introduced, slipping off the end of the staff, would pass under and behind the gland, between it and the lecturer, and would find a loose and dilatible space, but not the bladder. He need not say that accident did not occur in the case under description, as the staff was held by his colleague Prof. Stokes. Another explanation was offered in the case of children. It was suggested that by the use of too much force in introducing the finger, the urethra was torn across and pushed up along the staff to the prostate, which also, as well as the bladder, readily became displaced upwards. He confessed that the latter explanation flashed across his mind when the delay occurred, and made him use the probe for the purpose of ascertaining the position of the staff and the relation to it of the membrane alluded to. That enabled him to make sure that the Blizard's knife would reach the bladder and make the necessary section of the structures complete. That the last explanation was not the true one was happily shown by the result of the operation. In conclusion, in calling for remarks on the case, he would ask the Society to excuse any shortcomings in his description of it, as his bringing it forward was quite unpremeditated, and only, as it were, "to stop a gap" in their proceedings.

Mr. THORNLEY STOKER said the operation of lateral lithotomy in the adult, provided no extraordinary difficulties existed, was a comparatively simple one. In the child, however, a different state of affairs existed. The structures being so soft, offering little resistance to the finger, the tissues so loose, and the relative position of the viscera so different, there was extreme difficulty in introducing the finger along the staff, or whatever guide was selected. The reason Mr. Corley had suggested as affording a difficulty was the most correct one; he probably did not open the urethra sufficiently to permit of his finger passing along the staff rapidly into the bladder. The structures were so exceedingly soft in a child that no force could be employed; and if a free opening was not made into the bladder—a much freer opening, relatively speaking, than into the adult—it must be difficult to pass the finger without lacerating the parts extensively, and worse still, pushing the bladder backwards and upwards. It seemed to him there was one manœuvre that might in such cases be of great use—namely, the assistance the operator could, in this procedure above all others, give himself by taking the staff in his left hand at the time he was endeavouring to pass his finger into the bladder, and instead of keeping it fixed in the middle line of the perineum, if he lifted the body of the staff to the left side of the patient, he would put the opening transversely on the stretch and facilitate the entrance into the bladder. Another point of interest was this, that even when he had got into the bladder, there was some difficulty in finding the stone. At the Pathological Society Mr. Croly had referred to this, and asked the question why it was that when operating for stone in the bladder in children he had found a certain difficulty in seizing it that did not exist in cases of vesical calculus in the adult? It occurred to him that an

explanation might be found in the fact that the bladder in children occupied a different position, and was different in shape, to that in the adult, being an abdominal viscus and situated higher up, so that the stone could get lodged above the pubis.

Mr. O'GRADY was taken aback by the observations of Mr. Stoker. His experience had proved that the difficulty was to get into the bladder of a child and to get the stone out of the adult. He could sympathise with Mr. Corley; for in a case he had had himself some years ago the time occupied appeared like an age. The gentleman who held the staff, in his anxiety to see the operation, leaned over and displaced the staff, so that when he (Mr. O'Grady) cut down he was not in the bladder. Fortunately, having withdrawn the staff, an ordinary catheter went into the bladder. He got the stone, and the patient recovered. But for the assistant letting an accident occur, he could not conceive an operation so simple as the ordinary lateral lithotomy. Having a grooved instrument, if the operator followed it he could not fail to get into the bladder, unless displacement occurred. But displacement had occurred, and in more than one case, and the operator had got blame where he was blameless, the fault being that of the assistant. In an old man of sixty he had had difficulty in getting the stone out, adhering as it did to the pubis, and a strip of bladder came with it.

Mr. THORNLEY STOKER explained that Mr. O'Grady had misunderstood him. He spoke of the difficulty of opening into the bladder of a child being so great that he looked on it as an operation of a different category.

Mr. ORMSBY said he had experienced the same difficulty as had been mentioned in getting into a bladder of a child. In the last case he did not know how long he was, but he removed the stone, and the child got well. If the staff-holder held the staff in its proper position in the bladder there ought not to be very much difficulty in getting along the groove of it. The difficulty Mr. Corley mentioned of getting the finger up behind the prostate, or between it and the rectum, was a likely one; the great point was to strike from below upwards. Another important point was one for which he was indebted to his friend Mr. Porter, and that was to get the finger, not along the convexity of the staff, but along the concavity, as a certain guide into the bladder. Again, it was also important to arrange, if possible, that the child's bladder should be distended.

The CHAIRMAN said a most important point was the size of the staff used. With a staff as large as the urethra would carry there would be little difficulty in getting into the bladder. Mr. Corley had not mentioned the size of the staff he had used. Young operators used small staffs, and, unless they were lucky, the chances were they would bungle the operation.

Mr. CORLEY.—The staff used with the child, *et. 8*, was No. 6.

Mr. WHEELER did not agree with one of the speakers who said that there was no difficulty in getting into the bladder in performing lateral lithotomy, although in all his stone operations he had been fortunate enough not to experience any difficulty, except one, and in that case it was caused by catching the stone, which was large and flat, in the long axis. He did not change his knife for a blunt-pointed one, but continued the operation with the knife he commenced with, taking care to get it well into the groove in the staff. The anatomical differences between the bladder in the adult and the bladder in the child were alluded to in every surgery, and he would not discuss them; but, in his opinion, Mr. Corley's difficulty was, that the urethra of the child was pushed before his knife along the staff.

Mr. BENNETT said Mr. Ormsby had mentioned a point of considerable importance as to the difficulty of following the groove of the staff. Holmes, who did not claim to be a great authority on the subject, insisted, in his *Surgery of Children*, on the importance of overcoming the difficulty of entering the orifice by following the upper surface of the staff instead of the lower. He had himself found that the attempt to follow the groove was a failure, while great facility occurred on shifting the finger to the upper surface of the staff.

Mr. CORLEY replied. The point about holding the staff could not apply in this case, as, being held by his colleague Mr. Stokes, it was held as it ought to be held, which was proved by the fact that he got in afterwards. Dr. McDonnell was in favour of the operator himself holding the staff. But he was not disposed to be converted to it; for while getting the knife

into the urethra, the operator was assisted by having the use of his left forefinger, and it was a simple push that must be made with the knife to get in that way. Mr. Stoker had made a mistake about the difficulty in getting the stone. The moment he got his finger into the bladder he felt the stone, and it was not because it lay above the pubis he found difficulty. Mr. O'Grady and Mr. Ormsby had made some pertinent observations with reference to passing his finger along the concavity of the instrument. That was one of the reflections that passed across his mind; but the urethra having been cut, if he attempted to get his finger in he was afraid he would tear it or push the urethra and bladder into the pelvis of the patient. He thought it better to put a probe in, and make sure what was the obstructive membrane. Mr. Richardson's observation was exceedingly valuable. The largest instrument should be used. He introduced No. 6 staff, which fairly filled the urethra, and there was then the difficulty alluded to by Mr. Ormsby of getting into an empty bladder. With reference to what Mr. Wheeler said of the urethra running before the knife, he could answer at once. He left down the blunt knife, and pushed the sharp one along the groove; so that, at all events, the urethra could not have passed up before the blunt knife.

The Society then adjourned.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

DOUBLE PLACENTA.—At the Académie de Médecine, M. Tarnier presented a double placenta, which was expelled after difficult labour in his service at the Maternité. A quarter of an hour after the expulsion of the fetus, the placenta descended into the vagina and appeared at the vulva. A few slight efforts made by the woman, aided by a little traction, brought it outside, but when the midwife was about to take it away, she found that it was retained by a portion of the membrane. The midwife, according to instructions laid down by M. Tarnier in similar cases, abstained from drawing at the membranes, and applied a ligature. Soon afterwards flooding came on, and with it a supplementary placenta, smaller than the first, and united to it by a sort of membranous bridge. Such was the case, and the question arose as to the possibility of recognising the existence of these accessory placentas before expulsion. After expulsion of the normal placenta, a string of membranes has often been observed lying in the uterus and retaining the membranes of the ovum. This retention is to be, according to M. Tarnier, attributed to three causes—abnormal adherence of the membranes, twisting of the membranes around a clot, which hinders their exit from the uterus, and lastly to the presence of an accessory placenta. A fact that must be borne in mind is that in the two first cases the membranous bridge contains no vessels, while in the last branches of umbilical vessels are to be found in its folds. Thus by examining carefully the membranes outside the vulva, the presence of a supplementary organ may be inferred if sanguineous vessels are found.

TRANSFUSION.—Transfusion is to-day by no means a rare operation, and medical men have fully recognised the legitimacy of expecting favourable results from it when practised under favourable conditions. Those conditions consist in keeping the blood to be injected from coagulating, from cooling, and from the contact of air and the substances it contains. Of all the procedures invented to attain these ends, that of Dr. Roussel (Geneva), merits the preference, in that it has, in his hands, fulfilled all the requirements necessary to the success of the operation. Dr. Roussel, a few days ago, in Paris, performed transfusion, and I have no doubt that a few notes of the case will be read with interest. A woman, *et. 35*, had already five children and two miscarriages. In December last

she was six months pregnant, and suffered a great deal. The abdomen was enormous, and she distinctly felt the movements of the child. Two medical men who examined her, believing that they were in presence of an ovarian cyst, sent the woman to Dr. Peau, the celebrated ovariologist. M. Peau recognised at once pregnancy, and as labour had prematurely set in, the woman refusing to stay in the hospital, was transferred to the house of a midwife, who immediately broke the membranes, giving issue to nearly 20 quarts of amniotic fluid. Twins were successively and easily delivered; one of them lived a couple of hours. The loss of blood was no more than usual, and all appeared to go on well. On the 1st January, the eighth day after the delivery, the woman was seized with flooding, which was apparently arrested by plugging, but, as was afterwards proved, the hæmorrhage still went on in the cavity of the uterus. Ten days afterwards another attack of hæmorrhage occurred, but more serious than the first, and was followed by syncope, convulsive movements, &c. Ergotine and cold aspersions with the horizontal posture mastered it, but the patient was blanched, cold, and affected with cough accompanied by continued fever. The pulse was 130—140, vomiting, frequent diarrhœa, and complete loss of appetite were the other symptoms observed. The patient was attended by four medical men, including M. Peau, who believed that some uterine fibroma was the cause of the hæmorrhage. On the 31st Jan., becoming worse and worse, the woman desired to be brought to her own home. Bismuth, morphine, iron, pepsine inhalations of oxygen, &c. were ordered. The patient, although no new attack of hæmorrhage occurred, became weaker and weaker, the vomiting was frequent, and the diarrhœa came on every hour. The fainting was produced every time she attempted to sit up, the cough became more frequent, and the respiration was insufficient. Death was evidently at hand. At this stage transfusion (direct) was recommended as a last resource. Dr. Roussel, who happened to be staying at the Grand Hotel, was sent for, and on his arrival found the patient in the following state:—Barely conscious, cold, pale as a corpse, veins invisible, pulse 140, and thready. The heart and lungs were healthy. On the 7th of February, and at five in the evening, the patient being in the position above described, with exception of the pulse, which was now 150, the operation was performed. The sister and the husband of the woman offered their arms, but Dr. Roussel, on inspection, refused the offer, and on inquiring if there were not some large workshop in the neighbourhood, hastened to one indicated, and having explained to the workmen the nature of his visit, several came forward ready to give their blood. A young man, small and robust, was chosen. Arriving at the bed-side, the transfusor was washed in warm water to which a little soda was added. The thorax of the patient was uncovered, and the left arm was lying straight down by her side. After having mapped out with ink the course of the artery at the bend of the elbow of the young man, the transfusor was applied over the median vein, the same vessel was opened in the arm of the patient, and the canula of the instrument inserted as soon as all the air was expelled from the transfusor. This was effected by plunging the bell of the instrument in warm water, which, by means of the ball pump, was sucked up so as to completely fill the tube, expelling all the air. The two subjects were now united by an uninterrupted canal, through which the blood was allowed to flow gently. After four ounces were injected, the patient drew a long breath, and on being questioned said that she felt a sensation of warmth going up from the arm to the chest. As soon as six ounces were transfused, the operation was arrested, as a slight convulsive movement was observed in the patient. The wound in the arm of

the man was dressed and he returned to his work. As to the patient, colour was observed in her hitherto blanched cheeks, her lips were red, and her eyes brilliant. She spoke with strength and vivacity. She felt herself strong and well. Dr. Roussel, having warned her that a shivering generally came on (due to the re-establishing of the equilibrium of the vaso-motor system) a short time after the operation, which would be followed by profuse sweating and refreshing sleep, hot tea and rum was held in readiness. In half an hour the shivering came on; the skin, which had been warm, became cold; the pulse, which stood at 100 after the transfusion, now went up to 140. Hot drinks were given in abundance, and after twenty-five minutes the body became more warm, and soon perspiration was abundant. As night came on the patient slept a broken sleep, yet the following morning she felt comparatively well, and during the day was able to partake of nourishment six times, and receive visita. The *bien être* continued, and on the 12th Feb., or five days after the operation, the woman got up for an hour or two, and to-day, the 25th Feb., the convalescence is complete. Dr. Roussel, who has already practised 128 transfusions, comes to the following conclusions:—1. Injection into the veins of a liquid other than blood is followed rarely with good results. 2. Transfusion of the blood of an animal of a different kind is always hurtful. 3. Transfusion of the blood of the same kind by the indirect method is very often unsuccessful. 4. Transfusion to succeed must be direct.

Department of Lunacy.

EDINBURGH ASYLUM FOR THE INSANE, MORNINGSIDE.

THE annual meeting of the subscribers to this institution was held in the Council Chamber, Edinburgh, on Thursday last, Sir Alexander Grant presiding. Mr. Scott Moncrieff read the managers' report, in which it was stated that the income for the year amounted to £45,775, and the expenditure to £46,869, leaving a balance against the institution of £1,094. On the motion of the Chairman, seconded by Mr. Charles Cowan, the report was adopted. After the election of new managers, Dr. Clouston, Superintendent of the Asylum, read his report, from which it appeared that during the year 339 patients had been received, of whom 162 were males and 177 females. There were in all 1,160 patients in the asylum during the year. Of the 273 discharged, 118 were men and 155 women, and there had been 67 deaths—40 men and 27 women. The admissions were 13 less than the average of the five preceding years; and there was a diminution in the number of private patients, accounted for by more beds being taken up for pauper cases. They had about 90 re-admissions; and in connection with that subject he might say that periodicity in insanity was a law as fixed as the east wind or the average rainfall of a district. He had bestowed much attention on the subject, and believed that the longer these periodic occurrences of insanity prevailed, the longer the periods tended to become. Speaking of the dietary, he said that while not altogether overlooking the advantages of stimulants, he had latterly used milk very largely. One patient was given eight pints of milk and sixteen eggs daily in addition to his ordinary diet. Without this and fresh air he could not have lived,

but he was now recovered, and was performing the duties of his position as well as he ever did in his life. An accompaniment of all mental diseases was a wasting of the body, and he constantly preached to his nurses the gospel of fatness. More had been paid for cod-liver oil than for any other medicine. Of the 273 discharged, 162, or 48 per cent., were cured; while for the whole of Scotland the average was 41 per cent. cured. The walls of the Asylum had recently been covered with bright colours, and he regarded the dark olive greens, so popular with persons of æsthetic tastes, as a device of the evil one, "who loved darkness rather than light." (Laughter.) The report was approved, and after some formal business had been transacted, the proceedings terminated.

THE STAFFORD COUNTY LUNATIC ASYLUM.

THE Annual Report of the Stafford County Lunatic Asylum, in the neighbourhood of Lichfield, shows that of 554 inmates resident there at the time of the visit of the Commissioners in Lunacy, 150 were subject to epilepsy, and 28 were labouring under general paralysis of the insane. The health of the patients was fairly good during 1881, and neither seclusion nor restraint were resorted to. Various improvements in the institution are ascribed to the zeal and energy of Dr. Beveridge Spence, who succeeded Dr. Davis in the office of Medical Superintendent in the beginning of last year. Protection against fire has been provided by the fixing of new internal hydrants in proper positions throughout the Asylum, and also of external hydrants with adequate lengths of hose. A good manual fire-engine has been purchased, and Tozer's hand-pumps have been added to the means always ready for the extinction of fire. A fire brigade has been organised and drilled, proper rules and instructions how to act in an emergency have been printed and distributed among the nurses and attendants, and regular practices with the various appliances have been ordered from time to time. The sewerage from the Asylum is now applied direct to the land by means of carriers cut out of the soil; this plan has been found to work well and has done away with the nuisance created by the decomposition of sewerage matter in a large open pit, besides permitting of a wider area of irrigation than was formerly possible. A portion of the storm water has been diverted from the main drain and carried off in another direction, but sufficient still goes by the old channel to flush the drains out thoroughly after heavy rain. Dr. Spence refers to the necessity of having a reference plan of all the drains of the Asylum and of the position of all steam and water pipes. No asylum nor hospital should be without such a plan always well brought up to date.

THE NEWCASTLE-UPON-TYNE LUNATIC ASYLUM.

THE demand for accommodation in the Newcastle-upon-Tyne Lunatic Asylum, and especially in the female wards, has led Mr. Wickham, the medical superintendent, to give every encouragement to relatives to remove patients who, although not recovered, are yet sufficiently improved to warrant such a step. The responsibility entailed in carry-

ing out a system of this kind is considerable, but Mr. Wickham has no doubt that much good is done, and much happiness secured by it. Every one with experience of the insane knows that there are certain patients who, though obviously of disordered intellect, have learned to conceal delusions and other symptoms sufficiently to prevent them from being dangerous to the public peace, and when such patients have judicious relatives with leisure enough to look after them properly, a sojourn with them, if it be only for a few months, is likely to be highly appreciated. Not a little firmness is required in resisting the importunity of patients who are not suitable cases for such treatment. It is difficult for them to believe that a man who is quiet and orderly, and industrious while in an asylum, will not be the same outside; but so it is in fact, as is often apparent when a medical superintendent, following inclination rather than judgment, permits a patient to be improperly discharged. The Asylum contained 264 patients—131 males, and 133 females, at the close of last year.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 8, 1882.

THE NOTIFICATION OF INFECTIOUS DISEASES.

THIS question is in a state of block in the House of Commons. Mr. Meldon's Bill is stopped by Mr. Gray, M.P. who has introduced his own Bill of last year, to force physicians to notify to the sanitary authority. Mr. Gray's object is, we believe, not so much to pass his own Bill, which he must know is hopeless, but to force Mr. Meldon's Bill into a select committee, where he well knows that the profession concerned would have but a

slender chance of success. Mr. Gray is, of course, the best judge whether no Bill at all, or Mr. Meldon's Bill is the preferable alternative, but, it seems to us, that in refusing to allow a reasonable practical measure to pass, which satisfies all parties, he is playing effectually the game of those who resist notification in any form, and is not in any way thwarting the doctors, who are willing and anxious for notification, but certainly will not accept it on the terms which Mr. Gray offers them. We hope that all steps necessary to prevent Mr. Gray's Bill getting a second reading will be immediately taken, but we may have to re-open the campaign against his Bill which gave the Irish Medical Association and ourselves so much trouble last year.

Besides the opposition of Mr. Gray and the compulsionists, there is that of Mr. Thomassen, M.P. for Bolton, who has blocked all the Bills on the subject, including Mr. Hastings' English measure. The honourable gentleman represents a knot of Radical fanatics, who go for "the liberty of the subject" to disseminate small-pox and syphilis, nurture cess-pools, or do anything else they please, no matter how mischievous. These people call themselves "The Vigilance Committee for the Protection of Personal Rights," and have as their Parliamentary exponents Mr. P. Taylor, Mr. Hopwood, and Mr. Thomassen. Their opposition once the Bill comes before the House is insignificant, but they can and do obstruct. It is, however, gratifying to know that the profession is at length aroused to the necessity for protecting itself. The King and Queen's College of Physicians in Ireland adopted last week the following resolution, upon the bringing up of the Report of Parliamentary Bills Committee, which recommended the College to support the Infectious Diseases Notification Bill (Ireland), introduced into Parliament by Mr. Meldon:—

Resolved (unanimously)—"That the Report of the Parliamentary Committee be adopted, and that they be instructed to support the Bill for the Notification of Infectious Diseases introduced by Mr. Meldon and others; and also to take steps to oppose or amend, in accordance with the views of the College, the Bill on the same subject introduced by Mr. Gray."

The matter has also been taken up by the *Students' Journal and Hospital Gazette*, which, in its last issue, writes as follows:—

"An attempt is being made to render it compulsory upon medical men to notify to the parochial authorities all cases of infectious diseases that come under their observation. If this should become law it will be one of the severest blows ever struck at the profession, and we are glad to see that medical men in the larger towns are taking up the question and organising opposition to the proposition. An important meeting was recently held at Manchester to consider the question. A resolution was proposed condemning the proposal to compel medical men to make notification of every case of infectious disease to the sanitary authority, as an unwise and unwarrantable interference with the relations between such medical practitioners and their private patients, and declaring that the dread of publicity might lead to the concealment of the disease. The opinion of the meeting generally was against the throwing of the responsibility of notifying disease on the medical men, and, after a long discussion, the resolution, amended so as to declare that the compulsory notification of infectious disease is of great public and national importance, but that the responsibility of

notification should rest on the householder, was agreed to. We understand that a meeting of the profession to take the subject into consideration will shortly take place in London, under the auspices of the British Medical Association. Every medical man should come forward and offer the most determined opposition to the attempt to saddle him with the unpleasant duty of reporting the condition of his patients to parochial authorities."

THE PROPOSED ACADEMY OF MEDICINE OF IRELAND.

We referred some weeks ago to a proposition which was engaging the attention of the Dublin Pathological Society for amalgamating the four societies in Dublin which now represent Medicine, Surgery, Pathology, and Obstetricity. This proposal has now assumed the form of a draft scheme, which has been worked out by a sub-committee and submitted for consideration to the four societies whose co-operation is desired. We append an abstract of the important portions of this scheme:—

The name of the new Society is to be "The Academy of Medicine in Ireland." It will consist of four sections, corresponding to the four societies now existing, and will be managed by a General Council, consisting of President of the Academy, the Vice-Presidents of Sections, and twenty Councillors selected from the Councils of Sections.

All members of the existing Societies, and all Fellows of the Colleges of Physicians and Surgeons shall be members of the Academy without ballot, the former class being exempt from entrance fee. All other candidates for membership shall be balloted for by the General Council, one bean in four to reject.

Members shall be privileged to attend, speak, and vote at all meetings of the Academy or its Sections, and will receive a copy of the Transactions free. Associates, who must be registered practitioners, shall be elected on same terms as members. They may attend and speak at meetings, but not vote, and they can buy the Transactions at cost price. Student Associates may also be elected in same manner, and may attend meetings.

The fees will be, for members, £2 2s.; for Associates, £1 1s.; for students, 5s. After original members have joined, all others will be charged £1 1s. entrance fee.

The General Council will meet monthly, and extraordinary meetings can be called by requisition. The Sectional Councils shall consist of a President, Vice-President, and five Members elected at the Annual General Meeting of the Academy. One member of each such Council shall retire annually, and not be re-elected for two years.

The executive officers of the General Council shall be Honorary Secretary, Treasurer, and Honorary Secretary for Foreign Correspondence.

The communications to be submitted to the ordinary meetings shall be grouped under the following heads:—Medical, Surgical, Pathological, and Obstetrical; and the conduct of such meetings shall be in the hands of the several Sectional Councils, each Sectional Council to have the management of the ordinary meetings in regular rotation. The Council of the Pathological Section to have charge of the first in each Session; that of the Surgical of the second; that of the Medical of the third; and that of the Obstetrical of the fourth; and so on until the end of the Session.

The ordinary meetings shall be held on every Friday evening from November until May, inclusive, except during the recesses.

The place of meeting of the Academy is stated in the scheme to be "such place as the Council may provide," but it is suggested that the meetings shall take place alternately at the Colleges of Physicians and Surgeons.

The Transactions of the Academy are to be printed as a yearly volume, and are to contain such communications as the Council "deem suitable for publication."

This scheme is, we believe, generally regarded with approval by the profession in Dublin, and we think, from the public point of view, deserves that approval, though it is questionable whether it may prove beneficial to some of the societies concerned.

The three points in the scheme which seem to us most deserving of special consideration are the amount of the subscription, the place of meeting, and the method of publication of the Transactions. As to the rate of subscription, it seems to us that an entrance fee of £1 1s., and an annual subscription of £2 2s., may possibly be a deterrent in the case of the humbler practitioners, although it may not be excessive when the publication expenditure of the Academy is considered. The money question will, however, influence the societies in their decision as to whether or not they will co-operate, because their existing financial arrangements differ very materially. The Pathological and Obstetrical Societies cost £1 1s. a year; the Medical Society, 5s.; and the Surgical Society, nothing, save the small sum contributed by each member for refreshments. Thus the members of the latter two societies will be called upon to pay £3 2s. annually, and it is probable that the roll of members will show a material falling off if such a demand be made.

The place of meeting and the constitution of the first Council are important only because of the danger that these points may be settled in such a way as to give the Academy a one-sided constitution. It would be altogether fatal to the success of the scheme if it were tinged with the special colour of any college or any society. The Academy, if not cosmopolitan, has no claim to exist at all, and we hope that—if the scheme meets with preliminary approval—every vigilance will be exercised to keep it free from medical sectarianism. The *raison d'être* of the Academy seems to be the publication of its Transactions. Heretofore, none of the four Societies, save the Surgical, have enjoyed the advantage of speedy and widespread publicity of their Transactions. Papers have been read, and specimens exhibited in the privacy of the Society's meetings, and have been thenceforth buried out of sight until they were partially exhumed a month or two afterwards, and—after a period of second sepulture—embalmed and consigned to ultimate oblivion in volumes of Transactions which no one ever read and few ever saw. Naturally and inevitably these Societies have languished. How could it be expected that authors would expend their energies on papers laboriously worked out for the benefit of a dozen or twenty hearers, and the possible advantage of a few book-worms of the future? We say, therefore, that if the finances and scientific work of the Academy are to be swallowed up in a pretentious volume of unregarded "Proceedings," the scheme is not worthy of support, and, if successfully inaugurated, will certainly eventually fail. There is only one safe and liberal course in this matter, and that is, a declaration of free trade.

All journals should be privileged to report and publish any portion or the whole of the proceedings of any

or all the Sections. For those journals who do not take a special report, a sufficient abstract of the proceedings of each meeting should be prepared *immediately after the meeting* by a publication committee, and forwarded by them by the same post to every journal which wishes to receive such report. Finally, the papers and discussions *in extenso* should be published for permanent record in the volume of Transactions of the Academy.

Subject to these considerations, we think the project for an Irish Academy of Medicine ought to be welcomed, and will succeed, and we, in the interest of the Irish school of medicine, wish it prosperity. Free interchange of thought and experience, and free co-operation amongst members of the profession in all specialities must prove beneficial, not only to science, but to those who are joined together for the purpose, and we think a well devised and liberally interpreted scheme having such an object ought to succeed.

OUR PROVINCIAL MEDICAL SOCIETIES.

WE believe there are a large number of provincial medical societies, but we very seldom read or hear of their transactions. They are not silent, we know; they have meetings, papers are read, discussions take place. There are no reporters present, so that valuable papers are, to a certain extent, lost to the medical world. When we consider the vast stock of material at the command of the general practitioner, we regret that so much of it runs to waste; some of it must be worth publishing. The London, Dublin, and Edinburgh societies have every facility for the publication of their proceedings; the provincial societies can follow suit. At one of the London societies the treatment of rheumatism has formed the subject of discussion. The general practitioner should have something to say on such a topic. It would be well worth the attention of some of those societies to start a discussion on the subject, on their own data. Puerperal fever is another interesting topic. It is important to the general practitioner. Midwifery is the key-stone of provincial success. Without a good midwifery practice the general practitioner cannot succeed. It is the Open Sesame; it secures him attendance on the whole household. Can he attend other cases when he has had a case of puerperal fever in his practice? What does he do in such an emergency? What are the statistics on the prevalence of puerperal fever in the provinces? We could fill up pages of questions on this disease. We could suggest a variety of interesting points for debate, but we have, some months back, alluded to this subject, so that we need not now repeat our arguments in favour of discussion by such societies of moot points in medicine or surgery. There is, we believe, a certain amount of diffidence on the part of provincial practitioners in sending papers for publication; and there is also a feeling that writing for the press is injurious to success—patients may be apt to think that the man who writes has not much practice, if he had very much to do he would not have time to write. Some narrow-minded medical men foster this preposterous idea, it is to their interest to do so. There are many provincial men who write well, and who have proved notable exceptions to the general rule. The time is coming when the general

practitioner will write more. The fierce light of education is beating down old prejudices, old customs and habits are disappearing. This fallacy is nearly exploded. In France provincial surgeons have facilities, by means of local medical papers, of exchanging ideas, hence the art of composition is more cultivated. In England there is only the metropolitan medical press to fall back on. We can assure our provincial *confrères* that we shall have pleasure in receiving their communications, and that any interesting debate will receive as much space as we give to the metropolitan societies.

Notes on Current Topics.

Law and Physic.

It is an old proverb that doctors differ and patients die; and from time immemorial the public have been in the habit of amusing themselves at the expense of a profession of which, however, the moment they get ill, all hasten to take advantage. In health many persons think Molière's *Médecin malgré lui* is a very entertaining composition; but should pain or danger of life occur, these very individuals are the strongest in their belief in medical infallibility. No class of men are more apt to deride physicians than our legal brethren; especially if before an intelligent jury they get the chance of laying the oratorical shillelagh upon some medical witness who may have had the misfortune to give evidence adverse to whichever brief they happen to be paid for. We think that after the Guiteau trial the lawyers may think of setting their own house in order. The moral sense of the world would have been shocked at the spectacle of a vulgar commonplace ruffian who, in a public railway saloon, publicly shot the chief magistrate of the United States, in the presence of a Cabinet minister and a number of spectators. Taken in the very fact, with his smoking pistol in hand, it would be thought that his shrift would be short. But short shrifts do not pay the gentlemen of the long robe, and, accordingly, day after day and week after week was the legal farce prolonged. The defence that the President's death was caused by surgical incompetence was too audacious (as yet) even for American lawyers. The illustrious patient was attended by the first surgeons of America; and the pathological investigation justified both diagnosis and treatment. Insanity was the only plea, and this was pushed *usque ad nauseam*, and effectually upset by the behaviour of the prisoner in the dock, who exhibited all the cunning of a low attorney, and not the faintest sign of mental aberration. Everything must come to an end, and at last Guiteau was found guilty; a new trial was refused; *et finis coronabit opus*. Even here the extraordinary course was pursued of postponing the execution for half a year, and money is being freely laid on the other side of the herring pond that the criminal will not be executed at all.

The most repulsive aspect of this nauseous business is the sickly sensationalism displayed by the American public. During the whole trial the pages of our American contemporary *Frank Leslie's Illustrated Journal* have been

filled with the scenes of the trial, portraits of the prisoner, pictures of him at exercise, at meals, *et alia talia*. The latest of these in the last number represents the closing scene in court, with a crowd of well-dressed persons, mostly ladies, eagerly hustling each other at the dock, and thrusting papers and pencils into Guiteau's hand for the purpose of obtaining his autograph. We understand that all his personal belongings, even to his own body, have been converted by the convict into cash, and at a high figure; and we learn that he has issued an appeal for money, which is very liberally responded to. We should have thought that money would be as useless to him now as the Spanish gold which Robinson Crusoe found upon the wreck, which he wisely said he would give for a box of tobacco pipes; but it appears it is not so. The whole story shows a profoundly unhealthy state of the public mind, and we fear that nothing short of some great moral thunderstorm will clear this vitiated psychological atmosphere.

The Dental Diploma Trade.

THE *Students' Journal and Hospital Gazette* publishes in its last issue a leading article on this subject. It says:—“The *Medical Press and Circular* has recently done good service to the profession by directing attention to the scandalous trade which is being carried on in the sale of dental diplomas by the three surgical corporations which have their headquarters at Edinburgh, Glasgow, and Dublin. Cases have come under our notice of persons obtaining the diploma who previously made no pretence whatever to have practised as dentists. For instance, two of the first persons to obtain these diplomas were two men, who for years past have practised as quack doctors, and both have been prosecuted for unqualified practice by the Medical Defence Association; one of them having been twice convicted and fined very heavily on both occasions. The other was fortunate enough to escape conviction, through some legal technicality, and he still pursues his trade as a ‘spermatorrhœa quack,’ and his disgusting pamphlets are distributed in the streets of London daily. We believe we shall not be contradicted when we state that these two worthies *certified to each other's fitness* to hold the dental diploma, and that the Irish College of Surgeons granted them their pieces of parchment without curriculum. We hear that the name of the ‘spermatorrhœa quack’ has since been removed from the Register. The other individual keeps an open surgery and chemist's shop, and although he describes himself as a dental surgeon, we never heard of his doing any dental work, but we know that he does a large prescribing business in medical and surgical cases, and is commonly believed to be a duly qualified surgeon, as he has his name painted in large letters on his window, followed by the mysterious title ‘L.D.S. Royal College of Surgeons.’”

THE health of that favourite watering-place, Hastings, continues most satisfactory. From the last quarterly report of the medical officer of health to hand, we learn that the death-rate is only 15 per 1,000 of the population, including visitors, who are frequently sent there in the last stages of consumption.

Professional Consultation by "Suspects."

MR. REDMOND asked the Chief Secretary if it was a fact that on the 18th of January last a lady and a gentleman made application to pay a professional visit to Kilmainham to Dr. Joseph Cardiff, who for twenty years had been their medical attendant, and whether such application had been refused; and that eventually the visit had to take place in the ordinary cage, and in the presence of two warders, and was useless from a professional point of view? Mr. Forster said the authorities had decided to allow the visit, and under the circumstances he considered them right in having done so.

Lunacy in England.

THE number of lunatics, idiots, and persons of unsound mind, detained in workhouses in England and Wales, on January 1, 1881, was 16,811—an increase of 347 on the number so detained on the corresponding day of the previous year. Of this number, however, 4,718 were inmates of the Metropolitan District Asylums, which are in the legal position of workhouses within the meaning of the Lunacy Acts; so that 12,093 lunatics or weak-minded persons were detained in workhouses proper.

The Attempt to Assassinate the Queen.

THE dastardly attempt to take the life of the Queen, but from which Her Majesty so happily escaped without serious consequences, has naturally excited the profoundest feelings of horror and detestation throughout the civilised world, while at the same time the most heartfelt thankfulness is experienced at the utter failure of the attack. It is satisfactory also to be assured that the proceeding is wholly unassociated with political motives, since recent events are not entirely without significance in such a connection. Frequently as Her Majesty has been the object of a would-be assassin's aim, we have every reason for separating the perpetrators of the outrages from that class of disaffected persons which has for its object the despatch of an unpopular monarch. The Queen of England can never be regarded in this light, the whole body of her subjects being united in a loyal wish for her continued welfare and safety; and hence it is that no surprise is felt at revelations which prove the insanity of the miserable creature who last sought the life of Her Majesty. Criminal in the worst possible sense, MacLean is nevertheless widely removed from regicides who are influenced by such passions [as find birth beneath a despot's rule. There is nothing in the act of which he has been guilty that will not find adequate explanation in his antecedent history; deplorable though it is, and must be, it yet is most suggestive as a reproof of the hasty manner in which the mentally unsound are too frequently released from the wholesome confinement of asylums, and permitted to wander at large to the danger of public safety. Even a vulgar craving for notoriety can hardly be accepted as the prime motive in this case, as it undoubtedly was with Guiteau. MacLean strikes us rather as a poor-starved man of weak intellect and morbid ideas; and his act is but a logical outcome of the conditions under which he existed. We cannot pity him, because of the enormity of the crime he

committed, and because its successful issue would have brought grief to every heart. Gladness at the Queen's escape for the time overpowers all other sentiments; but by-and-by we may see in the attempt a lesson that cannot be too earnestly committed to mind, and that should guide us in our treatment of such unfortunates as the perpetrator of this deed.

"A Mere Nothing."

How many people are there whose life-work has been abruptly cut short by the progress of disease originating in the most trivial manner, and unregarded until it has become, perhaps, incurable? A trifling cold; a little pain; a slight indigestion; "a mere nothing," as it is popularly termed, is permitted to exist unheeded for a time, and at length it develops the beginnings of chronic affections, that terminate only with the life of the sufferer. The briefest review of any ordinary practitioner's case-book will supply numberless examples of the kind; the experience of every physician will yield innumerable instances of fatalities brought about by neglect of minor ailments at the outset. Among professional men, and hard-workers in every calling, it is regarded as involving too considerable a loss of time to give any heed to sicknesses that do not entirely incapacitate for discharge of business; and thus to "lie up" for a cold, or for a pain which can be borne with under any possibility, is considered as uncalled-for indulgence. It may be, perhaps, that medicine itself is to blame for this indifference to risk. Too little has yet been made clear respecting the early progress of even dangerous diseases; we are, in spite of all advances, all but absolutely ignorant of the subjective and objective symptoms indicative of the initial lesions which give rise to most dangerous consequences; the "mere nothings" of every-day life may have a significance, and doubtless do possess an importance which, could we but trace the whole evils to which they give rise, would obtain for them an attention they have never yet received. In the absence of this knowledge, it is our duty to impress, at all, times and in all places, the gravity of "trifles," and to stimulate a universal desire to be rid of the "mere nothings" which go far to create the common diseases of mankind.

The Abuse of Red Tickets in Irish Dispensary Practice.

THE Irish Medical Association has, we are glad to say, been successful in establishing an important legal precedent. The support of the Association was promised to a dispensary medical officer in the event of his taking legal proceedings to recover from the issuer of a red ticket, subsequently cancelled, the amount of his fees; and the Council report that the amount claimed was recovered from the ticket issuer. The following is a brief report of the facts of the case, viz. :—

"Claremorris Quarter Sessions. O'Rorke v. Monahan. —Dr. O'Rorke, medical officer of Ballinrobe dispensary district, sued Mr. Monahan for £1 ls., for one visit paid to a patient on a visiting ticket issued by defendant; also for 10s. 6d. for advice given to a patient at the dispensary on a black ticket issued by defendant. In both instances the patients were held by the committee of management of the dispensary district not to be fit per-

sions to receive dispensary medical relief, and the tickets were cancelled.

"The defence was that the defendant did not know for whom he had issued the tickets or the circumstances of the patients, but thought both tickets had been obtained by children. The judge said that the issuer was guilty of carelessness, and that the system being liable to such abuse, he would give a decree for the amount claimed against defendant, as the person who called in the doctor was liable for the payment of his fee, and defendant was the person in these instances who had demanded the medical officer's services. No appeal against the decision was made."

This case is very important, as it establishes the precedent of liability on the part of a ticket issuer for having improperly exercised his privilege. In former reports numerous instances of decrees against the recipients of medical relief are recorded, but this is the first case of a decree against a ticket issuer.

St. Bartholomew's Hospital.

WE are glad to be able to announce that the posts of surgeon and assistant-surgeon to St. Bartholomew's Hospital, created by the alterations recently introduced, have been filled by the appointment of Mr. Marrant Baker and Mr. W. H. Cripps respectively. The elections took place on Thursday last, and will be generally approved throughout the profession by all who take an interest in the fortunes of St. Bartholomew's. Mr. Cripps' candidature was unopposed. This gentleman is likewise surgeon to the Great Northern Hospital, and by his work on "Cancer of the Rectum," to which the Jacksonian prize was awarded in 1876 he has established a reputation for able and original work. In the last volumes of the Pathological Society's "Transactions" Mr. Cripps has published additional observations on the same subject, made since the essay originally appeared.

The election of a fifth assistant-surgeon to St. Bartholomew's Hospital will take place on March 25, and the contest will be a strong one.

Fees for Evidence at Sanitary Prosecutions.

THE Council of the Irish Medical Association reports another instance of successful legal proceedings in the case of a consulting sanitary officer, who, upon the requisition of the sanitary authority, attended at court to give evidence in a case of sanitary prosecution on three days, and claimed £3 3s. remuneration, the sanitary authority declining to give more than £1 1s.

At the instance of this Association, the consulting sanitary officer sued the sanitary authority, and recovered the amount of remuneration prescribed by sealed order of the Local Government Board, viz., one guinea a day for his services.

The £3 3s. thus recovered are to be handed to the Royal Medical Benevolent Fund Society of Ireland, in accordance with the offer made by the consulting sanitary officer at the commencement of the correspondence.

THE Gulstonian Lectures will be continued at the Royal College of Physicians of London on March 8 (to-day) and 10, at 5 o'clock, by W. Ewart, Esq., M.B., the subject being "Pulmonary Cavities: their Origin, Growth, and Repair."

A Curious Accident.

A CURIOUS case is recorded in the *New York Medical Record*, in which a drainage tube, seven inches long, had slipped into the chest of a boy five years old, and who had been treated for empyema. The tube remained in its unusual situation for two weeks, constant coughing being set up by its presence. It could not be fished out by forceps or any other means, and eventually an inch of the ninth rib was excised to facilitate extraction. The tube was improperly fastened; with suitable precaution such accidents ought not to be possible.

Verdict against an Irish Board of Guardians.

AN inquest was held last week in Waterford, in which, after a prolonged investigation, the jury found that the deceased died on the 24th inst. from diphtheria; they believed that the unsanitary condition of the road was calculated to create that disease, several persons having died there from it; and they censured the rural sanitary authority for the bad state in which they had left the district—notwithstanding the reports of their own officer; and they also censured the county surveyor for his neglect of the road, notwithstanding the several applications made by the ratepayers.

The Paris Academie de Medecine.

A SHARP contest has just taken place in this body to fill a vacancy in its list of "free associates," or honorary members, among whom are placed the illustrious names of Prof. Pasteur, Chevreuil, and Milne-Edwards. The committee appointed to examine into the claims of the various candidates declined their classification in order of merit, and returned a list in alphabetical order—viz., MM. Foville, Krishaber, Magitot, Mesnet, De Ranse, and Worms. There was a large attendance of Academicians, and the ballot had to be taken thrice before the necessary majority could be obtained, the contest lying between MM. Mesnet and Worms. Finally, of the 92 votes, M. Mesnet obtained 56, and M. Worms 33, three remaining blank.

The Royal Medical Society, Edinburgh.

THIS Society, older than the Royal Society of Edinburgh by 40 years, held its annual dinner last week, under the presidency of Dr. R. M. Johnston, the senior President of the Society, who delivered an excellent speech on the occasion, in which he stated that the Society had existed and flourished for nearly 150 years, during which time nearly every name of eminence in medicine had been connected with it, and of the many members scattered throughout the world, there was not one that would not bear testimony to the benefits he had derived from the Society, and to the good it did. It appears from Dr. Johnston's further remarks that certain not altogether judicious changes have been made in the laws of the Society, and we hope that his warning to members to recollect how easy it was to destroy an old institution, and how impossible, in many cases, to restore it, will not be lost on the younger members of the Society, who seem smitten by the radical spirit of the age. To all Edinburgh men the traditions of the Royal Medical are very dear, in fact, the meetings of the Society form the one bright re-

collection in the minds of many old Edinburgh students, for if the most anti-social of students wished to select a resting-place, Edinburgh can offer him all the advantages he seeks. We wish the Royal Medical Society God speed.

The Fothergillian Gold Medallist.

A FEW weeks since we had occasion to congratulate our esteemed contributor, Mr. T. M. Dolan, F.R.C.S., of Halifax, on receiving the first prize of £100 over 165 competitors for his essay on "Life Assurance." We have now a further honour to chronicle, namely, the award to him by the Council of the Medical Society of London of the Fothergillian Gold Medal for his essay on "Whooping-cough, its Pathology and Treatment." Pecuniarily, this latter distinction is not of such moment as the former; but, professionally, and as an evidence of more solid and lasting achievement, it is immeasurably superior. As a constant contributor to these pages for many years past, the essayist's name will be well known, and we are sure that many of our provincial readers especially will join with us their congratulations that the honour has fallen at last upon a country practitioner. The medal will be presented this (Wednesday) evening, according to custom, at the annual dinner of the Medical Society of London.

The Money Cost of a High Death-Rate.

THE London correspondent of the *Boston Medical Journal*, reviewing the statistics issued by the English Registrar-General, observes that speaking generally, the death-rate of the country remained stationary from 1840 to 1870, but that in the period 1871-80 it fell from 22.5 (of the previous decade) to 21.5, a reduction equivalent to nearly four and one-half per cent. It may, therefore, be roughly estimated that about a quarter of a million of persons were saved from death in the ten years, 1871-80, who would have died if the death-rate had been the same as in the previous thirty years.

Comparing, then, 1861-70 with 1871-80, that of the entire reduction of 1.0 in the death-rate, more than three-quarters comes under the head of "seven zymotic (infectious) diseases;" of the diseases, that is, which are most influenced by sanitary improvements, and most amenable to control by the action of sanitary authorities.

The pecuniary gain may be thus stated: Under the inquiry as to interments, the cost of funerals—all round—was ascertained to be £5 each. The gain under that head will, therefore, be about one million by the quarter of a million of funerals saved during the last decade. The direct cost of sickness has been estimated at about £1 per case. The gain under that head during the decade will, therefore, amount to about three millions.

DR. LAWSON TAIT, the well-known obstetric surgeon of Birmingham, visited Dublin recently, and read a most interesting and important communication before the Surgical Society of Ireland upon the bearing of antisepticism upon abdominal surgery, he being of opinion that results could be obtained as satisfactory without Listerism as with it. We shall publish the communication in a week or two.

Hoang-Nan, a New Remedy for Hydrophobia.

At a meeting of the Medical Society of the Paris Hospitals, 27th Jan., 1882, M. Gingeot read an interesting paper on the treatment of hydrophobia by Hoang-Nan, a medicament used in the East for various incurable diseases.

M. Gingeot followed the treatment laid down by Pèrr Leceteur, the introducer of this drug. He prescribes pilules of 0.10 centigrammes. The patient took food which he vomited almost immediately. He then subcutaneously injected some of the medicine. The patient died.

M. Gingeot considered that his want of success should not discourage another trial of this drug. In the discussion which followed, M. Dujardin Beaumetz observed that during the year 1881, twenty-three deaths had taken place from hydrophobia in Paris. The most diverse, methods of treatment had been adopted in these cases.

Beaumetz thought that the Russian bath and the administration of garlic was the best treatment. Valdivine, alkaloid of valdavia, a substance employed in Colombia, had been tried. It formed the subject of some experiments made at Alfort on dogs. This remedy was given not to cure rabies, but to prevent it.

The result of this discussion leaves the subject of hydrophobia in the same position as it was before. Another new remedy, another failure.

The treatment of hydrophobia will never be placed on a rational basis until we have some systematic scheme devised, under the supervision of experts, and cases treated in accordance with the principles laid down in our pages in 1877.

We should very much like to know whether the College of Physicians intend publishing the prize essay of Mr. Bourell (Paris), who obtained the £100 given by Mr. Bennett Stanford? If the essay fulfilled the conditions, it is a matter of regret that it should so long have been kept back from the profession.

The Dangers of Pelvic Presentations.

PROFESSOR SPATH, in a clinical lecture on the above subject (*Wien. Med. Zeitung*, Feb. 1882), after speaking of the frequency of their occurrence and of the manifest danger to foetal life from compression of the cord, goes on to say that, according to observations that agree on the point, a compression of the umbilicus of five minutes duration is the longest that can be endured without special injurious effects. Female children are less liable to injury than male. There is a second danger in compression of the cord, viz., in the excitation of respiratory movements in the child, and the consequent inspiration of liquor amnii. This cannot be again expelled from the bronchi, and even if the child should live for the time, it generally succumbs to pneumonia. It is true that all children do not make premature inspiratory movements when the cord is compressed, but where they do, a lethal termination is always, directly or indirectly, the result. Further disagreeable consequences of pelvic presentations are early rupture of the membranes, and freeing of the arms, as when the latter are held back behind the head. In such a case

fracture of the humerus may easily take place, even in the hands of distinguished obstetricians, as happened indeed to the celebrated Martin at the birth of a northern Crown Prince. The children born when the pelvis presents, are generally anæmic, and the reason for this lies in the fact that the umbilical arteries conveying the blood from the child's body are not compressed until the umbilical vein with its thinner walls has already been so for some time.

Eclampsia.

THE same professor reports the case of a patient who suffered from convulsions, partly clonic and partly tonic, with unconsciousness (eclampsia), that ceased shortly before the birth of the child. The professor mentioned the case as one of extreme rarity. As a rule the attacks continue to the end of the labour, or after. As to the origin of eclampsia, hazy views still prevail in the minds of obstetricians. Lever believed it was caused by the over-abundant separation of albumen in the urine. This cannot be so, for many cases of eclampsia occur in which no trace of albumen can be found. Ferich's view is, that urea retained in the blood may produce carbonate of ammonia, and that convulsions and loss of consciousness may result therefrom. Finally, according to Traube-Rosenstein, the blood becomes hydræmic and prone to serous transudation in consequence of loss of albumen: if the œdema attacks the cortex of the brain, coma and sopor ensue, if, however, it attacks the central parts, then eclampsia is the result. Recent authors recommend deep narcosis in eclampsia, Professor Späth, however, is accustomed to treat his cases, often with favourable results, by subcutaneous injection of morphia.

Railway Slaughters.

THE *Union Médicale* quotes the following interesting figures from a recent official return:—

Period 1 (1839 to 1854.)

	Passengers.
In France one person was killed by railway accidents out of	1,955,555
„ England „ „ „	5,256,290
„ Belgium „ „ „	8,861,804

Period 2 (1856 to 1839.)

In Belgium one person was killed by railway accidents out of	18,000,033
„ France „ „ „	13,323,014
„ England „ „ „	15,229,073

Period 3 (1872 to 1879.)

In England one person was killed by railway accidents out of	13,423,000
„ Belgium „ „ „	25,289,421
„ France „ „ „	27,879,000

THE epidemic of diphtheria in New York appears to have given way to one of scarlet fever, which latter caused 115 deaths in the week according to the last official return.

TYPHOID, diphtheria, and croup are still fatally prevalent in Paris; diphtheria in Berlin; small-pox in Vienna, and typhus in St. Petersburg.

Deceptive Thermometry.

SOME recent cases of high temperature prove the cunning of patients, in order to deceive their medical attendants. An incident happened in the clinique of Professor Valette, of Lyons, which will put physicians on their guard when the temperature is inordinately low. He was treating a young girl, æt. 11, for fever, by means of cold baths. She expressed a great abhorrence of cold water. One day, Valette, on visiting his patient, and examining the thermometric record, saw that a rapid deferescence had set in; yet the pulse was very frequent, and general condition alarming. No bath was given. Next day the same phenomena; temperature below 38° and 35° C. The professor found out the cause. The young woman's temperature was taken in rectum. Previous to introduction of thermometer, she introduced a piece of ice into rectum, so that the thermometric observations were at fault. The baths were given again. The young girl soon recovered.

THERE are now nearly 400 female physicians in practice in the United States. They are to be found in twenty-six of the States of the Union; but the majority of them are practising in New York, Massachusetts, and Pennsylvania.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were—Cardiff, Birkenhead, Huddersfield 16; Halifax 17; Leicester 19; Edinburgh, Wolverhampton 21; Leeds, Sunderland, Birmingham 22; Bristol, Nottingham, Portsmouth 23; Salford, Glasgow, Newcastle-on-Tyne, Oldham 24; Sheffield, Liverpool 25; London, Hull, Plymouth, Manchester 26; Bradford, Norwich 27; Derby, Blackburn 30; Preston 31; Dublin 33; Bolton 36; Brighton 40.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official weekly returns, as follows:—Calcutta 29, Bombay 31, Madras 35; Paris 31; Geneva 36; Brussels 27; Amsterdam 27, Rotterdam 35, The Hague 23; Copenhagen 28; Stockholm 26; Christiania 23; St. Petersburg 51; Berlin 24, Hamburg 30, Dresden 25, Breslau 32, Munich 39; Vienna 37, Prague 34, Budapesth 44, Trieste 39; Turin 27, Venice 26; Alexandria 35; New York 34, Brooklyn 23, Philadelphia 26, and Baltimore 24. No returns have been received from Rome or Naples since December.

THE mortality from diseases of the zymotic class was somewhat in excess last week throughout the United Kingdom. Whooping-cough and measles were especially prevalent in Brighton. Scarlet fever was still high in Hull and Nottingham; whilst from measles the death-rate was 7.1 in Brighton, 5.4 in Blackburn, 4.7 in Norwich, and 3.9 in Bolton; and from fever 1.0 in Blackburn, and 0.9 in Oldham. The 37 deaths from diphtheria included 13 in London, 11 in Glasgow, and 3 in Portsmouth. Small-pox caused 9 more deaths in London and its suburban districts, one in Nottingham, one in Liverpool, one in Bradford, one in Leeds, and one in Hull.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

THE "FARMING" OF UNIVERSITY CHAIRS.—In our Retrospect of the Year (Dec. 28th, 1881), we spoke of the injustice which frequently obtains in the Edinburgh and Glasgow Schools, by the professor who has a large class under instruction, adopting the objectionable system of "farming" his chair. On Dr. Greenfield's appointment to the Chair of Pathology in the University of Edinburgh, we expressed our regret that he too should have "glided promptly into the principle of farming his chair to the best advantage to himself." A student writes us that "owing to the strictures in the *Medical Press and Circular*, Professor Greenfield has now a class on Saturdays for those who do not take his 'Practical.'" We congratulate Dr. Greenfield on this step in the right direction, which we trust may not be without its effect in other quarters. The system is a disgrace, and was invented by the late Professor Bennett. If the subjects taught in these "Practical classes" are necessary, the classes should be required for graduation or at once discontinued.

THE COMBE LECTURES.—Dr. Stirling delivered the seventh lecture to a crowded audience last week, in St. Catherine's Hall, Aberdeen. The subject was the physiology of the blood-vessels. The lecture was illustrated by many diagrams, by large views projected on a screen about twenty feet square by means of a lime light, and also by numerous experiments. The lecturer showed a beautiful experiment on the pulse with a long jet of gas, which vibrated with each beat of the pulse at the wrist, so that all the audience could see it. The action of the nervous system on the blood-vessels was illustrated by such conditions as blushing, and the pallor of rage or fear. At the close of the lecture a practical demonstration was given on a boy of what ought to be done in cases of injuries or wounds of blood-vessels to stop the bleeding before the arrival of the surgeon, or to enable the wounded person to be transported to a hospital.

BEQUESTS TO THE EDINBURGH ROYAL INFIRMARY.—During the past week the managers of this institution have received the sum of £13,500 (with £20 10s. 5d. of interest) from the estate of the late Dr. Thomas Hunter, Deputy Inspector-General of Hospitals. We understand that in accordance with the terms of Dr. Hunter's settlement the residue of his estate has been divided among several charities according to the pleasure of his executors, and that the sum above mentioned is the amount which they have seen fit to allocate to the Infirmary. The managers have also received intimation of a legacy of £500 bequeathed to the institution by the late Mr. James Hope, D.K.S., who was for upwards of forty years connected with it as a manager and law agent.

A METHOD OF STUDYING THE CIRCULATION IN THE FROG.—At a meeting of the Glasgow Philosophical Society, held on the 1st inst., in the Rooms, Bath Street, Dr. MacGregor Robertson Muirhead, Demonstrator of Physiology in the University, exhibited a method of studying the action of the frog's heart. The fluid used in the experiment was rabbit's blood, containing a slight solution of salt, and by means of a small mercurial manometer the action of the heart was rendered clearly visible. An addition of a small percentage of ether to the fluid was sufficient to stop that action, but upon the ordinary blood being again introduced, the beating of the heart recommenced.

EDINBURGH ROYAL MATERNITY AND SIMPSON MEMORIAL HOSPITAL.—The directors of this institution have just

received from the trustees of the late Dr. Thomas Hunter the sum of £2,100, being the share of Dr. Hunter's estate allocated to the hospital. The directors have, we understand, applied this amount towards the extinction of the debt of the hospital in connection with the building fund, which has thus been reduced to £200.

HEALTH OF EDINBURGH.—Last week the mortality was 91, and the death-rate per 1,000. Fully half the deaths were due to diseases of the chest. The three deaths from fever occurred in the old town, and were of the typhoid type. The southern suburbs were entirely free from zymotic mortality. Of the 130 births, 12 were illegitimate.

MORTALITY IN GLASGOW.—The deaths in Glasgow for the week ending with Saturday, the 25th ult., were at the rate of 25 per 1,000 per annum, against 28 in the preceding week, and 27, 24, and 32 in the corresponding periods of 1881, 1880, and 1879.

SIR ROBERT CHRISTISON'S APPOINTMENTS.—One by one the many lucrative posts held by the late eminent physician are being filled up. Last week Professor Greenfield was elected Medical Officer to the Standard Insurance Company, a post which was held by Sir Robert for nearly fifty years. Professor Grainger Stewart was also, we believe, a candidate for the office, the salary attached to which is about £400 per annum.

THE MONOPOLY OF HOSPITAL APPOINTMENTS.—At a recent meeting of the Directors of the Glasgow Royal Infirmary, Dr. Wm. Muir was elected an extra-surgeon, and Dr. Middleton an extra-physician. The latter appointment illustrates once more the power of University monopoly, Dr. Middleton, the nominee and assistant of Prof. Wm. T. Gairdner, being appointed over the heads of candidates of much more extensive experience, one of whom had for years previously discharged the duties of the office to the satisfaction of the then directors and students. The extent to which the monopolies of the Scotch Universities operate in repressing independent emulation and oppressing the rank and file of the profession is almost limitless. A man innocent of intellectual attainments, through the agency of social or political influence, obtains possession of an University chair; no matter what the quality of his teaching, students are compelled to take his course to qualify themselves for graduation. Error and nonsense are often perpetrated in this direction; but this is not all; he may become *ex officio* a director of an infirmary, and the baneful influence operates here. Professor Gairdner "lectures" on "The Practice of Physic" at the University of Glasgow; he is Physician to the Western Infirmary, and a Director of the Royal Infirmary. His influence extends, therefore, to the two infirmaries. Against Dr. Gairdner's influence it is almost impossible for any independent man in ordinary position to contend. Of all men he is worth conciliating, as his devotion to his satellites amounts absolutely to chivalry.

GLASGOW PROPOSED SOUTHERN HOSPITAL.—At a meeting of the Sub-Committee on Queen's Park (of the Glasgow Town Council), the Town Clerk reported that the Parks Committee, on the 26th July last, remitted to this Sub-Committee for consideration and report the memorial by the promoters of the proposed Southern Hospital, praying the Council to grant, on such terms as may be arranged, a site for the proposed buildings on a part of the lands belonging to them in the neighbourhood of the Queen's Park. This Sub-Committee has reported "that that portion of the recreation ground lying on the east side of the Langside Road, opposite the southern entrance to the Park, and near the old village of Langside, would be suitable for the purpose." This site is now under

the consideration of the promoters, who are expected to arrive at a decision in the course of the next few days.

Literature.

A MANUAL OF DENTAL SURGERY AND PATHOLOGY. (a)

We are not among those too prone to complain of the multiplicity of manuals and text books appearing now-a-days in every department of medical science, and therefore, we shall not altogether condemn Mr. Coleman for presenting the world with the work before us; although we are bound to say, that in the presence of several works on the same subject, which we could name, and which far exceed his, either in completeness or usefulness, the *raison d'être* of this manual is barely justifiable. We have, however, yet to meet with a work on any special subject of medicine or surgery, which can be pronounced perfect; and, until authors appear with not only the necessary scientific knowledge, but with the literary skill, needed in imparting their knowledge to the student, the learner must be content to laboriously glean from a collection of works on each subject, the information which he might reasonably hope to find in a single volume. The most we can say in praise of the work before us is, that it will form a useful addition to the dental library of the student and practitioner, but it is not a work which we can recommend as sufficient in itself for any one who desires to fully acquaint himself with the subject. In view of Mr. Coleman's high qualifications, and his deserved reputation as a teacher, the book is a great disappointment to us in more than one essential particular. In the first place Mr. Coleman's literary style is far from pleasant, and far from fluent. These faults may be forgiven in a purely scientific treatise, although their absence makes a great difference to the reader in the labour of mastering the subject. But besides this, the author is, in too many places, far from clear; and this is a blemish which cannot be lightly passed over. It is hardly possible to open a page of the book at random without coming across passages, the meaning of which, from faulty composition, is doubtful or obscure.

Here is a sentence to exemplify our meaning: "The condition termed necrosis, in which a tooth or bone has undergone changes other than a mere loss of vitality, which is not the case with simply dried teeth or bone removed from living or recently killed animals, where chemical change or decomposition has not ensued, is a barrier, and fortunately so, to the process of absorption, such tooth or sequestrum being got rid of by the general advance of bone to the surface; but where, through the resistance by obstacles, &c., necrosed temporary teeth or roots, are retained *in situ*, they form a common cause of irregularity in their permanent successors."

Of course, we know that nothing is more easy than to pick out here and there, even from the works of the best writers, sentences which show faults of style and composition; but the passages which we have quoted, and which is only a sample of what occurs almost in every page, is such as could not possibly escape from the pen of any sufficiently practised writer, and we submit that such writing furnishes evidence enough, from which safely to predict the inevitable comparative failure of the author in the task he has set himself.

From the preface it is difficult to make out quite what the author wishes to explain. He in one place says he thinks "it can hardly be said that any work perfectly suitable as a text-book has yet been produced." Implying that his work may provide what was wanted; but immediately afterwards he states that "he cannot venture to presume it will satisfy the requirements of the student as fully as the work of Mr. C. S. Tomes." One of the principal advantages of his book is, he thinks, the omission of a section on the anatomy and physiology of the teeth, which he says may not be needed by "many and especially the general medical student."

We cannot admit this. Without a knowledge of their anatomy and physiology it is impossible to understand the pathology of the teeth, or to rationally treat their diseases. It might

perhaps, be more convenient for the student to study these subjects in other works, but he cannot certainly dispense with a knowledge of them. We question whether the author has done wisely in omitting this subject. He devotes ten pages to the diseases of dentition, whilst he gives up not less than twenty-six pages to the subject of anaesthesia, a medical subject by no means essential to a treatise on dental surgery. No doubt there are practical points connected with this latter subject in its bearings on dental operations, which deserve mention in the work; but we consider that it would have been better to have omitted the great bulk of what the author has given, and to have presented in its place a sketch of the anatomy and physiology of the teeth, especially giving prominence to points bearing upon pathology and surgery. This prominence is probably given to the question of anaesthesia, for the reason that the author has had much more than common experience on the subject, and he has availed himself thoroughly of his opportunities; and similar reasons seem to have influenced the author consciously or unconsciously in dealing with other topics throughout the work. It is everywhere noticeable that he dwells always on such matters as have especially engaged his attention. This would not be objectionable, were it not that subjects equally important in a text-book are, in many cases slurred over or neglected.

Chapter 1. on the first dentition, containing a meagre description of the process of eruption of the teeth, is mainly taken up with an account of the diseases common at this epoch; a subject, the discussion of which, as we have already said, is not called for in a work of this kind. The author believes in the efficacy of bleeding the angle of the jaw, to relieve inflammation of the gums in teething; and he believes that the operation of scarifying the gums, in some cases, affords relief from the fact that he has been "occasionally asked by children old enough to do so, to perform it, from their recollection of the relief which they experienced on former occasions." The chapter following treats of irregularities and diseases of the temporary teeth, which are well and sufficiently dealt with. The chapter ends with an account of second dentition, in which the author gives his own views regarding the process by which the temporary teeth are shed. On what seems very insufficient evidence the fact that in very rare cases a temporary tooth remains *in situ* to the exclusion of its permanent successor, he draws the wide deduction that the shedding of the temporary teeth is in close relation with the advance of the permanent. We are at a loss to understand how such a generalisation can be put forth on such slight evidence, and especially in the presence of Mr. Charles Tomes's "demonstrations of the process of tooth shedding in the lower animals." The chapters on irregularities of the teeth, are, on the whole, well done. In describing the treatment of mal-placed teeth by mechanical apparatus, the author has omitted to point out the evil effects of violent pressure; and to caution the student that rapid movement of the teeth by such means, in many cases, leaves them permanently loosened and injured; that it is only by exercise of caution and patience that destructive inflammation may be avoided; and that, the more slowly the movement of the teeth is accomplished, the less danger is there of injury being inflicted.

A fair account of the divers theories as to the pathology of caries is given. The author's view is most in accord with the chemico-vital theory as expounded by Mr. C. Tomes; and he inclines to the belief that the process of caries has a pathological character. Having expressed this opinion he adds the following remarks which we cannot refrain from quoting as another sample of the kind of writing pervading the work. It is a passage of which we may, perhaps, guess the meaning, but which taken literally is incomprehensible, and certainly would be unintelligible to the ordinary student:—

"The teeth of every person must, in the mouth, like every other portion of the body—the hair, nails, and skin included—be continually expose, conditions which, but for a prevailing something, would ere long subject them to those changes which all highly complex nitrogenous bodies undergo when removed from its sphere or influence. It is this prevailing something, ceasing or changing with the loss of life in an individual, that immediately permits the existence of those affinities, or no longer opposes their action, which tend to break up into simpler form, the more complex chemical compounds of which an animal or vegetable body consists; and to which consequently we apply the vague term 'vital force,' which if actually a force, is probably, not more distinct from chemical than the latter is from electrical, or any of the so-called forces; indeed, it may be only one manifestation of

(a) "A Manual of Dental Surgery and Pathology." By Alfred Coleman, F.R.C.S. (Exam.), &c., &c. London: Churchill.

the chemical force. Whilst this exists, or remains unchanged, the teeth are, so to speak, protected from conditions, viz., moisture, warmth, action of acids, and bodies themselves undergoing changes, and decomposition, which would otherwise certainly allow the exercise which those affinities are ever exerting to break up complex organic compounds."

The limits of our space forbid an examination of the rest of the work; and we have said perhaps, enough to enable our readers to judge of the book's value. The chapters on the treatment of caries, and on extraction, are all of the same general quality; perhaps the best portion being that on the treatment of caries, and particularly on filling teeth. We have however felt it desirable to justify thoroughly the opinion we should have felt called upon to express, namely, that the book is, on the whole, a but slightly mitigated failure. We wished, moreover, to point out in what its defects mainly consist, in the hope that, after a thorough revision, a new edition may be produced which shall both fitly reflect the author's acquirements, and form a valuable contribution to dental literature.

BRISTOWE'S MEDICINE. (a)

DR. BRISTOWE'S "Theory and Practice of Medicine" is a classical work among students, few of whom have not, at some time or other, turned to its pages for information since it first issued from its author's hands. It is unanswerable testimony to the universal appreciation accorded to it that it has run into three editions in less than four years—a very unusual success for so considerable a book as the volume is. Dr. Bristowe's fame as a sound clinical teacher might very well be left dependant on his writings, and particularly on that portion of them embodied in the treatise under review. This is a perfect student's text-book, containing as much as needs be learned in order to make intelligent use of the opportunities presented of studying in the wards the diseases so faithfully described in its pages. It is also sufficiently succinct to serve as an accurate guide to the intending candidate for a medical qualification. Less bulky than other favourite text-books, it possibly contains to the full as much real instruction on the subject of disease; and in the matter of treatment it compares most favourably with all. The exigencies of the work demanded that compression should be closely studied, and on this account illustrative cases have been omitted in all sections of the volume. While admitting the high educational value of faithfully-recorded cases, and the incentive they afford to compare like cases that may be met with by the student, it is yet not impossible that in a text-book of medicine the narration of numerous clinical histories may do less good than is expected. As it is, Dr. Bristowe is careful to present a complete, and so far exhaustive, account of each particular disease; and it is the fault of the reader if he is unable, without the further assistance lent by cases in point, to recognise the actual malady itself. Dr. Bristowe has added to this English edition the invaluable article on Insanity, prepared by him for the second American edition of the work. Extensive alterations have, however, been introduced since it was first printed. Hemophilia and tetany are briefly noticed also, and numerous new illustrations are added. The short account of myxœdema needs correction. It is said by Dr. Bristowe never to occur in males; and the explanation of it given by him is scarcely as full as it might be. Taken as a whole, however, Dr. Bristowe's "Theory and Practice of Medicine" is a safe, efficient, and sufficient text-book, which may be adopted with full confidence, alike by candidates for examination distinctions, and by practitioners who desire to "brush up" their knowledge. It is the most excellent manual of medicine of moderate size in the English language, and is well worthy of the universal favour with which it is regarded.

THE MURDER OF DR. MACLEAN.—Sir Charles Dilke announced in the House of Commons on Monday, that H. M.'s Government were in correspondence with the Chilian Government, with the object of ensuring satisfaction to the relatives of Dr. MacLean, who was murdered by Chilian soldiers.

(a) "A Treatise on the Theory and Practice of Medicine." by John Syer Bristowe, M.D. Lond. Third edition. London: Smith, Elder and Co.

Correspondence.

VACCINO-TUBERCLE AND VACCINO-SYPHILIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The question raised by Dr. Cappie Shand in your issue of the 15th inst. merits serious attention. He has expressed a belief in the communicability of tubercle by the process of vaccination. It is no new doctrine, though it has never been a favourite one with the profession, but since our notions as to the nature and pathology of tubercle have been completely revolutionised by the experiments of Villemin, Klebs, and Burdon Sanderson, the question has been re-opened, is one of the first importance, and now awaits solution.

Tubercle, we know, is *not* a specific disease; is communicable by inoculation, and *can* be produced by artificial cultivation. We are told by Dr. Green that "the products of various inflammations (for the most part *inflammations of slight intensity*) may constitute the infective agents." Cohnheim, too, in his recent work declares "the test for tubercle" to be "the capacity of a morbid product when introduced into the body of a rabbit or guinea-pig to produce tuberculosis in the animals. What produces tuberculosis is tubercle; what fails to produce it is not tubercle." while Wilson Fox has shown that vaccine lymph so introduced *does* produce tuberculosis in the animal. If the premises be sound the conclusion of the syllogism is more obvious than pleasant. Tubercle has also been communicated to hens by vaccination. Then, again, the artificial cultivation of tubercle is on this wise. The product of a common non-specific inflammation in one animal is inoculated upon a series of animals, with the result of evolving a powerful poison swarming with bacteria, but which in its milder actions gives rise to tubercular disease. An analogy between this process and that of arm-to-arm vaccination has been suggested, and it is for those who extoll so highly the innocuity of humanised lymph to prove that such analogy does not hold.

It is a fact that infantile mortality, as a whole, is declining. It is also a fact that infantile mortality from scrofula and mesenteric disease are progressively increasing, and this coincidentally with the extension of vaccination. Is this coincidence a causal or a casual relation?

Dr. Shand suggests the substitution of animal lymph to avoid the alleged danger. He seems to forget that from 5 to 30 per cent. of bovines are tuberculous, and that this disease, according to Creighton, is communicable to man by the milk, while Mr. Fleming assures us that "the lymph is viruliferous."

Lastly, as a crucial test, M. Toussaint vaccinated a tuberculous cow with lymph absolutely pure. The vesicles progressed normally, and with the lymph obtained from them he vaccinated different animals, and everyone of these subsequently became tuberculous. I offer these facts as suggestive, rather than conclusive. The difficulty must be met; it is too vital to be put aside.

I am, Sir, yours, &c.,

W. J. COLLINS, M.B., B.S., B.Sc. Lond.

1 Albert Terrace, Regent's Park.

Feb. 26, 1882.

MIDDLE-CLASS HOSPITALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The following letter relating to the extension of the Home Hospitals movement is now being issued by the Managing Committee of the Association, and will doubtless be of interest to the readers of your journal.

When it was resolved, at a public meeting held at the Mansion House, in June, 1877, to take effective measures, by the aid of an Association on a proprietary basis, to provide an Hospital for Paying Patients, an appeal was made to the public for £10,000 capital to meet the first outlay. A liberal response was made, and a Home Hospital for such patients having since been successfully established at Fitzroy House, Fitzroy Squar, and, after a full year's experience, shown to be, not only necessary to meet a great want of the middle classes to be more than self-supporting, the first and principal object of the movement has been attained.

The freehold premises acquired in Fitzroy Square, however,

are found to be inadequate to the increasing demands for accommodation, and would, with the addition of the adjoining house, afford the larger space required, and enable the committee to reserve one house for each sex, and thus to add greatly to the comfort and well-being of both. Thanks to the treasurer, Mr. Frederick Cox, and to Mr. Henry C. Bardett, the hon. sec., the promise of a lease, with option to purchase the freehold of these adjoining premises at a fixed sum within a year's date has been secured. It only remains to find the required funds, estimated at £5,000, to ensure the full realisation of all the benefits originally contemplated, with a surplus income to form either a reserve for extending the movement, or a sinking fund for the gradual repayment of the capital advanced.

It has been suggested that this further sum might be raised by means of a limited company on a co-operative principle, and a transfer of the capital now existing on payment of an annual dividend. But any arrangement of this nature, though likely to provide the required funds, is so little in accordance with the feelings and intentions of the governors who liberally contributed the first capital sum, that it has been unanimously resolved to trust to the continued existence of this philanthropic feeling in the public mind and to make a renewed appeal for the smaller sum now required for the complete development of the original plan.

The committee feel that they may confidently appeal to the already numerous class of paying patients who have been inmates of the Home Hospital, and who have had ample experience of the advantages of the institution and the benefits it confers. They can bear testimony to its value, and cannot fail to feel a personal interest in promoting among their friends and connections contributions in aid of this extension and improvement of the accommodation at the Home Hospital.

I am, your obedient servant,

(Signed) NORTHUMBERLAND.

The Home Hospitals Association (for Paying Patients),
Fitzroy House, Fitzroy Square, London, W.

Obituary.

DR. HANS IRVINE, OF DUBLIN.

By the death of Dr. Hans Irvine, which occurred on Thursday last at the University Club, Dublin, the profession in Ireland loses one of its oldest and most respected members, who, though long retired from the practice of his profession, continued to enjoy the respect and affection of those who in time past had the advantage of association with him. Dr. Irvine was of a Fermanagh family of high social position, and his professional life gave evidence of the rank in which he was brought up by the fact that, in his relations with his professional brethren and the public, he was, in the strictest sense, a gentleman.

Dr. Irvine took the M.B. of the University of Dublin in 1833, and the Fellowship of the Irish College of Surgeons in 1837, and achieved such rank in the profession as to have served the Presidency of the College of which he was an *alumnus*, and for many years occupied a seat on its Executive Council. Having, in consequence of an infirmity of his hearing, retired from practice several years ago, he lived a good deal on the Continent, and only within the last two years resumed his place amongst his *confrères* in Dublin. Ripe of years, yet, so to speak, in the prime of his old age, he was carried off by an attack of bronchitis.

The concourse at the funeral gave evidence of the fact that his genial and estimable qualities had not passed from the remembrance of his medical brethren.

PASS LISTS.

University of Cambridge.—At a congregation holden on February 23rd the degree of Bachelor of Medicine was conferred on the following gentlemen:—

Cannon, Frank John, Trinity College.
Lane, James Oswald, St. John's College.

Royal College of Surgeons in Ireland.—The following gentleman has been elected a Fellow of this College:—

Frederick W. Higginson, Lic. Med. Dub., Civil Medical Officer,
Bengal Establishment, Government of India.

Army Medical Service.—The following is a list of candidates who were successful for appointments as Surgeons in Her Majesty's British Medical Service at the competitive examinations in London, on the 20th of February and following days:—

Westcott, S.	No. of Marks	2,295	McGill, H. S.	No. of Marks	2,045
Whitehead, H. R.	"	2,280	Pechell, A. A.	"	2,030
Skinner, B. M.	"	2,300	Tyrell, C. R.	"	2,050
Bartlett, C. R.	"	2,195	Hickman, J.	"	1,980
Rekitt, J. D. T.	"	2,175	Thomson, W. B.	"	1,975
Marsh, T. A. P.	"	2,150	Deane, H. E.	"	1,945
Kirkpatrick, R.	"	2,140	Stuart, S. O.	"	1,940
Alexander, A. C. A.	"	2,095			

Indian Medical Service.—The following is a list of successful candidates for appointments in Her Majesty's Indian Medical Service:—

Charles, H. H. R.	No. of Marks	2,495	Duncan, G.	No. of Marks	2,245
Barry, J. P.	"	2,452	Anderson, A. V.	"	2,030
Lyons, E. W. S.	"	2,385	Reilly, E. W.	"	1,945
	"	2,315	Scott, J.	"	1,900

There were but eight vacancies, but such is the popularity of this branch of the public service, that thirty-one candidates presented themselves at the competitive examinations, of whom the Military Secretary informs us twenty-seven were reported qualified.

NOTICES TO CORRESPONDENTS.

ALL CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinct 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.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, can now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

AN OLD CONTRIBUTOR.—The paper will have more weight with your name attached than under a *nom de plume*; we therefore propose inserting it thus in an early number.

DR. C. H. G.—Received, and will appear as soon as space permits.

A SANATORIUM FOR FEMALE INEBRIATES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Permit me to draw attention to the claims of the Spalthorne Sanatorium for Female Inebriates, at Feltham, Middlesex. This institution, which, from standing in four acres of ground, is peculiarly adapted for its purposes, has done not a little good in reclaiming female drunkards. No intoxicating stimulants are administered to the patients. The management has sustained a severe loss by the death of Miss Antrobus, the late hon. sec.; and I regret to say that there are many vacancies for lack of funds. From personal inspection, I can cordially recommend this institution to the liberality of the benevolent. The Hon. Sec., Miss Rotch, 47 St. George's Road, Eccleston Square, S.W., will be happy to receive donations and subscriptions.

Yours, &c.

42 Grove Road, Regent's Park,
London, N.W.

NORMAN KERR, M.D.

A NEEDED ERRATUM.—In a recent number the *New Haven Register* inserted the following correction of a misprint:—"In the article upon Yale College, in our last, for 'alum water' read '*alma mater*.'"

MONSIEUR GUYOT (Paris).—Our present correspondent supplies us with all that transpires of importance in the medical world. We have not space for a weekly letter from a second correspondent in Paris.

MR. MEADOWS.—The statement was quite authentic; in fact, we received it officially.

DR. RECHIEDDI (Milan).—We cannot further add to our Exchange List.

MR. J. GILBERT SMITH.—Thanks; but it would be quite useless to us.

ESSAYIST.—The announcement of award is correct.

R. H. S.—We imagine Dr. G. to be rather the victim of a vicious system than an exponent of it, his present action would lead to the supposition that he desires gently to elbow it out. If this be so, he will have every encouragement and assistance from us.

MR. HENDERSON.—We have reconsidered the matter, and have decided that, for the reasons assigned in our letter, it would be undesirable to again refer to the subject.

IRISH GRADUATES' ASSOCIATION.—By an announcement in our advertisement columns, Irish graduates in London will have an opportunity of dining with their friends on Wednesday next at the Holborn Restaurant. This annual gathering is always looked forward to!

London as one of the most sociable and pleasant *réunions* of the season, and we doubt not many will be glad of this reminder.

MR. R. P. S.—The book was acknowledged in our issue for Feb. 22, and is now in hand for review.

MR. F. V. McDOWELL.—Your "Case of Fibrous Tumour in Sacrum" is marked for early insertion. Proofs will be sent you as requested.

GOVERNOR.—The appointments are the usual outcome of political jobbery. Since your letter was written the subject has been brought before the House of Commons and explanations of a very weak nature given; but no object would be now served by the insertion of correspondence thereon.

MR. N. P. M. (Edinburgh).—The lines form a capital *aide memoire*, but would be more suitable for our contemporary the *Students' Journal*.

COLONIAL APPOINTMENTS.—M. W. asks: (1) How are Colonial medical appointments obtained? (2) What amount of salary is given for such appointments?

[1. If our correspondent means Colonial appointments under Government, they are obtained through influence with the Secretary of State for the Colonies. 2. The salaries are from £400 a year upwards.—Ed.]

DR. S. (Castlemartyr).—The coroner is bound to pay for evidence whenever the witness pleases to demand the fee, and he has no right whatever to hold over the payment. Some coroners have been in the habit of doing so, but a Quarter Sessions process would speedily settle the matter.

ALBERT J.—We are informed by Messrs. J. & A. Churchill that Schroeder van der Kolk's work on "The Pathology and Therapeutics of Mental Diseases," translated by Rudall, can still be had; the price is 7s. 6d.

INSURANCE FEES.

To the Editor of the MEDICAL PRESS AND CIRCULAR,

SIR,—Will you kindly inform me on the following subject:—At the request of the secretary of an Assurance Company I examined a proposed life, and having filled the medical query sheet, sent it to his office, received my fee from him, and gave him a receipt for same, thus, I believed, concluding the transaction.

Subsequently he sent me a special sheet of medical questions in cases of corpulency, and requested me to fill and return it to him with as little delay as possible, which I did, at the same time intimating to him that my fee for so doing was a guinea, as I believed it to be a distinct responsibility from our former transaction. The secretary has repudiated my claim to a fee for the latter examination. Am I entitled to the second fee?

I am, Sir, yours faithfully,

J. T.

[Though we think the requisition for additional information a little unreasonable, nevertheless the report supplied would be regarded as part of the original transaction, and would not, in law, entitle you to a separate fee.—Ed.]

MIDWIFERY DIPLOMA.—The College of Surgeons of Ireland grants its midwifery diploma only to its own licentiates. The fee is £1 6s. if taken out within a month of the diploma in surgery; £2 2s. if after that date. The College of Physicians charges £1 1s. extra to the diploma fee if the midwifery diploma be taken out within a month, or £3 3s. if afterwards. The hospital attendance costs £10 10s. at the Rotundo, or 24 4s. at the Coombe.

GENERAL PRACTITIONER.—It is not uncommon for the specific gravity of urine to reach 1080, or even 1085, 1040, without containing sugar. When such is the case, the urine is usually found to contain urea in great excess, and this may be recognised by adding nitric acid, when, after standing for a time, crystals will be deposited in great quantity.

EXPERT.—There is an excellent report of fifty cases of Tendon Reflex in the later stages of Hemiplegia published in the last issue of the St. Bartholomew's Hospital Reports by Dr. Ormerod. The cases are arranged under four tables.—1. Ten cases of tendon reflex equal in corresponding limbs of sound and paralysed side (doubtful excess on paralysed side). 2. Two cases greater in the sound than in the paralysed side. 3. Thirty-two cases—no excess on sound side, but excess in leg or arm of paralysed side. 4. Five cases—tendon reflex greatest on paralysed side, but exaggerated also on sound side. Dr. Ormerod concludes that exaggerated tendon reflex is a delicate indication of that condition which, in an advanced stage, causes rigidity.

THE SOCIETIES, COLLEGE LECTURES, &c.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—This day (Wednesday), at 4 p.m., Prof. W. H. Flower, "On the Anatomy, Physiology, and Zoology of the Edentata."

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—This day, at 5 p.m., Gulstonian Lectures: Mr. W. Ewart, "On Pulmonary Cavities—their Origin, Growth, and Repair."

LAMETARY INSTITUTE OF GREAT BRITAIN.—This evening, at 7.45 o'clock, a Paper on the "Range of Hereditary Tendencies in Health and Disease," by Mr. George Gaskoin.

HURTERIAN SOCIETY.—This evening, at 7.30 o'clock, Council Meeting.—8 o'clock, Dr. Bedford Fenwick, "On Venesection in Cardiac Disease."

ROYAL MICROSCOPICAL SOCIETY.—This evening, at 8 o'clock, General Meeting.

EDINBURGH OBSTETRICAL SOCIETY.—This evening, at 8 o'clock, Papers: "Clinical and Experimental Observations on the Bladder during Parturition," by Dr. J. Halliday Croom.—"On Some Points in the Physics of the Rectum and Bladder," by Dr. D. Barry Hart.—"Note on a Unique Cause of Delay in the Third Stage of Labour," by Dr. D. Barry Hart.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—Thursday, March 9th, at 8½ p.m., Dr. Walter Edmunds, "On a Case of Suppurative Ophthalmitis after Ligature of Common Carotid."—Mr. Lawford,

"On an Unusual Case of Gunshot Injury of the Eye."—Mr. Warren Tay: (1) On a Case of Optic Neuritis after Concussion of the Brain." (2) "On a Case showing Condition three years after Optic Neuritis from Injury to the Head."—Dr. Sidney Coupland, "On a Case of Optic Neuritis following Contusion of the Brain."—Mr. McHardy, "On a Case of Extensive Retinitis following Injury to the Head."—Mr. Fitzgerald (Dublin), "On a Case of Defective Vision in a Seaman."—Dr. Bralley—microscopical specimens: (1) From a Case of Retinal Detachment simulating Sarcoma of Choroid; (2) (For Mr. Mason, of Bath) From a Case of Sclero-corneal Tumour.—Mr. Snell (Sheffield), "On a Case of Sympathetic Ophthalmitis setting in after Excision."—8 p.m. Mr. Nettleship, "On a Case of Atrophy of Optic Disc after Orbital Erysipelas" (living specimen).

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Friday, March 10th, at 4 p.m., Prof. W. H. Flower, "On the Anatomy, Physiology, and Zoology of the Edentata."

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—Friday, March 10th, at 4 p.m., Gulstonian Lectures: Mr. W. Ewart, "On Pulmonary Cavities—their Origin, Growth, and Repair."

ROYAL INSTITUTION.—Friday, March 10th, at 8 p.m., Mr. J. W. Swan, "On Electric Lighting."

CLINICAL SOCIETY OF LONDON.—Friday, March 10th, Mr. G. Lawson, "On a Case of Chimney Sweep's Cancer of the Axilla treated by Excision of the Growth, Ligature of Axillary Artery, and Amputation at Shoulder-joint."—Mr. H. Marsh, "On a Case of Aneurism of Axillary Artery, Ligature of Subclavian, Rupture of the Sac, Amputation at Shoulder-joint; recovery" (patient to be shown).—Dr. Mahomed, "On a Case of Myxodema improving under treatment" (patient to be shown).—Mr. Warrington Haward, "On a Case of Removal of the Hypertrophied Spleen."—The following living specimens will be exhibited:—A Case of Radical Cure of Congenital Hernia in the Adult, by Mr. C. H. Golding Bird; a Case of Cured Spina Bifida, by Mr. Pease Gould; Two Cases of Universal Ichthyosis in Adult Females, by Dr. B. O. Connor.

ROYAL INSTITUTION.—Tuesday, March 14th, at 8 p.m., Prof. John G. McKendrick, "On the Mechanism of the Senses."

Vacancies.

Epsom Union, Surrey.—Medical Officer. Salary £50, with the usual extra fees. Application to the Clerk of the Guardians by March 21st.

Kent County Lunatic Asylum, Chartham.—Second Assistant Medical Officer. Salary £120, with Board. Applications to the Clerk of the Committee before March 21st.

Mountmellick Union, Maryboro' Dispensary.—Medical Officer. Salary £100, and £20 as Medical Officer of Health. Election March 17th.

North Wales County Lunatic Asylum, Denbigh.—Medical Superintendent. Salary £450, with certain allowances. A knowledge of Welsh desirable. Applications to the Chairman of Committee by March 29th.

Royal Hospital for Diseases of the Chest, City Road London.—House Physician. Salary, £20 per annum. Applications to the Secretary by March 9th.

Appointments.

BAIN, W., L.R.C.P.Ed., L.R.C.S.Ed., Resident Medical Officer to St. Mary's Hospital and Dispensary for Diseases of Women and Children, Manchester.

GOLDING, J. F., M.D., Physician to the North Infirmary, Cork.

HOPPER, H., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer to the Herworth District of the Gateshead Union.

KAY, J., L.R.C.P.Ed., L.R.C.S.Ed., Junior House Surgeon to the Stockport Infirmary.

LAURENT, E. A. O., M.B.Lond., M.R.C.S., Resident Surgeon to the Bedford General Infirmary and Fever Hospital.

MEAD, G. B. O., L.R.C.P.Lond., M.R.C.S., Medical Officer of Health to the Newmarket Urban Sanitary District.

ROBINSON, J. J., M.B. T.O.D., House Surgeon to St. Mark's Ophthalmic Hospital, Dublin.

WHITLA, Dr. W., Physician to the Ulster Children's Hospital, has been appointed Physician to the Belfast Royal Hospital.

WOOLBY, J. B., L.R.C.P.Lond., Physicians' Assistant at the Bristol General Hospital.

Births.

KEMP.—March 5, at 101 Jermyn Street, London, the wife of J. E. Kemp, L.R.C.P., M.R.C.S., of a son.

HAYES.—March 1, at 18 Merrion Square, Dublin, the wife of P. J. Hayes, F.R.C.S.E., of a son.

LUBBOCK.—March 5, at 19 Grosvenor Street, London, the wife of Montagu Lubbock, M.D., of a son.

OULTON.—March 1, at the Meath Hospital, the wife of Henry W. Oulton, M.D., Resident Surgeon, of a daughter.

THOMSON.—Feb. 27, at 40 Ladbrooke Grove, Kensington Park Gardens, London, W., the wife of Dr. Symes Thomson, of twin daughters.

Deaths.

CROFT.—Feb. 26, Robert Charles Croft, L.R.C.P.Ed., M.R.C.S., of Camden Road, aged 55.

DENNE.—March 3, at Eastbourne, William Denne, F.R.C.S., Medical Superintendent to the Cos. Asylum, Arlesey, Beds, aged 78.

IRVINE.—March 2, at the University Club, St. Stephen's Green, Hans Irvine, M.D., of Rutland Square, Dublin, deeply regretted.

GUY.—March 3, at Dover, William, the youngest son of Thomas Guy, M.D., F.R.C.P., Inspector-General of Hospitals, aged 29.

STURROCK.—March 4, at Broughtly Ferry, Dundee, David R. Sturrock, M.D.

SUTHERLAND.—Feb. 21, at Moray House, Lee, Kent, John Sutherland, M.D., Inspector-General of Hospitals, Bengal.

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WEDNESDAY, MARCH 15, 1882.

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CLINICAL LECTURES ON SYMPTOMS.

Delivered in the Wards of the Hospital.

By FREDERICK T. ROBERTS, M.D., B.Sc., F.R.C.P., Professor of Materia Medica and Therapeutics at University College; Physician and Professor of Clinical Medicine at University College Hospital; Physician to the Brompton Consumption Hospital, &c.

LECTURE IX.—SYMPTOMS CONNECTED WITH THE HEART.—(Continued).

3. ANOTHER group may be made to include *general objective symptoms*, or those which are *remote*, but not connected with particular organs. These are often at once evident on the most casual examination, and may be conspicuous in the appearance of the patient. In this connection *posture* may first be referred to, which in not a few instances of cardiac disease is highly significant. Thus, the patient may not be able to lie on the left side, on account of the disturbance of the heart thus induced; while inability to remain in the recumbent posture is in some cases a striking feature, on account of the cardiac disorder, dyspnoea, and the accompanying sensations thus induced; the patient requiring, therefore, to sit or to be propped up in bed, or even being only comfortable when resting in a heart-chair. We have had some marked cases in the wards during the present session illustrating this point, and showing the great benefit to be derived in treatment from the use of this chair. Under certain circumstances, however, the recumbent posture can alone be adopted, there being a tendency to syncope if the patient is raised. In the next place, the effects of *movement* or *exertion* on the part of the patient must be noticed. Such an act in cases of certain heart-affections sets up at once prominent disturbance, indicated by hurried breathing, excited or disordered cardiac action, a tendency to syncope, or other phenomena which may be obvious in the aspect of the patient. Indeed, in some forms of these affections, it is very instructive to test the effects of a little exertion with reference to the symptoms just indicated.

The more evident phenomena which come under this group are of considerable importance, and when present, always deserve careful attention. They are of the following nature:—

a. Excessive action of the heart may be revealed in the face and neck by *flushing* and *pulsation of vessels*, whether it be functional or due to organic disease. A peculiar symptom is noticed in some cases of aortic regurgitation with enlarged heart, which is very characteristic, namely, that when a part of the skin of the forehead is irritated so as to make it red, the redness is increased with each ventricular contraction and diminishes during the diastole, the spot, in cases of marked regurgitation, becoming absolutely pale, so that there is a striking alternation of flushing and pallor over it.

b. The head, face, and neck, not uncommonly present signs of *venous congestion* in cases of cardiac disease. This may be indicated by a more or less bluish or purple colour, especially of the lips, nose, and ears; enlargement or tumefaction of the features, or puffiness with a bloated appearance; watering of the eyes; and permanent distension of the capillaries and small veins, so that they become visible in large numbers, forming networks. The hands may also exhibit a more or less congested appearance, and likewise the feet; and the fingers and toes may in time assume a "clubbed" condition. It is not uncommon for the legs to present a congested appearance for some distance up. These phenomena are liable to become aggravated under certain circumstances, as from exposure to cold, or any temporary pulmonary complaint which tends further to impede the circulation, and to impair the aeration of the blood. In a marked or extreme form they are seen in the condition termed *cyanosis*, which I have already mentioned more than once, and which may now be more definitely explained. Cyanosis signifies the peculiar colour which is observed in certain cases, where the venous circulation is gravely interfered with, and at the same time the blood is usually very imperfectly aerated; in some instances there is also an intimate admixture of arterial or venous blood; or still more rarely the entire blood is venous in character. Cyanosis, as a persistent condition, is usually associated

with some cardiac affection, especially certain forms of congenital disease, but this is not always the case. As I have stated in a former lecture, I have met with a case where it was extremely marked in the face and neck, the arms, and the upper part of the body, in connection with local obstruction of the superior vena cava. Cyanosis is also the appearance which attends acute or chronic suffocation; and it may be decidedly present in cases of severe bronchitis complicating extensive emphysema. It will be convenient to describe it here once for all. The phenomena already mentioned are present in an aggravated form, and the longer the cyanotic state lasts the more marked do they become. The colour of the skin is not necessarily blue, as the word literally signifies, but it may be purple, clarety, or leaden. It varies much in degree, being most obvious in the lips, nose, and ears, and in the fingers and toes, and it may be practically confined to the face and the hands and feet. Moreover, it is not uniform, the surface being often mottled. The colour is liable to be intensified by anything which temporarily further impedes the venous circulation, or diminishes the aeration of the blood, such as disturbed cardiac action, the act of crying or coughing, exposure to cold, or an attack of bronchitis.

c. Not only may the patient feel cold, but there is also actual objective coldness in some forms of cardiac disease, which may be evident to the touch, or determined by the clinical thermometer. This is usually, but not necessarily, associated with more or less of the phenomena just considered; and, in its most marked form, accompanies confirmed cyanosis. The coldness is especially noticed in the hands and feet, and in the prominent features, where the cyanotic appearance is most obvious.

d. *Anæmia* is a striking objective appearance in certain cases of heart disease, and this organ should be always remembered as one of the causes of the anæmic condition. At the same time particular caution is requisite not to mistake the symptoms and physical signs often associated with the heart in cases of marked anæmia, for evidences of actual disease. Cardiac disease may, however, give rise to very obvious pallor of the face, with a more or less bloodless aspect of the visible mucous membranes. Sometimes there is a combination of cyanosis and anæmia in the same case. The condition is often partly due to an actually impoverished state of the blood, the red corpuscles being deficient; partly to a deficient supply to the arterial system. Temporary pallor is, of course, a symptom of faintness or fainting. Persistent anæmia is especially noticed in cases of marked aortic disease, particularly regurgitation.

e. *Dropsy* constitutes one of the most important symptoms belonging to the group now under consideration, which has to be noticed in relation to cardiac diseases, and we have had ample opportunities during this session of recognising their relationship, while we have at the present time illustrative cases under our observation, to which I have often drawn your attention. You will readily understand that this dropsy is the direct and natural result of the venous congestion which diseases of the heart so often induce; but it may be aided by the state of the blood itself, or by disease of the vessels or of the kidneys, which may accompany the cardiac mischief. Therefore, without entering into details, having already discussed with you fully the subject of dropsy, let me remind you that in this instance it follows the laws of gravitation, and begins where the venous congestion is most marked, namely, in both feet and ankles, from which it spreads upwards, reaching the knees, the thighs, the scrotum, or even the trunk in some instances, while effusion may also take place into serous cavities. Thus the dropsy becomes more or less "general." When the patient remains in the recumbent posture, the dependent parts of the body may be alone œdematous, or more so than the anterior part. The progress of the dropsy is very variable as regards its rapidity, being in most instances chronic, sometimes tolerably rapid. When not considerable, you will have noticed that we can modify it very much by posture; and by keeping the legs raised we have been able sometimes even to get rid of it entirely, without having recourse to any

further treatment. Moreover, by the aid of certain therapeutic measures we have succeeded in getting rid of the time of very extensive dropsy in some of our cases, and have discharged the patients; but unfortunately the improvement has only been temporary, and they have all returned again, the cardiac condition which caused the dropsy being permanent and incurable. Some of the cases in which we have obtained marked success in treatment, have been those in which the dropsical condition was temporarily aggravated by a pulmonary complication, still further embarrassing the circulation, which we have been able to remove. The skin of the legs has in some cases presented the appearance and colour of venous congestion, but by no means in all; in one instance also there was a cyanotic aspect of the face in a moderate degree. You have to be on your guard when there is much dropsy of the legs or scrotum, lest untoward complications should supervene, such as erythema, erysipelas, or gangrene. Unfortunately in one case this session the lesion last mentioned did actually occur.

f. *Pyrexia* must be mentioned as a general condition which may be associated with cardiac affections, especially those which are acute. Probably it may also arise in connection with the lodgment of emboli in organs, which come from the heart. Under certain circumstances the fever runs high and assumes a typhoid character, and indeed the symptoms become those of septicæmia, owing to the admixture with the blood of septic matters from the inner surface of the heart, as in ulcerative endocarditis, of which we have had one instance this session in the wards.

(To be continued).

THE CAUSES, SYMPTOMS, AND TREATMENT OF TETANUS.

A Clinical Lecture delivered in the Meath Hospital and its Dublin Infirmary.

By LAMBERT H. ORMSBY, F.R.C.S.,
Lecturer on Clinical and Operative Surgery.

(Concluded from page 182.)

Pathology and Morbid Anatomy.—It is notorious that post-mortem examinations on patients who have died of tetanus up to a very late period gave very negative results, and, as a matter of fact, very little change, if any, was found in the terminal ends of the nerves supposed to be irritated; or yet in the spinal cord, which is certainly the deranged nerve centre believed to produce the disease.

In 1864 Dr. Lockhart Clarke (a) made a very careful examination of the spinal cords of six persons who died of tetanus, and in each case his results corresponded very closely to each other, viz., an abnormal enlarged condition of the blood-vessels throughout the grey matter, especially in the posterior horns, and granular disintegration of the nerve tissue, were uniformly present.

Dr. Lockhart Clarke believes, as the result of his researches, that tetanus depends *first* upon an excessively excitable state of the grey nerve tissue of the cord induced by the hyperæmia and morbid condition of the blood-vessels, and the exudation and disintegration resulting therefrom; and *second*, that the spasms are the result of the persistent irritation of the peripheral nerves, by which the exalted excitability of the cord is aroused; and thus the cause which at first induced in the cord its morbid susceptibility to reflex action, is subsequently the source of that irritation by which the reflex action is excited.

Dr. Dickinson (b) found enlargement of the blood-

(a) *Lancet*, 1864; *Medical Times and Gazette*, 1865. Also more fully "On the Pathology of Tetanus": *Medico-Chirurgical Transactions*, vol. xlviii., 1865, p. 255.

(b) "Description of the Spinal Cord in a Case of Tetanus": *Medico-Chirurgical Transactions*, vol. i., 1865, p. 267.

vessels throughout the grey substance of the cord, with perivascular exudation, rupture of the blood-vessels in many places, and granular disintegration.

Dr. Clifford Allbutt (a) has reported the results of examinations on the spinal cords of four cases that died of tetanus, and confirms the observations of other pathologists concerning this disease. He found diminution of the consistence of the cord of various degrees and situation; hæmorrhage in two cases visible to the naked eye; enlargement of the blood-vessels; exudation of a granular plasma surrounding the vessels; enlargement of the cells of the grey matter and the granular degeneration of Clarke. Outside the spinal cord he found the nerve congested and thickened, and bathed in inflammatory products. These conditions were also found by Drs. Clarke and Dickinson.

Dr. Fox (b) examined the cords in four cases. In one the only abnormality remarked was dilatation and distension of the spinal pia mater. In the others he found softening, hæmorrhage, amyloid bodies in the grey substance, and thickening of the vessels.

Michaud (c) also examined the cord in four cases of tetanus. He found as a result of his examination that the grey matter presented a general red appearance. The vessels were enormously enlarged. There were numerous free nuclei and foci of perivascular exudation. The gray substance, and especially the posterior commissure, was the seat of these alterations, which, according to him, consist essentially in a proliferation of the nuclear elements of the connective tissue. This pathologist considers tetanus to be an acute inflammation of the grey tissue of the cord.

It has also been frequently observed that when either of the upper extremities is the seat of the wound or injury that induces the disease, the lesions of the cord are found in the cervical enlargement about the organ of the brachial plexus, and when either the lower limbs are injured, the spinal lesions are found in the lumbar enlargement.

The nerves carrying the impression from the wounded part have been found red and inflamed by Airlong, Tripier, and Michaud. But this inflamed condition is by no means constant, frequently the nerves at the injured part have been found in no way changed from their normal condition.

Bilroth states that his examinations of the spine and nerves in cases of tetanus have thus far given only negative results. This testimony seems to bear out the experience of many other pathologists. However, it may be inferred in these cases that the centric spinal lesions are progressive, and in each case the patient succumbed before there was time for any perceptible change to take place in the grey matter of the cord, and therefore, as a consequence, the organic derangements, whatever they may be, do not occur. In those cases that recover it is most probable that the centric lesion never goes further than hyperæmia, and stops there before there is time for any other derangement to take place.

In pursuing the pathology of this disease farther, very little more may be expected. We have ascertained this much, however, that the pathology of the disease is still obscure, and by no means fully proved. Further investigation must be made before we can definitely say what is the exact condition or origin that produces the disease.

Hammond says:—"From the consideration of all points bearing on the subject we are warranted in concluding that tetanus essentially consists in a morbid

exaltation of the function of the spinal cord as a nerve centre. We are led, therefore, by observation and experiment to the conclusion that the lesion of tetanus is seated in the grey matter of the spinal cord, and that although we cannot at present affirm an absolute identity of the lesions in each case, we have enough data to enable us to say in general terms that tetanus is essentially an inflammatory affection of the grey matter of the spinal cord." (a)

In pursuing the pathology of this important disease any further, very little more information of a useful nature can be advanced. We have ascertained this much, however, that the spinal cord is the deranged centre in tetanus producing this very peculiar train of spasmodic muscular seizures, the why and the wherefore of which, I believe, is still veiled in obscurity; and as regards the exact condition or primary origin of tetanus, the matter is still considered by pathologists to be a *questio vexata*, and one well worthy of further investigation.

It having been previously observed that acute traumatic tetanus is so uniformly fatal, it is of the greatest importance to attend to whatever may assist in detecting the disease at the very onset, or in warding it off altogether, as it is sometimes far easier to prevent a disease than to cure it, and this most especially applies to tetanus. Richeraud states that in wounds threatening convulsion and tetanus, a persevering extension of the limbs during sleep often is present long before any affection of the lower jaw or other symptoms appear; and particular attention should be paid to any premonitory symptoms of this kind after punctured or extensive lacerated wounds, especially of tendinous or ligamentous parts, particularly in injuries of the feet, hands, knee-joint, back, or where nerves are believed to be torn, stretched, or lacerated. Still more attention should be paid if they are accompanied with increase of pain at the injured part, irritation, restlessness, nervous twitches, pain and difficulty of opening the mouth and swallowing; and I still would give you further advice on this subject. Whenever you see a suspicious-looking injury, known to occasionally be the starting point of tetanus, whether you have premonitory symptoms or not, at once commence a preventive or anticipatory line of treatment. You will ask me what does this consist in. 1st. Place your patient in a favourable hygienic condition. 2nd. Attend to the state of the wound or injury by applying the appropriate line of local treatment, so as to remove the irritating cause, and then to have the parts cleansed in the most perfect manner. 3rd. The bowels to be kept open and moderately free all the time until danger is over; Peiles' anti-tetanic pill ought to be administered frequently. 4th. A mixture containing bromide of potassium should be given at once to anticipate and allay nervous irritation. 5th. The patient should be kept under observation, and seen every day—and oftener if necessary—until after the first fortnight following the injury.

Treatment.—We now come to the important question of treatment, a subject that is surrounded with a great deal of difficulty and perplexity, for, as is well known, the disease baffles every mode of practice; and in some cases they get well under the employment of the very same remedies that proved so useless in similar cases of the disease. One plan has occasionally succeeded, and the same plan in other hands has just as often been perfectly useless. The great difficulty, therefore, is to ascertain amongst numerous lauded accounts what is, on the whole, the plan most likely to be followed by the least ill-success, for you find in medical journals, and other scientific periodicals, that a case of tetanus was cured by adopting a certain remedy or other line of treatment. One case, I may observe, is not sufficient to prove the undoubted efficacy of this or that line of

(a) "On the Changes of the Spinal Cord in Tetanus": Transactions of the Pathological Society of London, vol. xxii., 1871, p. 27.

(b) "Recherches Anatomico-Pathologiques sur l'état des Systèmes Nerveux Central et Périphérique dans le Tetanus" Traumatique," Archives de Physiologie, 1871, p. 59.

(c) "The Pathological Anatomy of the Nervous Centres." London, 1874, p. 355.

(a) "A Treatise on the Diseases of the Nervous System." By William A. Hammond, M.D., &c. London: H. K. Lewis, P. 564.

treatment. I do believe that, like some other diseases, there are in tetanus cases that will recover, and there are cases that will not recover, no matter what is done; and we might, therefore, divide such cases into *ill-doing* and *well-doing*. Another point about this question that ought not to be lost sight of, and that is, suppose a number of remedies are administered, individually or collectively, in a given case of acute traumatic tetanus, coupled with various forms of local treatment, and that case fortunately recovers, is it rational reasoning to suppose that one remedy alone out of the number used, or one line of treatment alone, should get the whole credit of curing the case? I do not think it at all likely that if constitutional treatment was altogether omitted, there would be the slightest hope for the patient's ultimate recovery if we were to depend on local treatment alone.

It may be again observed that the indication of cure which is generally applicable to nearly every other disease, namely, the immediate removal of the exciting causes, does not, as a matter of fact, give one much assistance in an affection which is the consequence of causes which in general have ceased to act, or which is not in our power to remove or control. It is certainly rational to suppose, where we have local irritation present produced by a compressed, stretched, or torn nerve, the most effectual method of counteracting its effects on the system would obviously be to immediately intercept all communication between the seat of local irritation and the grey matter in the spinal cord.

If, on the other hand, however, the disease has already established itself, and the severe train of symptoms fully developed, it does not appear that this would succeed in arresting the course of the disease, particularly when changes and degeneration have taken place in the spinal cord. It seems analogous to the old saying of "Shutting the stable door when the steed has flown." Experience also fully proves that amputation of the limb, from the injury of which the tetanus has followed, will seldom procure even a mitigation of the symptoms, if performed at any period after the symptoms of tetanus has set in.

Baron Larrey was the great advocate of early amputation where tetanus depends upon a wound of the extremities; and furthermore, wishes this recommendation to be carried out chiefly in chronic cases, and only on the very first accession of the symptoms.

The treatment of tetanus may, therefore, be divided into local and constitutional, and first we will consider the steps that ought to be taken with reference to the injured part itself.

Local Treatment.—The part should be carefully cleansed from all impure or foreign matter; the wound ought to be poulticed with linseed meal well saturated with laudanum, and the dressing changed three times a day. Mr. Liston recommends the surgeon to cut down on the part above the injury by a Δ -shaped incision, cutting it off or isolating the injured part, so as to intercept the nervous current to the cord.

Professor Fayer, of Calcutta, relates a case of tetanus caused by a wound in the hand, and relieved by section of the median nerve above the injury.

Amputation before mentioned was strongly recommended by Larrey in certain cases. It is recorded that Mr. Rey, in 1845, amputated a leg on account of tetanus which had appeared six days after an unreduced dislocation of the astragalus. The symptoms disappeared at once after the operation. On dissecting the foot the posterior tibial nerve was found to have been put violently on the stretch by the projecting astragalus.

Nerve Stretching.—This line of local treatment has been adopted, by way of experiment, in certain cases by Professor Esmarch, of Kiel, and Professor Nasbour, but the results of these surgeons by this mode of treatment have been most discouraging, and their results do not seem to justify a repetition of the experiment. It has been alleged that cases have recovered under this

line of treatment, but it is most likely that the cases where it was adopted were not those affected with true tetanus at all, or else the result followed from the administration of other constitutional remedies, and that nerve stretching neither did harm nor good in the case. It certainly seems contrary to all physiological reasoning to understand how nerve stretching could affect the spinal cord or nerves injured, except to irritate them still more, and increase the severity of the disease. The operation of nerve stretching is thus performed:—An incision about two inches long is made with a sharp scalpel over the course of the nerve supposed to be the medium of the irritation from the injured part to the spinal centre, when the nerve is laid bare and plainly discernible. The nerve is then grasped with a forceps, and first, it is forcibly stretched and pulled from its origin, and secondly, it is firmly pulled and stretched from its distribution. After this is done, the incision is closed again, and the parts brought together with sutures and plaster. This is the way the operation is performed, and how the proceedings can influence recovery in tetanus I am at a loss to understand; and I have no hesitation in saying that this mode of treatment for this disease is, in my opinion, most unsurgical and unphysiological.

Constitutional Treatment.—Very many remedies have been recommended from time to time, among which may be mentioned Indian hemp, chloroform, ether, opium, tobacco, quinine, aconite, stimulants, mercury, bleeding, cold effusion, ice-bags, purgatives, turpentine, belladonna, atropine, curara, calabar bean, conium, chloral, alcohol, bromide of potassium, counter irritants, and morphia. In a very practical analysis, by Dr. D. W. Zandell, of Louisville, (a) of a number of cases of tetanus treated by the various remedies above mentioned, he comes to the following conclusions:—"Recoveries from traumatic tetanus have been usually in cases in which the disease occurs subsequent to nine days after the injury. That when the symptoms last fourteen days recovery is the rule, and death the exception, apparently independent of the treatment. That chloroform up to this time has yielded the largest percentage of cures in acute tetanus. That the true test of a remedy for tetanus is its influence on the history of the disease. Does it cure cases in which the disease has set in previous to the ninth day? Does it fail in cases whose duration exceeds fourteen days? And that no agent tried by these tests has yet established its claims as a true remedy for tetanus."

Dr. Hammond mentioned three successful cases of traumatic tetanus occurring in his practice. They were all treated by canabis indica, and the persistent application of ice to the spine. In the first case it was traumatic, and ensued two weeks after a wound of the foot by a nail. The second was also traumatic and acute, that is, making its appearance nine days after the injury, which was caused by an ice-pick being accidentally thrust through the hand. The third case was that of a musician who injured his thumb with a splinter from the stock of a rifle. The first evidence of the tetanus appeared on the twelfth day. When the disease set in he had violent spasms, and opisthotonos was well marked. He was treated with extract of canabis indica (Squire's) in doses of half-a-grain every two hours, and kept up the application of ice to the spine continuously for six days. At the end of a week the canabis indica was omitted for a day, but the spasms became more frequent and severe. It was resumed as before, and on the twenty-fifth day it was left off altogether, the patient being convalescent.

Hammond also states, as his opinion, that whatever internal medication be adopted, the application of ice to the spine is a measure which should always form a feature in the treatment.

Now, the various remedies and plans enumerated, 1

(a) *American Practitioner*, September, 1870, p. 152.

think they may be placed under either of four practical heads, viz., the *purgative* plan, the *sedative*, the *antidotal*, and the *counter-irritant*. If purgatives are given, the best are croton oil, turpentine, or castor oil—two drops of the first-named with or without an enema; of castor oil and turpentine, ℥j. of each administered. The sedative treatment consists chiefly in the use of the cold douche applied to the whole of the body, or Chapman's ice-bag applied along the spine, and the internal administration of opium, tobacco, conium, henbane or Indian hemp. Such doses of these drugs should be given until the patient has been brought fully under their influence, and such should be administered in a fluid form if possible. The antidotal plan has much to recommend it, and consists in the exhibition of medicines whose effects act antagonistically to the effects of tetanus, and thereby diminish the function of the spinal cord in such a way as to either allay or prevent the muscular spasm. Alcohol, aconite, strychnia, and tobacco may have such an effect, and cases suitable for such a line of treatment may frequently present themselves. The counter-irritant plan consists in the application of blisters along the whole length of the spine, and the use of electricity. I mention this plan as it has been enumerated among various lines of treatment, but I do not at all place any confidence in it.

As regards my own views regarding the treatment of this important disease, I firmly believe that prevention is better than cure. If a case presented itself to me where there was an injury that I reasonably suspected tetanus might follow, or was known to follow, I would at once put the patient on a preventive line of treatment. I would attend to the state of the wound or injury. I would give a mixture containing—

R. Bromidi potassium, ℥ij;
Glycerin, ℥ij;
Aqua camph., āā ℥viii.

Two tablespoonfuls three times a day.

I would also administer the *anti-tetanic pill*, which contains—

R. Calomelanos, gr. xij;
Pulv. ipecac., gr. xij;
Pulv. antimoniaialis, gr. xij;
Opii, gr. iij;
Extract aloe, gr. xxiv.

Fiat massa—divide in twelve pills, one pill to be administered three times a day.

After this treatment had been continued for at least a fortnight, and nothing unusual had occurred, I should then probably stop it.

Suppose, however, that a *bonâ fide* case of tetanus presented itself to me. I would carry out the following régime, and place more dependence on it than any other plan I have seen adopted:—First, I would clear out the bowels with a good turpentine enema, after which I would place the patient in a darkened room, with carpeted floor, free from all noise or currents of air. I would apply Chapman's ice-bag to the spine. When the spasms came on I would administer chloroform until I had brought the patient fully under its influence. I would also administer it from time to time before the spasms came on. I would also give extract of Indian hemp, in doses of half-a-grain, every two hours.

In addition to this I would administer a moderate quantity of stimulants and beef-tea, and if these could not be taken by the mouth, I should give them by the rectum. With perfect rest, quietness, and freedom from currents of air, the sufferer is placed in the best position to withstand the exhaustion which takes place in the chronic form of the disease.

Sir Thomas Watson remarks:—"In all cases, there being no special indication to the contrary, I should be more disposed to administer wine in large quantities, and nourishment, than any particular drug."

Where the teeth are firmly clenched together it has been recommended to have two or three pulled out, so

as to make a space for the nozzle of a feeding cup. Also where spasm of the glottis is supposed to be the real cause of death, tracheotomy has been recommended to be performed, in order to anticipate such a termination. Perroud, of Lyons, has employed successfully the application of ether spray to the spine. Demarquay has used the hot-air bath. Dr. J. Thompson Hague, of the Zanzibar Military Hospital, has reported some successful cases which occurred among negroes treated by the subcutaneous injection, at repeated intervals, of one-sixth of a grain of extractum physostigmatis (calabar bean). Drs. E. Watson, of Glasgow, and Fraser, of Edinburgh, use calabar bean in one-grain doses, or five drops of the tincture, and have been successful with this treatment in some cases.

From what has been said it is clearly evident that, in the present state of our knowledge, there is no one remedy or plan on which we can rely with certainty for the cure of this very fatal malady, and I would strongly recommend, with the greatest confidence, that far more hope may be entertained in using remedies to rather prevent its recurrence, than the possibility of staying its progress where the disease has actually set in.

ON THE EARLY TREATMENT OF PROSTATIC OBSTRUCTION. (a)

By REGINALD HARRISON, F.R.C.S.,
Surgeon to the Liverpool Royal Infirmary.

It may be generally stated that of males who have passed fifty-five years of age, about one-third sooner or later suffer enlargement of the prostate; of these about one-half suffer therefrom, though so long as micturition is efficiently and painlessly performed, there are seldom grounds for complaint.

It is exceedingly interesting, as indicating how relief may be afforded, to analyse the cases where the prostate is large but does not obstruct; there are at least two conditions explanatory of non-interference with micturition under these circumstances.

First, where the hypertrophy is towards the rectum and the relations of the prostatic urethra are not altered; and second, where the hypertrophied gland is lobulated and channels are left between the masses along which urine flows without interruption. A careful consideration of these conditions has suggested that they are capable of artificial production to a useful extent.

The teaching of the present day is, however, to the effect that mechanical treatment is not to be employed until either retention occurs or the bladder becomes inflamed, then such means may be resorted to. It was asked why the same treatment should not be applied as in the case of urethral stricture. The objection generally advanced is that irritation will be produced. It was urged that there was no evidence in support of this objection. On the contrary, the prostate was about the most long-suffering organ in the body, and though it was subjected to a great variety of mechanical expedients, in lithotomy and other operations, it rarely became inflamed. It might just as well be said that because strictures were found occasionally to be exceedingly irritable, treatment was to be postponed until retention of urine or cystitis were provoked. But if intolerance to early mechanical treatment were proved, it was only postponing the day until the necessity was greater and the difficulty more apparent. If there was danger of irritating the prostate, it was none the less because its size was larger.

With the view of obtaining similar conditions to those occurring naturally in large prostates, where there is no interference with micturition, a mode of treatment with specially-adapted bougies was described. The instruments are gum-elastic, two to four inches longer in the stem than

(a) Abstract of Paper read at the Medical Society of London, March 13th, 1882.

usual, with an expanded portion an inch from the tip, which is made to enter the bladder. In this way the prostatic urethra is subjected to pressure on the insertion and withdrawal of the instrument.

As a rule, if dilatation is not too rapidly proceeded with, no irritation is aroused. On the contrary, greater toleration of urine follows, owing to the ease and completeness with which the bladder is then emptied.

In a few persons it became necessary to establish a state of instrumental toleration, the frequency for doing this, as a rule, depending more on the manipulator than on the instrument. In some individuals intolerance of urethral interference was entirely due to the condition of the urine. Such sensitiveness had been traced to the presence of uric acid in unnatural quantities and form. On the correction of this, patients previously intolerant of instruments were found capable of undergoing the necessary mechanical treatment with the greatest advantage.

In advocating the early treatment of prostatic obstruction by the means referred to, the author had already had sufficient proof of its efficacy. He had demonstrated that the regular use of the dilators was capable of so moulding the enlargement as to prevent obstruction. Cases were under observation where the symptoms indicated that an impediment to micturition was commencing to form. Such patients in this way regained the power they were beginning to lose. In bringing forward his views on the subject, Mr. Harrison did so with the feeling that little had been yet done towards preventing the progressive development of a condition which was often followed by very distressing, and sometimes embarrassing, results—results which we knew of and stood by to palliate, though we had hitherto been helpless in preventing them.

Clinical Records.

EAST LONDON CHILDREN'S HOSPITAL.

A Case of Tubercle of the Brain—Death—Autopsy.

Under the care of Dr. EUSTACE SMITH.

Reported by Mr. SIDNEY DAVIES, B.A., M.R.C.S., Clinical Assistant.

PERCY GRAY, *æt.* 6 months, was admitted into the hospital on Jan. 12th. The mother, who brought the child, stated that she and the father were healthy, and that they had had four children, one of whom died of diarrhoea, and another of whooping-cough and bronchitis, both at an early age. The remaining child suffered from enlarged tonsils and "weak throat." The patient had been fed on cow's milk, water and sugar, owing to the mother's milk being deficient. When ten days old the nurse had given it some sour milk, which brought on diarrhoea with attacks of retching. For the last month the child had been wasting; it had coughed for a week, and the cough was getting worse. It had had no convulsions. When one week old an eruption had appeared on the buttock and spread to the abdomen, and it had the thrush in its mouth; both lasted six weeks.

When first seen, the child was very pale, with a waxy, yellow complexion. The bridge of the nose was not depressed, but rather broad, and there were no scars about the mouth nor about the anus. When the child cried, the mouth was drawn to the left side; also the left nasal line was deeper than the right.

On percussing the chest no dulness was found at the back, but the upper third of the left front, excluding the acromial angle, was dull, and there was tubular breathing over the same area; while in the acromial angle the breathing was high pitched and bronchial, and there was some fine bubbling with a deep inspiration.

The spleen was two fingers' breadth below the ribs, and the edge was firm and sharp. The liver was one finger's breadth below the ribs. Temp. 100°.

The child was ordered a diet of milk, barley-water, and Mellin's food, and the following prescription:—

Mist. ferri alk., ℥j. T. d. s.
Pulv. rhei et sodæ, gr. vi;
Pulv. cret. aromat., gr. x. O. m.

The following notes were taken of the patient's subsequent condition and progress:—

17th.—The child keeps its head retracted when in bed; when sat up the head is not drawn much back. Voice very hoarse. Fontanelle large. Right eye more open than left. When the child cries the lines on the left side of the face are more marked than on the right. The eyebrows contract equally on both sides. Pupils equal. No squint observed.

Post-cervical glands enlarged; some enlarged glands in axilla; none in groin. Motions loose, very slimy. Temp. last night, 102°; this morning normal.

Ordered yolk of egg, veal broth, barley water, and Mellin's food, to be given as a varied diet, and—

Liq. hyd. perchl., ℥xx.;
Tr. opii, ℥ss.;
Glycerini, ℥xx.;
Aq. ad, ʒj. T. d. s.

20th.—Child much quieter since taking the medicine. Has been troubled with vomiting, which ceased when the Mellin's food was left off.

Head still retracted, and muscles of neck rigid as child lies in bed. Occasional tremulous movements of right arm and leg, most marked when it attempts voluntary movements. Thumbs not twisted in. Abdomen is not retracted, nor are its walls specially inelastic. Frequent hard hacking cough. No laryngeal spasm. Is said to choke when taking medicine. Takes bottle with perfect ease. Still very hoarse.

Physical Signs.—Dulness upper third of left back; respiration weak and blowing; vocal resonance increased. Slight dulness at right supra-scapular fossa; respiration still bronchial, with increased resonance of laryngeal sounds. Large clicks about back on both sides. There is some want of expression on the right side of the face. Right eye is more open than left. Left brow more contracted than right. When the child cries the left corner of the mouth is drawn up. Left nasal line is more marked than the right. Left pupil rather smaller than right; both pupils contract well with light. Temp. 101·8° last night; 99° this morning.

21st.—Child lying asleep on right side, with head retracted as before. Is said to sleep better on the right side. Pulse about 175, almost imperceptible, but apparently regular; respiration 52, regular. Thumbs not turned in. When the child is awakened, and crying, the mouth is much drawn to the left side; left eye is more closed than the right, and left pupil decidedly smaller than right. Brows equally contracted.

23rd.—Child lying asleep on the right side, with head retracted, but the posterior cervical muscles less rigid than before. Both eyes closed; mouth open; pulse 140; respiration 60, regular. Face very pale. Fontanelle slightly depressed, pulsates. Skin of abdomen not markedly inelastic. Thumbs slightly inverted. Muscles of limbs relaxed when asleep, but rigid when the child is awake. It is reported that when the child was washed this morning he had convulsive retractions of the right arm and leg. He slept badly. Temp. 102°; last night 102·2°.

24th.—Face livid, very pale. Head retracted. Eyes turned upwards, and to the left; pupils equal. Abdomen not retracted. Respiration regular. Some rigidity of the left elbow, wrist, and fingers. Thumbs twisted in. Less rigidity of right elbow than left, but right fingers are equally as rigid as the left. Child often keeps little and ring fingers extended. Has not been sick to-day. Motions very loose. Fontanelle level. To-day, when the child is fed, it lets the fluid run out of its mouth, and coughs with a clanging sound. Respirations laborious, with much recession of soft parts at each inspiration. Child lies unconscious, but when moved looked sensible for a moment, though it took no notice of an object passed before its eyes.

Physical Signs.—Some dulness all left side, back and front; heart's apex just below nipple. Respiration blowing and high pitched; occasional large clicks; vocal resonance increased. Much increase of resistance. Chest punctured with exploring trochar in the 5th space; no fluid found. Child's breath smells putrid. Face more symmetrical than before; both sides seem to move equally well. No Stokes' type of breathing. Temp. 102·6°; 100·6° last night.

25th.—Head more retracted than ever. Breathing regular. Thumbs turned in. Toes flexed. Winks when conjunctiva is touched. Both elbows rather stiff. Child very pale; can't swallow. Appears conscious when waked. Mouth drawn a little to one side; lower jaw retracted. Temp. 100·5° last night; 101·6° this morning.

The child died on the 25th, at 5 p.m.

Autopsy, performed twenty-four hours after death.—Superficial ulceration round anus and scrotum, with post-mortem discolouration all over back, and partly in front. Cranium removed with difficulty, lacerating the left middle lobe of the brain, from which spurted out about an ounce of clear fluid. Some venous congestion of the upper surface of the cerebrum, chiefly on the left side. Puncta cruenta not larger than usual. On the under surface of the right frontal lobe small lymph deposits, covering a surface as large as a crown-piece. Right Sylvian fissure closed by dense, tough, gelatinous lymph, gluing the two sides together. Otherwise, there was no lymph at the base of the brain, nor any granulations along the vessels. Membranes on the whole smooth and glistening. Lateral ventricles normal. At the left lower half of the pons, nearer the lower and anterior surface, was found on section a caseous mass (tubercle), the size of a cherry-stone, soft in the centre, but entirely surrounded by brain tissue. Beneath the left crus cerebri was another lump of the same matter, soft in the centre, the size of a small marble, surrounded by pia mater, and attached by a stalk of the same membrane to the top of the medulla. No ante-mortem clot found in the venous sinuses. Two or three ounces of fluid in the left pleural cavity. Some lymph on the visceral pleura and opacity of the costal pleura. Adhesions at left apex. A caseous mass, the size of a small marble, on the surface of the lower lobe of the left lung. The middle and lower lobes in a state resembling grey hepatization, but less friable. Upper lobe partly solidified, containing some small cavities. Some emphysema of right lung, and some solidification at base. A mass of enlarged bronchial glands about roots of lungs in various stages of degeneration. Other organs not examined.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, MARCH 10TH.

The President, JOSEPH LISTER, F.R.S., in the Chair.

CHIMNEY SWEET'S CANCER.

Mr. GEO. LAWSON brought before the Society a chimney sweep, upon whom he had operated for chimney sweep's cancer in the axilla. The patient had had the disease twice removed, but it recurred after each operation. He was admitted into the Middlesex Hospital last November. His condition then was:—In the right axilla there was a wound about two inches long, with hard ragged edges, and from this there was a sanious fetid discharge. Through this wound a probe could be passed in all directions beneath the pectoral muscle, where there was evidently a large epithelial ulcer. The patient was anxious for an operation, but as it was clear that, owing to the rigid state of the pectoral over the ulcer, that the mere excision of the growth would not prove satisfactory, Mr. Lawson obtained the sanction of the patient to amputate the arm at the shoulder-joint if, in the course of the operation, he thought it advisable. On November 24, the patient having been placed under ether, a knife was passed into the wound in the axilla, and the pectoralis major divided. A large epitheliomatous ulcer was then exposed. This was dissected away, but as the disease had encroached on the artery close to the axilla, Mr. Lawson felt that if he stopped here the operation would be useless. He therefore tied the axillary artery just below the edge of the lesser pectoral muscle, where the artery and tissues were healthy, and as the wound was very large, he amputated the arm at the shoulder-joint, and brought the flap, which he had made of skin and muscle, on to the chest. In some remarks at the close of the paper, Mr. Lawson said that the reasons which induced him to amputate the arm at the shoulder-joint were:—First, to obtain sufficient skin to cover the wound caused by the excision of the epithelioma and the division of the pectoral muscle; and next, to prevent the formation of a free collateral supply of blood to the region from which the epithelioma had been removed.

The PRESIDENT asked if the epitheliomatous growth was

in any respect remarkable, or distinguished from ordinary growths of a similar kind; and

Mr. LAWSON replied that it was not, to his knowledge; but he did not see the case during its early stages.

Mr. J. CROFT inquired whether, in dissecting the amputated arm, the sheaths of the axillary artery, or vein, or cords (particularly the inner) of the brachial plexus had been found infiltrated.

Mr. LAWSON answered that the artery was involved in this way.

The PRESIDENT remarked that amputation was the proper course to adopt in the case, and expressed a hope for the patient's recovery.

Mr. HOWARD MARSH read a case of

ANEURISM OF THE LEFT AXILLARY—LIGATURE OF THE SUBCLAVIAN—RUPTURE OF THE SAC—AMPUTATION OF THE SHOULDER-JOINT—RECOVERY.

The patient was a carman, *æt.* 32. He had never had syphilis or any serious illness. Eight weeks before admission he found a small pulsating swelling in the arm-pit. This rapidly increased, and when he came to the hospital measured nineteen inches over its most prominent part. There was great oedema of the whole limb. No pulse could be felt at the wrist. After the patient had been at rest for three days in bed, the subclavian was tied, under the carbolic spray, with a silk ligature, the ends of which were cut short. The case progressed favourably for three or four days, but then the swelling gradually increased in size, and on the 17th day hemorrhage occurred from the sac. This having recurred on the 18th day, the swelling was laid open with the object of tying which ever proved to be the bleeding end of the artery. As, however, a gush of arterial blood immediately occurred, and as the patient was still in a very exhausted state, it was thought best to amputate at once at the shoulder-joint. The patient made a favourable recovery. The author remarked that the cause of the aneurism was probably a small rupture of the coats of the axillary artery resulting from a strain. The case was a good illustration of the usual features of aneurism in the axilla, in respect to its rapid increase, the large size the swelling may attain, and the tendency of the sac to rupture. Ligature of the subclavian—the method of treatment most often successful—seemed to offer the best prospect of cure. It failed through the free establishment of the collateral circulation. Had the patient been in a less exhausted condition the limb might perhaps have been saved by Syme's operation, even when the sac had given way; but, weak as he was, amputation seemed the safer expedient. The silk ligature, after it was thrown off, travelled toward the surface, and could at one time be felt close beneath the skin, and a small shred was discharged through the wound. How it was afterwards disposed of was not known. It never, however, was observed to escape externally. The silk ligature, the author thought, was unsafe, as it was apt to act as a foreign body, and so to provoke a dangerous process of ulceration in the neighbourhood of the artery. He should, on any similar occasion, employ the kangaroo-tendon ligature, which so far as present experience has shown, is perhaps the most reliable form now in use.

Mr. GOLDING BIRD wished to know if silk soaked in carbolic oil had been preferred to that soaked in carbolised wax for any particular reason. He himself always preferred the latter medium for disinfecting the ligature. He did not quite comprehend whether Mr. Marsh had described the removal of a portion of the ligature by the house-surgeon; and at the suggestion of the President,

Mr. HOWARD MARSH explained that the artery had been cut through by the loop of the ligature, which subsequently travelled toward the surface, and a shred of which only was removed by the house-surgeon. He was ignorant of the fate of the bulk of the ligature.

Mr. CHRISTOPHER HEATH considered that, from the account of the case on admission, it was probable the aneurism had then given way. In such circumstances ligature of the subclavian could not be expected to produce a cure. When doubt was experienced on this point, the course followed in Syme's classical case was the most profitable proceeding, the subclavian being kept, meanwhile, well under control.

Mr. BARWELL agreed with Mr. Heath as to the probable rupture of the aneurism. Signs of inflammation were not,

he thought, well marked from the description. He considered that danger from hæmorrhage was much lessened by the employment of animal ligatures.

Mr. J. H. MORGAN suggested that pathological details of the condition of the amputated limb would be desirable and instructive.

Mr. LISTER said the case was interesting in regard both to treatment and to the question of ligatures. He, too, considered that the sac had given way before the admission of the patient into hospital; it was, in other words, a diffuse aneurism. He did not, however, believe that in all such cases ligature of the main artery would be necessarily useless. In two instances he had operated for the relief of diffuse popliteal aneurism by ligature of the femoral artery. In one the tumour spread half-way up the thigh, and in the other to the level of Poupart's ligament, and in both a successful result was obtained. Every case of this kind required to be considered and treated with respect to the special circumstances surrounding it. He was much interested at hearing of another case in which a silk ligature had made its way to the surface, since it was this tendency on the part of silk that first induced him to make a trial of catgut as a substitute for it. He would now, if about to employ silk, steep it first in a watery solution of carbolic acid, this being by far the most effectual way of securing its being made aseptic throughout, and at the same time affording greater certainty of the knot holding. Animal ligatures, however, were much to be preferred. When, more than a year ago, he had described the mode he adopted for preparing these ligatures, he regarded his conclusions as final, but soon after he had been disappointed to find that the chromic catgut ligatures differed widely. Those that were *thicker* were more prone to speedy infiltration as distinguished from erosion; and further, he discovered that catgut manufactured without the use of sulphur in the process was even worse in this respect. A series of experiments were then made by steeping catgut in sulphurous acid, by which means a more efficient article was obtained, the process finally adopted for its preparation being the following:—Leave for twelve hours in a one per cent. solution of chromic acid, and next, for the same time, in a solution of sulphurous acid, B.P. strength. The advantages catgut so prepared possessed were several and important. It did not undergo surface infiltration. Even after remaining for three weeks in a puriform medium it retained its full power of resistance. It might be stored dry, needing only to be dipped in a watery solution of carbolic acid just before being used, thus avoiding the necessity for storing in carbolic oil.

Mr. HOWARD MARSH reminded the Society that since the date referred to in his paper as that on which the silk had been used, considerable discussion on ligatures had ensued. He employed it chiefly because it was at that time much vaunted by successful ovariologists. In reply to Mr. Heath's remarks he had to urge that when the patient was first admitted he was in a most exhausted condition, and some immediate operation was called for, which should be palliative, and enable the patient to regain strength to withstand the shock of more serious procedures. Moreover, ligature of the subclavian had certainly succeeded in former cases. He agreed, however, that under ordinary circumstances, Symes' operation would be advisable. In proof that the subclavian could not always be controlled by pressure merely, he referred to a case in which two years ago he amputated at the shoulder-joint. The artery was being compressed by an assistant of unusual strength, but, notwithstanding, the fingers of the latter were actually lifted off by the pressure and changes of position induced by the movement of the limb during the operation. He (Mr. Marsh) then determined, in view of the dangers incurred in this case, always to cut down and expose the subclavian in any similar operation. In the case under discussion when the vessel (axillary) was tied above, it was healthy, but the arm was too much disorganised to afford any valuable pathological information.

MYXŒDEMA IMPROVING UNDER TREATMENT.

DR. MAHOMED showed a case occurring in a married woman, æt. 30. Her family history was good. She had been married twelve years, and had had seven children, the youngest child eight months old. The symptoms of her disease commenced towards the end of her first pregnancy. She had the usual symptoms of the disease, and her appear-

ance was very characteristic. When first seen, there was great swelling of the lower eyelids, which hung like bags containing fluid; her face was generally swollen, lips bluish, cheeks pink; hands were hard, swollen, brawny, and stiff—so that her movements were awkward, and her sensation impaired. There was no pitting on pressure of the affected parts; the lower extremities were not affected. Speech was slow and laborious, as usual in this disease. Her chief complaint was pain at the top of the head, worse towards evening and at night. The urine was not albuminous; the impulse of the heart was not perceptible; pulse small, artery apparently contracted, so that at first no satisfactory tracing could be obtained. During the first fortnight no change in her symptoms was perceptible; after that she was treated by 1-50th of a drop of nitro-glycerine, and from this time she rapidly improved. The headache immediately disappeared. In a fortnight the appearance of extreme swelling below the eyes had very greatly diminished; her hands were supple, much softer, her gloves being too large for her; she talked quicker. The treatment had been assisted during the last week by severe purging. A trace of albumen was found in her urine on two occasions. Her pulse tracing when her arteries had been dilated by nitro-glycerine showed an increase of pressure and prolongation of systole. The improvement in her condition has been frequently remarked upon by her friends and all who have seen her at the hospital. She has now been under treatment about two months, and the skin of her hands is quite loose, and almost natural. Her face, though much improved, is still characteristic of the disease. A photograph taken on February 20th was exhibited. Dr. Mahomed treated her with nitro-glycerine with the intention of relaxing her arteries, thus reducing, to some extent, the arterial pressure, and increasing the rapidity of her capillary circulation. Severe purgatives, which, she said, afforded her great relief, were administered with the same object.

DR. CAVAFY thought the improvement should be described as occurring *during* rather than *under* treatment; it was undoubtedly true that such variations did occur in myxœdematous patients. In December last he had recorded before the Society two cases, in one of which the swelling of the fingers was much reduced, and in the other improvement was observed very similar to that seen in Dr. Mahomed's patient. A third case within his own knowledge, that of a gentleman under the care of Dr. Bennett, had likewise shown marked signs of improvement; and a fourth example, in this case recovery being all but complete, had formed the subject of a special lecture by Charcot. This last patient had been treated by removal to a warm climate, with milk diet and sulphur baths. His own cases had been treated, the first with ergot, the second with strychnine. Dr. Bennett's treatment was chiefly to administer iodide of potassium, the patient having, at some time, suffered from syphilis. Thus, no two modes of treatment agreed, and in all the cases mentioned, the symptoms, notwithstanding, improved, so that the favourable change could hardly be attributed to treatment as a cause. He, Dr. Cavafy, believed climatic influences had much to do with variations in the condition of cases of myxœdema.

DR. FRANCIS TAYLER mentioned that he had under his care a case of myxœdema in which improvement had taken place, the œdema being much reduced. Jaborandi was the drug employed in the treatment of it.

DR. HADDEN advocated the employment of nitrite of amyl in these cases.

MR. WARRINGTON HAWARD added the history of a man in whom the œdema, &c., of myxœdema was much reduced while under treatment. He was a syphilitic, and injections of morphia had been necessary on account of pain. After leaving the hospital and engaging in active pursuits, the mental faculties, previously dulled, had undergone much improvement.

MR. LISTER thought it remarkable that so many cases of improvement should be brought forward. He failed to understand the theoretical grounds on which Dr. Mahomed recommended his plan of treatment, or that the œdema could be controlled by arterial relaxation. This was essentially opposed to Dr. Cavafy's method, in which constriction of the arteries was aided by the administration of ergot.

DR. MAHOMED urged that the fact of the onset and disappearance of œdema in myxœdema proved that it was not a permanent form of degeneration. He considered the resemblance of myxœdema to chronic Bright's disease was pointed by the remarks of Dr. Cavafy, and others, and by the fact that Charcot's treatment of patients suffering from myxœdema was

practically that adopted for the latter form of illness. When the powders he prescribed, and which produced purging, were continually used, the condition of his patient was much improved. Dr. Mahomed concluded by explaining that he had many reasons for assuming that relaxation of their walls did not necessarily induce increased pressure in the capillaries, but that these reasons could only be stated at considerable length.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

MICROSCOPICAL INSPECTION OF AMERICAN PORK.—Some time ago the Government requested the Académie de Médecine to give its opinion on the necessity or otherwise of inspecting microscopically all the pork that comes from America, in order to detect any portion that should contain parasites (*trichina*) with a view to its immediate confiscation. Last week that learned body, through the Commission delegated to examine the question, decided that inspection was not necessary, since the meat when sufficiently cooked completely destroyed the parasites, and that it would be sufficient to warn the public against the possible danger of using pork raw or half-cooked.

M. MONOD, at the meeting of the Société de Chirurgie, compared the results given by operations practised after the old method and those in which antiseptics were used. These latter gave a mortality of 4 per cent, while that of the former was 17 per cent. The greater number of deaths were due to pyæmia and septicæmia. If abstraction were made of the deaths attributed to these two last affections the result would be the same in both methods, viz., 3 per cent. Accordingly, the introduction of antiseptics in surgical practice has tended to lessen very materially the chances of such complications as septicæmia and pyæmia. **M. Verneuil** avowed that heretofore pyæmia was a common malady in hospitals, and against which surgeons were powerless, but since the employment of antiseptics the disease has disappeared.

TAPPING THE PERICARDIUM.—**M. Rendu** communicated a very interesting observation of a case of pericardial effusion treated by puncture to the Société Médicale des Hôpitaux. A young man was attacked with dry pericarditis, the result of a chill. Soon after entering the hospital all the signs of effusion appeared, and in less than twenty-four hours the pericardium became considerably distended. The patient had frequent attacks of dyspnoea, and soon cyanosis commenced. It was at this stage that **M. Rendu** decided on tapping the pericardium. The puncture was made an inch and a-half below the left nipple, and an exit was given to a considerable quantity of liquid, to the great relief of the patient. A few days afterwards he left the hospital cured. **M. Labouleaue** had in his service a patient also suffering from effusion into the pericardium, but complicated by pleurisy. Thoracentesis was practised with success, but he hesitated to tap the pericardium. **M. Paul** declared that paracentesis of the pericardium was an operation before which one generally hesitated, as much on account of the difficulties of the diagnosis as on that of the almost constant failure of the operation. When the patient was young and the disease was fully developed, one might attempt the operation. There was but one region where puncture might be attended with danger, and that was the part corresponding to the heart's apex, which should be carefully examined.

DIVORCE AND INSANITY.—**M. Charcot**, of the Salpêtrière

was examined before the Parliamentary Commission of Divorce as to whether insanity should be considered a sufficient cause for divorce. The learned professor expressed the opinion that in no case was it possible to determine in an absolute manner on the incurability of insanity unless where there was general paralysis. In this case the patient dies in a period not exceeding five years; consequently one might very well wait for the expiration of that time, which effected a natural solution in the situation of the patient. The legal delay exacted by the process of obtaining a divorce would thus be hardly exceeded. The Commission accordingly rejected insanity as a cause of divorce.

TREATMENT OF DIPHTHERIA IN CHILDREN.—**M. Jules Simon**, of the Hôpital des Enfants Malades, gives the following as his treatment for diphtheria:—Internally, tonics in every form, alcohol in large doses, strong coffee, beef-tea, &c. Besides, he orders every two hours three or four drops of the tincture of iron in a little water, never in milk. If the child were rather big he gave a drachm or so in divided doses during the day of the following mixture:—Copaiba, ℥j.; cubebs, ℥ij.; carbonate of iron, ℥j.; bismuth, q. s. Locally, he applied citron-juice, or dilute citric acid, or tannin, or even perchloride of iron in water every two or three hours. Nitrate of silver should never be used, nor should hydrochloric acid. Besides the above applications, the throat should be irrigated with a weak solution of phenic acid three or four times a day. There was another resource to which he had frequently recourse, but always with a certain reserve, and that was the administration of vomitives. Ipecacuanha might be given at the commencement, when there existed a good deal of mucosity about the larynx, or when in the later stages the false membranes were inclined to detach themselves. The chamber of the patient should be kept warm, and the atmosphere rendered humid by the spray of phenic acid.

METHYLTRIETHYLSTIBONIUM.—A French chemist endeavoured to astonish the Société de Biologie last week by communicating to that body his discovery of a new medicinal agent which acts like curare. The reporter did not say that the meeting went into hysterics and suddenly collapsed when the name of the drug was pronounced, but it would be perfectly legitimate to infer it. **M. Rabuteau** christened his discovery iodide of methyltriethylstibonium. It would look beautiful on a prescription.

At the ordinary meeting of the Sanitary Institute, held on Wednesday last, **Dr. A. Carpenter** in the chair, the prize of £200 for an essay on "The Range of Hereditary Tendencies in Health and Disease" was presented by the **Rev. E. Wyatt Edgell, B.A.**, to **Mr. G. Gaskoin, M.R.C.S.**, Surgeon to the British Hospital for Skin Diseases.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were—Hull, Derby, Leicester 19; Edinburgh, Newcastle-on-Tyne, Portsmouth, Birkenhead, Cardiff, Birmingham 20; Leeds, Norwich, Salford, Bristol, Sunderland 22; Sheffield, Bolton 23; London, Glasgow 24; Bradford, Halifax, Wolverhampton 25; Preston, Huddersfield 26; Plymouth, Manchester 28; Liverpool 29; Nottingham, Oldham 31; Brighton 33; Dublin 35; Blackburn 38.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, MARCH 15, 1882.

THE CREMATION QUESTION.

PROMINENCE has during the past week been given to the cremation question by an occurrence which places it in a new and somewhat curious light. The executors of a gentleman named Crookenden were sued for payment of the sum of £321 by a lady, who claimed this amount as expenses incurred in carrying out the wish of the deceased, that his remains should be disposed of by cremation. The case came before Mr. Justice Kay, in the Chancery Division of the High Court of Justice, and was decided in favour of the defendants, costs also being given against the plaintiff, Miss Williams. It transpired during the hearing of the suit that a promise had been given by Miss Williams during the life of Mr. Crookenden, to carry out his wish to be burnt after death, and specific directions were given in his will for the payment of such expenses as might be incurred by Miss Williams in fulfilling the request conveyed to her in a private letter mentioned in the codicil. The testator, however, was buried in Brompton Cemetery, and some months afterwards Miss Williams applied to the Home Secretary for permission to remove the body. This was, after a first refusal, accorded, on the understanding that such removal was to be allowed for reburial of the corpse in a Welsh churchyard, and on the express condition that it should not be cremated. Having thus obtained her friend's remains, Miss Williams forthwith carried them to Italy, and there had them burnt.

The legal aspects of the case were clear, and in the present state of English law, could not be gainsaid. A

testator has no power of disposing of his own body after death, his executors being its sole guardians, with legal rights to resist every and any claim to its possession from other quarters. That this should be so is undoubtedly hard upon individuals, who may justly complain of an inability to decide in what manner their remains shall be dealt with; and in this particular instance our sympathies must certainly be with Miss Williams in her desire to carry out the emphatically expressed intentions of her deceased friend. Notwithstanding this, however, the fact that possession of the body was obtained by misrepresentations very properly entails such penalties as the adverse verdict ensures, while at the same time the impossibility that at present exists of any person willing that his death shall not be a cause of endangering public health opens up the gravest social considerations. There are very many people now alive who regard with feelings of the utmost abhorrence their future confinement to an earthen grave. Indeed, within the last few years there has sprung up in this country a strong and ever-increasing disgust against the harmful and unsanitary system of burial that obtains amongst us. Each year the growth of cities and towns is proving with the utmost certainty how, by-and-by, spots that are seats of constant noxious emanations proceeding from compact masses of decomposing bodies, will be covered with the dwelling places of a coming generation; and while every year the overgrown graveyards of suburban places are crowded yet more densely with the remnants of humanity, to an equal extent is the health of the whole surrounding neighbourhood being imperilled. For, as surely as the demand for more and more houses increases with the growth of population, so will the fringe of dwellings around large cemeteries creep closer and closer on to the boundaries of the dead. It needs but a glance at such neighbourhoods as Norwood, Honor Oak, or Nunhead, and comparison of the aspects presented by these places now with that they showed a dozen or twenty years ago, to see the deadly nature of the danger to be dreaded from this building around and about graveyards. Every house that is erected robs the neighbourhood of a portion of the open space which, at their creation, surrounded these burial grounds, and adds, moreover, another family to those already brought into too close relation with the dead. A decade or two ago this gave less cause for trouble than it does now, and less attention, too, was then paid, generally, to the preservation of health by attention to rules of hygiene. But now, a knowledge of the laws of life is not confined to the few who make such knowledge the basis of professional training; it is, rather, shared by every educated person, and with it has arisen a wholesome and laudable desire to conform to Nature's inviolable demands. Hence can be traced the widespread disinclination to burial after death on the part of intelligent thinkers, and the rapid growth of public opinion in favour of rational disposal of corpses by cremation. The legalisation of the practice must sooner or later become a pressing necessity, and the sooner it is brought about the earlier will the nation be freed from a danger that it is becoming painfully alive to.

The chief objection hitherto raised against the practice,

apart from those of a purely sentimental and untenable nature, is that it will tend, if generally adopted, to facilitate the concealment of crimes. This, however, is at best but a short-sighted view of the matter, for under simple and easily carried out regulations, it might easily be made the strongest protection against crime of the kind indulged in by poisoners, which is the principal danger complained of. There is no reason why, prior to cremation, a post-mortem examination of every body should not be made; and even though not followed in all cases, yet wherever occasion seemed to demand it, analysis of the contents of the stomach could be added, to make assurance doubly sure. The gain to science from such a proceeding cannot be too highly estimated. Post-mortem records teach many most important lessons; and when these are conducted on every person who dies, and the information thus obtained is scheduled by properly qualified officials, it is impossible to foresee the results to which it might lead. Attempts have hitherto been made in vain to legalise cremation in this country. As the law regarding burial now stands, however, there is little to recommend it to thinking men. It practically hinders all attempts by individuals to assist the progress of sanitary reform; it is unduly restrictive of the liberty of the subject in a matter that most gravely concerns himself; and, in our opinion, it imposes barriers of the most improper kind on a just and reasonable endeavour to promote the health of the people. We must admit, of course, that Miss Williams acted very wrongly in transgressing the law as she did by causing Mr. Crookenden's body to be cremated, in the face of the Home Secretary's refusal; but none the less it cannot fail to be a matter of regret that, in giving his refusal to a scientific disposal of a dead body, the Home Secretary was exercising a right that the law gives him power to exert. In spite of memorials bearing numerous signatures of high scientific and medical authorities, praying for a removal of the legal disabilities in respect to cremation, the introduction of this much-needed reform has been obstinately opposed; but it must ere long become a question of such universal interest that further prohibition will be impossible; and that time cannot too speedily arrive.

THE EDUCATIONAL REFORMS IN THE ROYAL COLLEGE OF SURGEONS OF IRELAND.

WE recently reported to our readers the fact that the President, Vice-President, and three Members of the Council of the Irish College of Surgeons had waited upon the Home Secretary at Westminster with reference to the authorisation by Government of the educational reforms which have been adopted by the College, and we noted the fact that, at the same time and place, a counter-deputation of obstructionists to these reforms had also had an interview with the same Minister. We abstained from exposing the *personnel* of this second demonstration, lest there might appear to be any personal element in the controversy. But it is no longer possible to be reticent, inasmuch as an entirely inaccurate paragraph—penned in glorification of the counter-deputation, and almost insulting in its reference to the delegates which represented the

College—has been published editorially in the *Lancet* of Feb. 25. This report speaks of the counter-deputation as "representing the views of a large number of influential Fellows," and of the College representatives as "Drs. A., B., C., D., and E." The matter has, however, been noticed in the last issue of the *Lancet* in the following letter by Dr. Jacob, which makes unnecessary any further reference to the subject by this journal:—

THE EDUCATIONAL REFORMS IN THE IRISH COLLEGE OF SURGEONS.

To the Editor of the *Lancet*.

SIR,—I regret to observe that your columns have been utilised by one or other of the two opponents of the new educational scheme of the Irish College of Surgeons to misrepresent the purpose and the importance of the two deputations which waited the week before last on the Home Secretary. The real truth is that the President, Vice-President, two ex-Presidents, and myself, a Councilor of the College, were deputed by the College Council to explain to the Minister that we wanted his approval of the annulling of certain bye-laws which are inconsistent with the scheme.

It is not true that the Home Secretary's sanction is necessary to the annulling of any bye-law of the College, but the Council, nevertheless, thought it inadvisable to put their new regulations in force until the responsible Minister has been informed of their intention to do so.

After this deputation had been received, as officially representing the College, two gentlemen were received as claiming to represent a body of Fellows opposed to the reform. It may, however, be doubted that they represented anyone but themselves, considering that after the most vigorous whipping of the Fellows, notwithstanding the most earnest importunity that they would accompany the counter-deputation, and after much boasting as to the importance of the coming demonstration against the new scheme, one Fellow, and one only, Mr. Ormsby, could be induced to follow the leader of the opposition. Driven to extremities to make a decent show before the Home Secretary, these two gentlemen drove about London entreating Fellows of the College there resident to join them in their interview, with the result that a naval surgeon, who was entirely ignorant of the contemplated reforms, was induced to go as far as the House of Commons, but declined to go further or to see the Home Secretary at all.

This, Mr. Editor, was the important deputation which the *Lancet* is used to announce before the profession. There is, indeed, now no party worthy of the name opposed to the contemplated reforms, the small band of Fellows who formerly resisted them having melted away since they had the opportunity of examining the new scheme for themselves. The merits or demerits of that scheme I shall not discuss with Mr. Ormsby. It is enough to say that it has been debated over and over again, line by line, by those at least as competent as Mr. Ormsby can be to judge of the value of the reforms and their effect on the College, and, by sweeping majorities, every successive point in it has been established.

All these statements I vouch for; and I therefore regret that so influential a journal as the *Lancet* should permit itself to be made use of for the dissemination of reports which are not accurate.

I am, Sir, yours, &c.,

ARCHIBALD H. JACOB, M.D. Dub., F.R.C.S.I.

Ely Place, Dublin, March, 1882.

THE "PARANGI DISEASE" OF CEYLON.

AN interesting Report on the disease or diseases so named has recently been prepared by Dr. Kynsey, prin-

principal civil medical officer of Ceylon. The very name given to the affections described sounds strange. It appears to be a corruption of the word *Farangi*, or *Feringee*, as the latter is pronounced in India; that the term thus represented was that by which the Portuguese were known in the island and mainland from the time of their early settlement on both; and that accordingly the full appellation *Farangi-lede* simply means Portuguese or foreign sickness. What is the precise nature of the sickness so called? Or are several distinct forms of disease united in the subject of Parangi? The latter appears to be the case, as, according to the report on the subject, it partakes of the nature of syphilis, to which are superadded characters of land scurvy, yaws, pellagra, scabies, tinea, impetigo, ecthyma, and other cutaneous maladies, lupus, leprosy, and scrofula. It appears to exist as an endemic in particular parts of the island, more especially in the Northern, North Central, and North-Western provinces. It was for some time believed that the disease owed its extensive prevalence to the practice of vaccination. Further inquiries, however, seem to show that no foundation really exists for this belief, as Parangi chiefly prevails in districts where, owing to its presence, vaccination cannot be carried on. The first mention of Parangi-lede occurred in 1548. It was then described as the Neapolitan disease, and the Portuguese disease. There appears to be little doubt that the word was then restricted to syphilis, which was first introduced into Asia in the sixteenth century, soon after its epidemic-like outbreak in Italy, when the army of Charles VIII. was besieging Naples. Previous to that date syphilis does not seem to have been known in India. The old Hindoo writers described various maladies of the genital organs; but in old Sanskrit there is no name for it, and in modern Sanskrit works it is called "Faringa Rôga," or Portuguese disease. When first described, namely, forty-three years after the landing of the Portuguese on the island of Ceylon, mercury was chiefly employed in its treatment. Sarsaparilla does not appear to have been used for the same purpose until considerably later, when Chinese traders to Goa, on the coast of Malabar, appear to have introduced the *Smilax Chinensis* as a drug for syphilis.

The views already formulated with regard to the nature of the disease "Parangi" show how various they are. Then, we learn from the report before us that "there seems to be very little ground for supposing Parangi to be syphilis or its manifestations," so that the conclusion appears inevitable that in plain English the nature of the malady is not known. Fortunately, however, it is not a fatal disease. Although unsightly, it exerts but slight influence on the general health and longevity of its subjects. Treatment consists in the use of good food, with tonics, mercury, hemidesmus, sarsaparilla, and, in cases attended by rheumatism, iodide of potass. Hospitals have been established in the heart of the island, and medical aid brought as it were to the very doors of the people; yet the results are said to be not satisfactory. Briefly summed up, then, what we learn about the Parangi disease in Ceylon amounts to this: We do not know its nature; the persons affected with it do not die of it; they do not desire medical treatment for it; they only wish to be left alone. It is something for us to have clear information on all these points.

Notes on Current Topics.

The Catgut Ligature.

It is little more than a year ago that Mr. Lister delivered his presidential address to the Clinical Society of London on the catgut ligature. In it he described a method of preparing the catgut by soaking it in a watery solution of carbolic and chromic acids, whereby it was strengthened and in other ways adapted to the purpose of tying arteries in continuity. On Friday last he declared that, after delivering the address referred to, and which he believed to include the final results of his experiments, he was disappointed at discovering that ligatures prepared in the way recommended varied a good deal, the thicker ones becoming speedily infiltrated at the surface in place of being eroded. Further inquiries and careful experiments led him to associate the faults complained of with details of manufacture of the catgut. Following out the line of experiment suggested in this connection, he finally secured a catgut free from the ill qualities which made the chromicised substance of less value. This desirable end is attained by steeping the catgut, first in a solution of chromic acid, 1 per cent., for twelve hours, and subsequently in sulphurous acid, B.P. strength, for the same length of time. The material thus prepared can be stored in the dry state until required for use, thus doing away with the need for keeping in carbolised oil, as must be done in the case of the chromicised gut previously described by Mr. Lister. The new ligature before using is plunged into a watery solution of carbolic acid, which can be kept on the tray containing the instruments; and its inventor claims for it that the infiltration observed in the case of other catgut ligatures does not occur with it, and that it is eminently strong and adapted to the purpose of tying vessels.

Bath Royal United Hospital.

SOME time ago we referred to the affairs of the Royal Bath United Hospital in connection with the dissatisfaction aroused from the want of assistant physicians and surgeons on the staff. A result of the publicity given to the matter was the appointment of a committee to discuss the whole question, and this committee presented its report at a meeting of the subscribers to the hospital a few days ago. An almost unanimous decision was then arrived at to elect three assistant officers in both the medical and surgical departments, the appointments to be for five years, but the holders to be eligible for re-election. A committee of subscribers will be entrusted with the duty of conducting these elections; and the gentlemen chosen will be charged with the care of out-patients principally, but, in the absence of their senior *confrères*, will be expected to do the work of the latter also. This change was certainly demanded, for many reasons, since the full working staff of the hospital prior to the new appointments consisted of three physicians and three surgeons, while the house contains 120 beds, and over 10,000 out-patients per annum apply for assistance.

Jumbo.

PUBLIC interest is notoriously to be excited with the utmost ease in respect to any event which is paraded in a sufficiently judicious manner, but it can hardly be said, nevertheless, that in the case of the elephant "Jumbo" there was any set design to create a widespread excitement on his account. That the question of his removal from his home in the Zoological Gardens has aroused a wonderful amount of affectionate unwillingness to lose him is, however, impossible to doubt; and hence the eagerness with which every detail respecting him is welcomed by his friends. It is right to assume that the officers of the Society were best able to judge of the risk incurred by keeping the monster animal in the Gardens; but notwithstanding, it is difficult to reconcile the statements made by them on the one hand, with, on the other, those made respecting the power of controlling elephants in a "must" condition, by several independent observers who had been familiar with their habits in India. According to these latter, the idea of real danger need not be entertained; but, apparently, such opinions have no weight with the Council of the Zoological Gardens, since we hear of no alteration in the arrangements, according to which "Jumbo" will grace Mr. Barnum's menagerie. Several curious suggestions for controlling the elephant's excitement have been made, and among them one by a medical gentleman, to the effect that bromide of potassium might be found sufficient. The ingenious prescriber does not say in what doses he would recommend the drug to be given; the information might be useful.

Cambridge Local Examinations.

THE Cambridge Local Examinations, by means of which students may pass the preliminary examination required by the General Medical Council, and students proposing to enter the University in October may obtain the certificates which exempt from the previous examination of the University, will be held on Monday, Sept. 4th, in Cambridge and London, and at such other places as the Syndicate may determine. Forms of entry, signed, must be sent in before Aug. 1st. They can be obtained, for Cambridge, from the Rev. G. F. Browne, St. Catherine's College, Cambridge; and for London, from R. St. J. Corbet, Esq., 10 Portman Street, W.

A Disgrace to Kent.

RECENTLY a woman committed suicide by drowning in the Thames, and her body, first seen floating in the river at Cressness, at 10 in the morning, was permitted to remain unrecovered until 5 o'clock in the afternoon, although during this time some hundreds of people were aware of the corpse being in the water, and it was twice left dry. This disgraceful state of things is due to the fact that the West Kent justices abolished the fee of 5s. formerly paid for bringing ashore a dead body, at the time of the unfortunate wrecking of the *Princess Alice* steamer. In the absence of this paltry reward it seems, therefore, that no inhabitant of Cressness deems it worth the trouble of putting forth a boathook in order to reclaim a body from the river; and as the fact must be known to the magistrates, who oppose the payment of two half-crowns per corpse, we are justified in classing them as equally careless of the

claims of the dead. Since West Kent cannot afford to support this drain upon its resources, perhaps some charitable fund may be made available for future payments of the five shillings to persons who may observe floating corpses, and who but for the reward would let them float.

Vivisection and Dogs' Friends.

AN attempt was on Saturday last made by Miss Frances Power Cobbe to depose Mr. Geo. Fleming, President of the Royal College of Veterinary Surgeons, from his seat on the Committee of Management of the Home for Lost and Starving Dogs. The occasion was a meeting of the members and friends of the Home, and the reason assigned for the proceeding was that Mr. Fleming had published an article in demonstration of the benefits conferred on animals themselves by vivisection. We can quite understand the bitterness with which anti-scientific enthusiasts regard the rapid growth of public opinion in favour of vivisection since the attempt has been made to put the real facts of the case before the world by qualified authorities; but none the less it is to be regretted that persons of Miss Cobbe's standing should so foolishly cling to their mistaken views. Of course the amendment proposed by this lady was ignominiously defeated. We trust we may hear no more of such misguided and nonsensical opposition to the spread of truth.

History of Inebriety as a Disease.

UNDER this title a communication appears in the *Detroit Medical Review* from the pen of Dr. Crothers, of Hartford, Conn. He points out that inebriety was recognised as a disease, long before insanity was thought to be other than spiritual madness, as a possession of the devil. This disease was hinted at in an early age of the world, and is by no means a modern idea. On an old papyrus found in one of the tombs of Egypt dating back to a very ancient period was a very significant passage referring to an inebriate who had failed to keep sober. Many of the sculptures of Thebes and Egypt exhibit inebriates in the act of receiving physical treatment from their slaves, such as purgatives, rubbings, or applications to the head and spine. Herodotus, five centuries before the Christian era, wrote "that drunkenness showed that both the body and soul were sick." Diodorus and Plutarch assert "that drink madness is an affection of the body which hath destroyed many kings and noble people." Many of the Greek philosophers recognised the physical character of inebriety, and the hereditary influence or tendencies which were transmitted to the next generation. Laws were enacted forbidding women to use wine, and young boys were restricted. In the first century of the Christian era, St. John Chrysostom urged that inebriety was a disease like dyspepsia, and illustrated his meaning by many quaint reasonings. This was the first clear distinctive recognition of the disease which had been hinted at long before. In the next century Ulpian, the Roman jurist, referred to the irresponsible character of inebriates, and the necessity of treating them as sick men. Many of the early and later writers of Roman civilisation contain references to drunkenness as a bodily disorder, not controllable beyond a certain point, which resulted in veritable mad-

ness. Little reference was made to this theory until the thirteenth century, when one of the Kings of Spain enacted laws fully recognising inebriety as a disease lessening the punishment of crime committed when under the influence of spirits. In the sixteenth century the penal codes of France and many of the German States contained enactments which recognised the disease character of inebriety. All punishment for crime committed during this state varied according to the condition of the prisoner at the time. In 1747 Condillac, a French philosopher, wrote expressing clear views of the disease of inebriety, also that the State should recognise and provide means for its treatment. He asserted that the impulse to drink was like insanity, an affection of the brain which could not be reached by law or religion. Dr. Benjamin Rush, of Philadelphia, in 1790, set forth the same theory, supported by a long train of reasoning. To him belongs the honour of first elaborating this subject and outlining what has been accepted half a century after.

Professor Pasteur's Preventive Inoculations of Charbon.

THE PRUSSIAN Minister of Agriculture, the *Deutsche Med. Woch.* (Feb. 11) states, has appointed an influential scientific committee to superintend and report upon a series of inoculations to be performed by one of Pasteur's assistants. This gentleman then proceeds to Russia for the same purpose, and on his return to Saxon Prussia, where the experiments are to be made, will perform a second series of inoculations. Besides some celebrated veterinary professors, Prof. Virchow is expected to take part in the inquiry; but regret has been expressed that Prof. Koch, the able critic of Pasteur, has not been nominated.

Notification of Infectious Diseases.

AT the recent special meeting of the Lancashire and Cheshire Branch of the British Medical Association, convened to consider this subject, Dr. Carter, of Liverpool, gave an analysis of the working of the Notification Acts in some of the English towns, which takes the bloom off the rose-coloured reports of the success of the system which have been used by notificationists to advance their cause, and which hitherto have passed as gospel because no one had taken the trouble to sift their truth. Dr. Carter said the medical man had always hitherto been regarded as the trusted friend and adviser of those who consulted him. Let it be once felt, however, that to call him in would be necessarily to publish the fact of infectious disease, if it happened to exist, and he would be looked upon with distrust as a sanitary detective, and his services postponed till the last moment. And the skilful direction which he was both able and willing to give to prevent the spread of infection being absent during this period of postponement, disease would spread. In illustration, he quoted from a communication sent by a medical officer of health for a town where such principles were embodied in a local Act, to the effect that children were removed during the night, owing to the fear of a certificate from him. Dr. Carter further quoted from the annual reports of various medical officers of health of towns having these powers, in proof of his contention,

Warrington, during 1880, had 65 notifications of scarlet fever and 14 deaths, or 1 in every 4.6. Bolton had 102 notifications of typhoid fever and 23 deaths, or 1 in every 4.4—a death-rate which was half as high again as that of the London Fever Hospital; the only possible inference from these figures being either that many cases were never notified—*i.e.*, were concealed, and thus the death-rate made to appear high, or else that the administration of the Act proved very fatal to individuals. In Huddersfield, during the same year, the mortality from typhoid fever was exactly double that for the entire kingdom at the date of the latest returns; and complaint was repeatedly made throughout the report of a delay of ten days, and even three weeks, having occurred before the sanitary officer became aware of the cases. Greenock obtained an Act in the same year as Bolton (1877), and great anticipations of its success were formed, and publicly expressed; yet in October, November, and December, 1880, while there were reported to the sanitary officer 86, 266, and 101 cases respectively, there were hunted out by the sanitary officers sufficient additional ones to swell the numbers to 260, 588, and 161—an obvious proof of extensive concealment.

Questions in our Medical Societies.

THE usefulness of our medical societies would be enhanced if, instead of accepting addresses, papers, communications, &c., they would bring up certain subjects for debate, and collect evidence on many of the moot points about disease. Take, for instance, "scarlatina;" there is no more common disease than this modern plague of domestic life, a disease which strikes terror into every household. Yet there is the widest difference of opinion on some very important questions affecting this disease. How long is the period of incubation? Twenty-four hours, or twenty-four days? What is the nature of the poison? Why does milk seem to carry the infection? When is the more dangerous period? Incubation or desquamation? If a child is sent to an hospital, or isolated, how long should it be kept in quarantine, six weeks, eight weeks, or three months? When desquamation is spreading, say 14th day, and the body is free from any seeming disease, may the disease be propagated by the urine, viz, by the renal epithelium? We could mention questions *ad infinitum*. Turning from medical to surgical practice, there are questions for debate without end—practical questions to which practical answers might be given. In all societies this method of arriving at some defined and practical answers to vexed questions should be more generally followed. We commend these suggestions to the presidents of our learned societies.

Salicylate of Soda in the Treatment of Iritis.

DR. CHISHOLM (*Cent. f. Prakt. Hugenheilk*) has given large doses of the above drug in cases of acute episcleritis, even in specific cases where mercury and iodide of potassium had not afforded satisfactory results. He employed at the same time mydriatics. Salicylate of soda was administered every three hours, in doses of 9 to 12 grammes in the twenty-four hours, the dose diminishing as iritis showed signs of improvement.

Dr. Kenny's Case.

DR. LYONS asked the Chief Secretary for Ireland if the Government had come to any decision in reference to Dr. Kenny, a now released suspect, who had been deprived of his appointment as medical officer to the North Dublin Union, and whose case excited much discussion in Committee on Thursday. Mr. Forster replied that if Dr. Kenny were again elected there would be no objection on the part of the Government to the appointment.

Gastrostomy.

THE case recently communicated by Mr. Croly, of the City of Dublin Hospital, in which he endeavoured to prolong life in a case of malignant stricture of the œsophagus, was incorrectly reported in our columns as a case of gastrotomy. It should have been described as Mr. Croly communicated it, as a case of gastrostomy, the term being the proper one for the operation, which has for its object to make an artificial mouth for the introduction of nutriment directly into the stomach, the term gastrostomy being applied to the opening of the stomach for removal of a foreign body.

The Salary of the Coroner for Dublin.

The City Coroner, Dr. Whyte, was appointed five years ago at a salary of £500 a year, and recently the Finance Committee of the Corporation recommended an increase of £50 per annum, which they afterwards for some reason or other rescinded. The Under Secretary for Ireland last week informed the Town Council that as they and the coroner were unable to agree as to the amount of salary to be paid the latter, it would become the duty of the Chief Secretary to determine the amount. The Corporation have referred the matter to the Finance Committee for consideration and report.

M. J. M. CHARCOT (*Comptes Rendus*) recognises in "hypnotism" three distinct stages—the cataleptic state, lethargy, and somnambulism.

At Ramsgate, last week, a dealer named Crow, died of glanders, caused by scratching his hand with a horse's tooth while administering a pill.

At Kingsbridge, Devon, last week, William Elliott, surgeon-dentist, was charged with attempting to murder Miss Polyblank, the daughter of his landlady.

It is proposed to erect a convalescent hospital at Milford, near Stafford, as a memorial to the late "Sister Dora," so well known for her self-sacrificing labours in connection with the Walsall Cottage Hospital.

LADY HARRIET BENTINCK, who gave a donation of £4,000, to purchase new premises for the International Hospital at Naples, has added a new gift of £500 to the former sum.

THE injunction to restrain the Fulham Board of Works from building a small-pox hospital on Wormwood Scrubs

has been withdrawn by the defendants undertaking not to proceed.

SURGEON-GENERAL FASSON, principal medical officer in charge of the Aldershot Division, suddenly expired on Sunday morning whilst partaking of breakfast. He had been suffering many years from heart disease.

WE understand that the funds of the London Fever Hospital are so low, that unless liberal subscriptions are sent to the treasurer, two of its wards will have to be closed.

THE Brighton Town Council have decided to purchase Preston Park from Mr. Benett-Stanford, at the price of £50,000, for the purpose of converting it into a public recreation ground.

AT the banquet given by the Lord Mayor of London on Saturday last to the representatives of "Art, Science, Literature, and Medicine," Sir William Gull, Bart., and Dr. Andrew Clark responded to the toasts drunk in honour of the medical profession.

SIR ERASMUS WILSON, F.R.S., will preside at the Annual Festival Dinner of the Royal Medical Benevolent College on Wednesday, April 19th, at the Langham Hotel. Members of the profession willing to act as stewards are invited to send their names to the Secretary, at the offices of the College, Soho Square, London.

THE mortality last week in the large towns from diseases of the zymotic class, per 1,000 of the population, was—From whooping-cough 4.3 in Brighton, 3.8 in Huddersfield, 2.7 in Wolverhampton, and 2.5 in London; from measles 10.5 in Dublin, 6.9 in Preston, 5.9 in Norwich, 3.4 in Bolton, and 3.3 in Brighton; from scarlet fever, 4.0 in Nottingham, 3.0 in Hull, and 2.4 in Brighton; and from fever, 1.0 in Liverpool, and 0.9 in Oldham. The 45 deaths from diphtheria included 14 in London, 8 in Glasgow, 7 in Portsmouth, 5 in Liverpool, 3 in Leicester, and 2 in Birmingham. Small-pox caused 29 deaths in London and its suburban districts, 2 in Bolton, 2 in Leeds, and one in Manchester.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official weekly returns, as follows:—Calcutta 29, Bombay 34, Madras 42; Paris 31; Geneva 30; Brussels 26; Amsterdam 25, Rotterdam 26, The Hague 24; Copenhagen 36; Stockholm 26; Christiania 23; St. Petersburg 49; Berlin 25, Hamburg 31, Dresden 25, Breslau 31, Munich 40; Vienna 32, Prague 37, Budapest 47, Trieste 29; Venice 37; Alexandria 34; New York 34, Brooklyn 25, Philadelphia 25, and Baltimore 27. Rome and Naples again sent no returns; this has been the case for the past three months, and we presume these must now be taken out of the category of "principal cities," as there is an evident intention not to enlighten the profession or the public on this point.

Scotland.

(FROM OUR NORTHERN CORRESPONDENTS.)

THE ELECTION OF PROFESSORS IN THE UNIVERSITY OF EDINBURGH.—It appears that the great objection to one of the candidates for the vacant chair in the University is that he is not "sound," or, in other words, that he has been known to honestly express opinions which in the view of certain pious persons are not strictly orthodox. In a country like Scotland, where more attention is paid to the pious ejaculations of an ignoramus than the honest convictions of a man, and where external professions of piety are more valued than rigid rectitude of conduct, an insinuation of "unsoundness" is social ruin. So strong is this feeling in the country that a professor at another University owes his chair entirely to the fight between "piety" on the one hand and honest conviction on the other; for until the moment of his election he had not turned his attention specially to the subject of his chair. To the misfortune of Edinburgh, strict "soundness" does not appear to go hand in hand with great intellectual attainments.

REGISTRAR-GENERAL'S RETURNS FOR FEBRUARY.—The monthly return of the births, deaths, and marriages registered in the eight principal towns of Scotland, states that during February, 1882, there were registered the births of 3,273 children, of whom 1,700 were males and 1,573 females. Illegitimate births constituted 7·7 per cent. of the whole. In Greenock, 3·6 per cent. of the births were illegitimate; in Perth, 3·8; in Paisley, 5·4; in Leith, 6·5; in Glasgow, 7·4; in Edinburgh, 8·5; in Dundee, 9·6; and in Aberdeen, 11·2 per cent. 618 marriages were registered. This number is 14 above the average for February during the last ten years, allowing for increase of population. The deaths of 2,160 persons were registered, of whom 1,101 were males and 1,059 females. This number is 544 under the average for the month during the last ten years. The mortality was at the annual rate of 18 deaths per 1,000 persons in Dundee and in Aberdeen, 19 in Edinburgh, in Greenock, and in Leith, 24 in Glasgow and Paisley, and 27 in Perth. Of the 2,160 deaths, 850 or 39·4 per cent., were those of children under five years of age. In Leith, 24 per cent. of the persons that died were under five years of age; in Edinburgh, 29; in Paisley, 35; in Dundee, 36; in Aberdeen, 39; in Perth, 43; in Glasgow, 45; and in Greenock, 47 per cent. The miasmatic order of the zymotic (epidemic and contagious) class of diseases proved fatal to 318 persons, constituting 14·7 per cent. of the whole mortality. This rate was exceeded in Glasgow, Leith, and Perth. Whooping-cough was the most fatal epidemic, causing 76 deaths, or 3·5 per cent. of the whole mortality. In Glasgow, 5·1, and in Aberdeen, 5·7 per cent. of the deaths resulted from whooping-cough. Fever caused 50 deaths, of which, 16 were tabulated as typhus, 33 as enteric, and 1 as simple continued fever. 8·2 per cent. of the deaths in Leith were caused by fever. The deaths from inflammatory affections of the respiratory organs (not including consumption, whooping-cough, or croup) amounted to 457, or 21·2 per cent. Those from consumption alone numbered 251, or 11·6 per cent. 80 deaths were attributed to violent causes, of which 3 were suicidal. One death was caused by delirium tremens, and 6 by the direct effects of intemperance.

PROPOSED CHAIR OF PATHOLOGY IN THE UNIVERSITY OF GLASGOW.—Dr. J. A. Campbell, of the Garlands Asylum, Carlisle, intends, at the meeting of the General Council of the

University of Glasgow, to be held on the 26th prox., to move "That a Committee of Council be appointed for the purpose of obtaining the assistance of graduates and others in endowing a Chair of Pathology in the University." We confess that we do not think it the least likely that the bulk of medical graduates will afford any such support, feeling, as most of them do, that medical classes have, in recent years, scandalously increased, merely for the benefit of the lecturer, and that the monopolies of teaching held by the Universities is neither good for the State, the community, nor calculated to advance science. The majority of the profession rather hope that by forthcoming legislation the right to teach shall be distributed in an enlightened manner, and that he who best merits them may win the rewards of teaching any branch of medical science. There is much reason for the reproach of stationariness levelled at the science of medicine, and we feel persuaded that it is mainly due to State instituted monopolies, whereby incompetent men are appointed to professorial chairs solely on account of social or political influence.

SALT A LITTLE.—Specialism must surely pay well in the North, if it be true that a pushing specialist north of the Tweed charges thirty guineas for "four or five consultations." If it be not true, then the story should not be so current in professional circles; and if it be true, too great publicity cannot be given to the matter.

OUTBREAK OF MEASLES IN PORTOBELLO.—An epidemic of measles, which has assumed unusual proportions, has recently broken out in the burgh of Portobello. The disease has principally attacked the children of the working population in the west end of the town, and has spread so rapidly that it has become necessary to close the public schools. It is said that out of between 700 and 800 pupils on the roll more than 300 were absent on account of measles. The cases are fortunately of a very mild type, but more children have been affected than during any previous outbreak. The schools will not probably be re-opened for several days.

ABERDEEN UNIVERSITY.—DEGREE OF LL.D.—At a meeting of the Senatus of Aberdeen University on Saturday the degree of LL.D. was conferred on the following gentlemen:—Mr. Alexander Cruickshank, M.A., Aberdeen; Bey James Grant, M.A., Cairo; Professor W. A. Hunter, University College, London; Professor M'Kendrick, Glasgow; and the Rev. W. R. Smith, Edinburgh.

Literature.

DANGERS TO HEALTH. (a)

THE title of this work, the first edition of which we have already reviewed, although rather too comprehensive, is to a considerable extent borne out by the contents; and few, if any, of the more important sanitary defects unfortunately of such frequent occurrence are left unnoticed. The illustrations, which are numerous, represent truthfully and forcibly many of the dangerous imperfections in sanitary arrangements not uncommon even in the dwelling-houses of the wealthy. The author appears disposed to consider "water sealing" and the liberal employment of syphons as the chief remedy for defective drainage, so far as regards the escape of foul gases from sewers into houses; and no doubt, this remedy is efficacious in many instances. It should be remembered, however, that when sewer gas is abundant, and the water in the syphon is unchanged for any length of time (as occurs, for example, at night), sewage

(a) "Dangers to Health: a Pictorial Guide to Domestic Sanitary Defects." By T. Fridgin Teale, M.A., Surgeon to the General Infirmary at Leeds. London: J. and A. Churchill.

gas is rapidly absorbed at one surface of the water seal and given off at the other, thus permitting foul gas to enter the house. The author does not appear to attach sufficient importance, or draw sufficient attention, to the subject of ventilation, and the free admixture of fresh air, which is one of the great correctives supplied in nature for preventing the evil effects of concentrated gaseous impurities. The doubt which we throw on the efficiency of water sealing is, perhaps, somewhat startling. But we imagine that the power of water to absorb gases is hardly sufficiently considered. One cubic inch of water absorbs two and a half cubic inches of sulphuretted hydrogen; of ammoniacal gases, six hundred cubic inches; of sulphurous acid, forty to fifty cubic inches, &c. Of course, when the water becomes impregnated, even to a small extent, it begins to smell—i.e., gives off gases at the house side, and this must go on all night. This idea, which was brought to our mind by the following quotation made by the author of the book under review, from a paper by Dr. Fergus in the *Edinburgh Medical Journal*, July, 1878:—"A much more important factor in the admission of sewer gas into houses is the diffusion of gases through water." Dr. Fergus detected ammonia in fifteen minutes, sulphurous acid in one hour, sulphuretted hydrogen in three to four hours, chlorine in four hours, &c. For this reason we think that too much reliance should not be placed on water sealing, to the neglect of ventilation. The book is written in homely language, completely devoid of technicalities; and Mr. Teale's remarks can be understood and appreciated by anyone of the most moderate intelligence.

Correspondence.

THE DENTAL DIPLOMA TRADE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Allow me to say that the two quacks registered in the *Dental Register* as licentiates of the Royal College of Surgeons of Ireland had not, as you imagine, been prosecuted previously to their registration by that most excellent Association, the Medical Defence Association, but by the Medical Alliance Association. There are the names of two other quacks, with foreign bogus diplomas, whom the Alliance prosecuted on two different occasions, are also to be found in the above-named register, so that all these defeated quacks were transformed by the Dental Act into legally qualified, not only "dental surgeons," but, according to the ruling last year of the General Medical Council, into legally qualified medical practitioners as well. A very nice Act that Dental Act, especially as construed by the far-seeing members of the Medical Council.

I am, Sir, your obedient servant,
R. H. S. CARPENTER,
Hon. Sec. Med. Alliance Association.

March 8, 1882.

ANALYSES UNDER THE FOOD AND DRUGS' ACT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I think I have reason to complain of the tone and of some of the statements made in an annotation in your issue of March 1st. I hope you will allow me to say that I have nothing whatever to do with putting in force the Sale of Food and Drugs' Act. The inspector appointed under the Act purchases samples, a third of each of which he submits to me with a number affixed, and I certify that I have analysed sample numbered . . . and am of opinion it is genuine, or contains . . . per cent. of foreign ingredients. The certificate is addressed to the inspector, who reports to committee, and takes his instructions from them. I never advise or have any voice in the matter as to what food is purchased, or where it is purchased, or whether proceedings should be taken. I volunteered no evidence gratuitously or otherwise, and was not even present when the verdict was given against the Corporation. When a tradesman is summoned the practice is for my certificate to be put in as evidence against him, and if he wishes to appeal to Somerset House it is open for him to do so on paying a fee of 10s. 6d. There is no evidence that the sample certified by Dr.

Campbell Brown to be genuine was a portion of the coffee sold to the inspector. It was not one of those sealed samples made up by the inspector. Moreover, the magistrates most distinctly stated that the only analysis before the Court, on behalf of the defence, was that from Somerset House.

I certainly do hold the opinion that the microscope is not the only test to be relied on for the detection of chicory in coffee. While I say this, I am sure I should be the last to disparage the use of the microscope in food analysis.

I am, Sir, yours, sincerely,

FRANCIS VACHER.

Birkenhead, March 7th, 1882.

MODIFIED AND NATURAL SMALL-POX.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read with very great pleasure the correspondence which appears in the *Medical Press and Circular* for February 8th, between Dr. Andrew Buchanan and Mr. P. A. Taylor, M.P., on this absorbing subject, and, with your permission, would like to add my testimony as bearing out one most important paragraph in Dr. Buchanan's letter of January 11th—viz., "Among the lower ranks the disease very frequently is never discovered. A man feels quite well and takes his food, and is not disturbed by a few pimples on his face. The thing is only discovered when some person gifted with the *tactus eruditus* looks, perhaps, on two pimples on the back of the neck or on the brow, and pronounces them to be genuine variolous pustules." In the year 1877 a small-pox epidemic was prevalent in the City of Dublin. I was then a student, and clinical clerk to physicians of Sir Patrick Dun's Hospital, and during the short period of six months I am fully confident over 200 outdoor patients came to the hospital dispensary, presenting themselves for "a dose of salts" to relieve what they in their ignorance believed was a "heat of the blood" from a disordered stomach, the so-called "heat of the blood" being variolous eruptions in its various stages, and in addition the majority of the students who were re-vaccinated showed the general symptoms, with one or two pimples on the forehead and wrists. With your sanction, I will add my insignificant quota to the many influences now being brought to bear on Mr. Taylor in trying to convince him of the "error of his ways."

I am, yours faithfully,

ROBERT J. BAYLOR.

King Street, Fermoy.

VACCINO-TUBERCLE AND VACCINO-SYPHILIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I shall feel obliged by your permission to say a few words on vaccino-tuberculosis, now under discussion in your journal.

As regards the possibility of either syphilis or tuberculosis being conveyed from one individual or animal to another by vaccination, I think there can be little doubt. During the last two years I have seen among the children attending the out-patient department of the North-West London Hospital three who were attacked after vaccination with a cutaneous eruption of a most suspicious character, and in one, at all events, I think I may with certainty say that the disease was of a syphilitic nature. In all these cases the patients were perfectly healthy before vaccination. In fact, this danger is generally admitted even by strong advocates of compulsory vaccination. Thus, Dr. Martin characterises on this account as abominable the use of any other than the calf lymph, and others identified with this lymph are of the same opinion. What is here possible as regards syphilis, is, I think, also possible as regards tubercle, and that the latter is not brought prominently to our notice is due to the character, seat, and difficulty attending the early recognition of tuberculosis in infantile life.

Dr. Donovan, in your issue of the 1st instant, says, "that vaccination (properly performed) is incapable of conveying either tubercle or syphilis, or any other disease except vaccinia."

The correctness of this statement must be judged according to the signification of the qualifying words, properly performed,

the test of which proper performance can only be discovered by the result of the operation, which is obviously begging the question. That your correspondent in his large experience has never known a case of syphilis or tubercle to follow vaccination only shows the care he has given to his patients, but is besides the question as to the possibility of the propagation of these affections by vaccination. As regards the *impossibility* of the vaccine virus becoming contaminated by other impure matters in the blood, this statement is a mere assertion—has never been proved, and is never likely to be, until at least it can be shown that the respective principles of vaccinia or syphilis are incompatible, and, like oil and water, incapable of commingling. Nevertheless, while believing in the possibility, probability, and, under certain conditions, even in certainty of tuberculosis being transmitted by vaccination, still it is my opinion, at all events in agricultural districts, that with great care in the selection of lymph, the dangers incidental to vaccination from foreign contamination ought to be rendered very slight indeed.

But whether from insuperable difficulties intrinsically connected with the selection of lymph, owing either to irremediable carelessness or other causes, it is certain that the dangers incidental to vaccination are neither infinitesimal or mythical, but actually present, and occasionally repulsive. Therefore, I think if compulsory vaccination is to be maintained, the public are entitled to protection from all risks from whatever cause arising. This protection, and I am now merely speaking of the dangers incidental to vaccination, and not as regards its protective power, can, I think, be given by the universal use of calf lymph. For with proper precautions, not difficult to observe, the chance of communicating disease is reduced to such a minimum that the pedestrian in the streets runs 1,000 times more risk of damage than the recipient of the calf lymph virus. No doubt we have to remember the many bovine diseases that may be communicated to man, and we must bear in mind that there is good reason to believe that at least 5 per cent. of our stable-fed dairy cattle are tubercular, and that the flesh and milk of such animals cannot be taken with impunity, at all events, if they are in an advanced stage of the disease. This, however dangerous it may be to those who use the flesh and milk of such animals—and I am not aware that the discovery has greatly helped the Vegetarian Society—is plainly outside the question of the conveyance of the disease by vaccination, for there is no difficulty in selecting healthy heifers, as those who wish to visit the lymph depôt in the Marylebone Road may see for themselves. Besides, tuberculosis is exceedingly rare in rural districts, as shown by the power of putting on flesh shown by all those animals—a faculty clearly incompatible with any injurious degree of a wasting disease. The dictum of Cohnheim "that what produces tuberculosis is tubercle, and what fails to do so is not," or, as it may be briefly expressed by the phrase, *omnis tuberculosis e tuberculose*, must, in the light of the experiments of Tappinger and Max Schottellina, be taken as not proven. This part of the subject I entered into fully in my book, and also in an article in the *Medical Press*, December 22nd, 1880. And the same verdict, I think, must fall to Dr. Creighton's conclusions, founded solely on post-mortem inspections, without any history to show that the affected were exposed, or had any opportunity of becoming contaminated.

These contradictions do not affect the main question of the inoculability of the tubercular virus, but they lessen the dictum of Cohnheim's that the tubercular matter, *and it alone*, will produce tuberculosis, though it is very likely that the different results obtained may in a great measure be explained by the different animals experimented on. Cohnheim experimented principally on dogs, while Tappinger and Schottellina experimented on rodents—animals very subject to this disease, and which may have been already the subjects of latent tuberculosis.

I am, Sir, yours, &c.,

D. H. CULLIMORE.

54 Welbeck Street, Cavendish Square,
March 9th.

A FLESH WORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I wish to lay before you the particulars of a rather strange illness which occurred in my practice lately. On the 17th day of January last I was asked by a respectable farmer

to visit his son, a boy of ten years old. The man stated the boy had been complaining for several weeks previous to this date of a soreness over his body, that he had lost flesh, was dull, and disinclined to move about. He had over the abdomen and breast several dark-coloured, swollen, painful patches, as if bruised, and was pale and weak. Thinking from the child's appearance that he was suffering from scurvy, I gave tonics with a vegetable and generous diet. Cotton with olive oil was applied to the swollen parts. This swelling would remain for some days in one place, and then go away, to appear in another. In several parts of the body some of these swollen patches suppurated and broke, leaving a small opening as if it had been cut out with a punch. One of these small tumours appeared on the back, over the left shoulder-blade on the 29th day of January, and after remaining there for some days, it could be traced up the neck to the back of the head. On the 7th day of February this tumour broke, giving exit to a quantity of pus, and a living white-coloured worm. This worm I did not see, as the child's father threw it on the fire. Up to this time I never thought of parasites causing the illness, but now gave particular directions that if any more of the swollen parts appeared about to break a message was to be sent to me, so as to be certain about the statement, and if possible to procure some of the worms. On the first of this month (March) in this way I procured from a tumour on the child's head a white coloured transparent worm with several rings on its body. For about thirty-six hours before these worms make an opening in the skin they cause much pain. The worm I have is about $\frac{3}{4}$ of an inch long and $\frac{1}{4}$ of an inch thick. I believe this worm made its way to the head from the left arm, as there was a tumour on the left arm which went away, and a track like a cord could be traced with the fingers from the arm up the neck behind the left ear to the head. There is another of these tumours on the head at present. To what species these worm belong, or how generated, I cannot tell. They form a small tumour and come out of the skin in exactly the same way as large grubs that appear on the backs of cattle. Please excuse this, and if possible let me know what entomologist or person would be the most likely to ascertain from what species of insect these grubs or worms were bred, and I will forward the worm to him at once. I am most anxious to have this clearly proved, as the case is a strange one.

I am, yours &c.,

HENRY MURRAY.

Portsalon, Croaghross, Letterkenny,
Co. Donegal, March 6th, 1882.

[If our correspondent will forward the worm to our Irish office, 3 Molesworth Street, we will have it examined, and, if possible, identified.—ED. M. P. & C.]

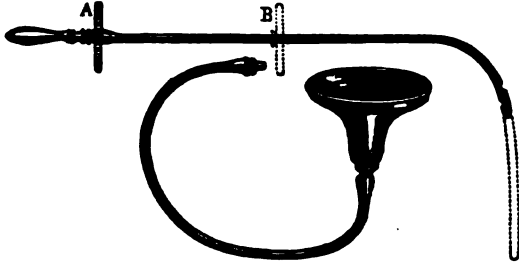
Novelties.

A NEW APPARATUS FOR WASHING OUT THE STOMACH.

A COMMUNICATION on this subject has recently been addressed to the *Société Médicale des Hôpitaux*, Paris, by Dr. Debove, of the Bicêtre. He says the washing out of the stomach is of such importance that it is now an every-day occurrence in hospitals, and will probably become, in a short time, equally common in general practice. He points out certain conditions which the apparatus employed should fulfil. Two things are requisite, firstly that the apparatus should act as a syphon, and secondly that it should be in the form of a flexible tube.

The stomach-pump is a complicated apparatus, which has its dangers. For instance, the mucous membrane of the stomach may be touched by the tube of the pump, in which case the latter would act as a cupping-glass, and the result, were it an ecchymosis, would be serious. Nothing of this kind can occur if the syphon be employed. When the tube, furnished with a funnel, is raised, liquids may be poured through it into the stomach, when lowered it acts as a syphon, and the same liquids are carried off. The aspiration thus produced is never so strong as to cause a lesion of the mucous membrane, and experience proves that it is sufficient to carry off, completely, all products, alimentary or otherwise, which might derange the gastric digestion. The apparatus

should be made of some soft substance, india-rubber for instance, less to avoid an injury of the œsophagus than of the stomach. A tube for forcing in food may be introduced as far as the cardiac regions, or to a variable depth in the stomach; a tube for washing out the stomach ought, however, to touch the bottom of this organ; even if it did not, there would be no difficulty in introducing liquids, but their evacuation will be incomplete. With a rigid tube there is always danger of a lesion, for it is impossible to know exactly to what depth it should be forced, but, with a flexible tube there should be no inconvenience; if too much be introduced it coils round, and never exercises so great a pressure as to become dangerous.



The conditions already mentioned are fulfilled by Faucher's tube. Its management is based on the fact that any body which arrives in the œsophagus is swallowed by this muscular canal and forced towards the stomach. If, therefore, an india-rubber tube be introduced into the back of the throat and pushed towards the œsophagus it will reach the gastric cavity. I, myself, have frequently employed this tube, always with favourable results, but the introduction has often been found impossible owing to the spasmodic contraction of the pharynx on the introduction of a foreign body. In such cases it should be remarked that the doctor is simply a spectator; it is more difficult for him than for the patient to introduce the tube; the intervention of a strange hand, owing to the apprehension excited, increases the spasmodic contraction of the pharynx. The apparatus should therefore, be rigid to overcome the spasmodic contraction, and non-rigid to pass through the œsophagus and into the stomach. M. Debove believes he has overcome this difficulty in the construction of the instrument made to order by M. Mathieu. It consists of an india-rubber tube sliding freely on a mandrel (to facilitate the sliding it should be rubbed with vaseline, or something of that kind). It is first introduced into the pharynx; behind the larynx this introduction is easy because the instrument is curved, and its rigidity overcomes the spasmodic contraction. Thus the great difficulty is conquered: the mandrel should now be kept immovable, so that the india-rubber tube may glide easily over it and thus pass through the œsophagus into the stomach. The mandrel is then withdrawn, and a second tube, furnished at one end with a screw, at the other with a funnel, is added, in order to make the tube so long as to form an effective syphon, by which the stomach can be emptied with ease.

OLEUM RICINI INSIPIDUM.

Messrs. ALLEN AND HANBURY have recently introduced a preparation termed "Oleum Ricini Insidium." It is absolutely pure castor oil, entirely devoid of smell and disagreeable flavour, and therefore does not cause the nausea and after taste which are characteristic of the ordinary variety. We have had the opportunity of employing this "tasteless" castor oil of Messrs. Allen and Hanbury's in a public hospital on a large scale. Its aperient power is complete, and is fully appreciated by the patients, especially by children, who, finding it quite tasteless, never raise an objection to its administration.

DEATH OF SIR WYVILLE THOMSON, F.R.S., LL.D., D.C.L., &c.

In the death of Sir Wyville Thomson, at the comparatively early age of 52, Scotland has lost one of her foremost naturalists, and science one of her hardest and most brilliant workers. The deceased was a descendant of an old Scottish family which had long resided at Bonyade, Linlithgow. His father was a surgeon in the service of the East India Company. Wyville Thomson was born in 1830,

and was educated at Merchiston Academy, and afterwards at the Edinburgh University. It had been his intention to enter the medical profession, but developing a proficiency in those branches more immediately connected with the natural sciences, he became, at the age of 21, a lecturer on botany in King's College, Aberdeen. A year later he was appointed to the same office in Marischal College. Several papers were published by him at this period on the Polyzoa and Sertularian Zoophytes of Scotland, and other such subjects. In 1853, Mr. Thomson became professor of natural history in Queen's College, Cork; but he had only been there a year when he succeeded to the chair of mineralogy and geology in Queen's College, Belfast. To Professor Thomson's labours Queen's College, Belfast, largely owes an excellent museum of natural history—the zoological collection which he brought together being greatly admired. Professor Thomson was, we believe, one of the first to appreciate the importance of inquiring into the conditions of animal life at the bottom of the ocean, where it was almost universally believed by naturalists that no life existed. He had, as he expressed it, "a profound conviction that the land of promise for the naturalist, the only remaining region where there were endless novelties of extraordinary interest ready to the hand which had the means of gathering them, was the bottom of the sea." Holding strongly these views, he urged Dr. Carpenter to use his influence with the Royal Society to induce the Admiralty to give the use of a vessel for scientific dredging. This resulted in the expeditions of the *Lightning* and *Porcupine* in 1868 and 1869, in both of which he took part; the discoveries then made being subsequently given to the world in a work entitled "The Depths of the Sea." On the resignation of Professor Allman, Professor Thomson was elected regius professor of natural history in the University of Edinburgh. The discoveries made by the two expeditions induced the Royal Society again to take the matter up, and the Government agreed to the fitting out of the now famous *Challenger* Expedition, which, it has been generally allowed, was the longest and most remarkable scientific voyage ever undertaken by any country. Of that expedition, Professor Thomson was appointed the scientific chief, the command of the ship being entrusted to Captain Nares, R.N. The large collections made during the voyage were from time to time sent home to Edinburgh, where the head office of the expedition was subsequently established; and it was only appropriate that as he had gathered them from the previously "unfathomed depths of ocean" in all climes, the direction of the work of describing and reporting upon the specimens should be entrusted by the Treasury to Professor Thomson. The method adopted was to arrange the collections and distribute them to specialists, and up to the present time three large volumes of the official report have been published. The work will require some six-and-twenty volumes of the same size to complete it. As the specimens are returned, a complete series will be sent to the British Museum. For the last two years, however, Professor Thomson, on account of ill-health, has not been able to do much in connection with this important work.

Immediately on his return to this country Professor Thomson's services to the cause of science were acknowledged in various quarters. On the 27th June, 1876, he received the honour of knighthood, and the Royal Society of London awarded him one of its gold medals, and the King of Sweden created him a Knight of the Order of the Polar Star. In addition to numerous memorials on zoological subjects and contributions to the proceedings of the scientific societies with which he was connected, Sir Wyville also wrote a preliminary account of the general results of the *Challenger* Expedition, which was published in two volumes under the titles of the "Voyage of the Challenger" and "The Atlantic."

In the University of Edinburgh Sir Wyville was held in high esteem by his colleagues, and among the students he was exceedingly popular, not less for his unflinching urbanity towards them than for the fluent and lucid manner in which he was wont to treat the subject of his prelections. His style of teaching was calculated not so much to cram his hearers with special information as to arouse in them a desire to find the information for themselves. In private life he was regarded by his friends as possessed of a kindly and hospitable disposition.

He is survived by Lady Thomson and one son, an M.A. of the University of Edinburgh, who is at present engaged in the study of law.

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.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, can now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

M. D. EDIN. writes as follows: "Sir,—Three weeks ago I was engaged by a gentleman who called at my house one evening about 8 to attend his wife during her next confinement, which was expected to take place in the middle of April. I booked the case, and called a day or two subsequently to make the acquaintance of my patient, who was a stranger to me. A week later I saw an announcement in the paper that Mrs. — had been prematurely confined of a stillborn son, and since then I have had no communication from either the patient or her husband. I am quite sure I was not sent for during the day or night on which the birth took place, nor at any time since. What should I do now?"

[M. D. Edin. had better send in a claim for the fee he usually receives, and, unless objection is raised to paying it, he need not take any further notice of the affair. Having been regularly engaged to attend the confinement, he is legally entitled to the fee.—ED.]

W. L.—We know of nothing which will replace arsenic in such cases.

MR. JAMES LEE.—Guiteau will be hanged on June 30th next. The plea of insanity was not maintained. We believe Dr. Homan's cases were all antiseptic, though nothing to that effect was stated in the article referred to.

MR. PARRY.—The statement was made on the most unimpeachable authority, and may be accepted as absolutely correct. Whatever blame attaches to the person chiefly concerned will be shared as well by those to whom he is responsible. The effects of the censure cannot now be foreseen.

J. K.—Interference in politics by medical men is, in our opinion, much to be deprecated. In any case no defence can be urged of such conduct as you describe. There is no justification for a physician who uses his influence with patients in favour of a particular candidate; and we fancy a statement of the facts in the proper quarter would be followed by prompt reprobation of the offender.

BASIN.—We cannot recommend anything more suitable for the purpose than "Vaseline." We have, however, found Chrism a most excellent basis; it, like the substance first named, is not affected by long exposure. In point of economy, either possesses great advantages.

COUNTRY SURGEON.—No; we should not advise your performing the operation without first obtaining the opinion of a consultant. In all probability he will entirely agree with you that the excision must be performed, but in a matter involving issues of such gravity and importance you owe it both to yourself and to the patient and his friends to fortify your decision with that of a recognised consulting surgeon. As to the operation itself, we cannot offer to suggest who shall do it. As the friends are anxious that you should, you would probably, provided you are willing to accept the responsibility, act wisely by acceding to their wish on the subject.

STUDENT.—We are uncertain whether the lectures are open to students free; they are to members of the profession on presentation of address-card; you will probably not be refused admission.

DR. H. G.—If you will kindly send your MS. we shall be better able to judge of its suitability.

DR. GOYDER is thanked for the "Report of Discussion on Puerperal Fever" at the Bradford Medico-Chirurgical Society, of which early proofs shall be sent him.

A THIRD YEAR'S MAN cannot do better than get and master Harris and Power's little "Manual for the Physiological Laboratory;" we know of no similar work which imparts knowledge so practically, and withal so succinctly.

T. E. C.—We are not cognisant of the process, but will make inquiries and let you know in our next. A pharmaceutical journal would have been the proper medium to which to address the query.

MR. G. S. G.—With all due deference to the opinions of your friends, we think you have been badly advised; there is nothing in which the enthusiasm of a few admirers is so likely to lead to disastrous results as in literature. "Oh, that mine enemy would write a book!"

MR. LAWSON TAIT'S paper will, we hope, appear in our next.

DR. S. G.—We will look into the subject before committing ourselves to an opinion.

NOTICE has been given that an examination of candidates for eight appointments as Surgeon in Her Majesty's Indian Medical Service will be held in London in August, 1882.

THE SOCIETIES, COLLEGE LECTURES, &c.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—This day (Wednesday), at 4 p.m., Prof. W. H. Flower, "On the Anatomy, Physiology, and Zoology of the Edentata."

BROMPTON CONSUMPTION HOSPITAL.—This day, at 4 o'clock, Dr. C. Theodore Williams on "The Treatment of the Temperature of Phthisis."

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—This day, at 5 o'clock, Croonian Lectures: Sir Joseph Fayrer, "On Climate and Fevers in India."

ROYAL INSTITUTION.—Thursday, March 16th, at 3 p.m., Prof. Tyndall, "On Resemblances of Sound, Light, and Heat."

HARVEIAN SOCIETY.—Thursday, March 16th, at 8.30 o'clock, Dr. Fitzpatrick, "On a Case of Puerperal Septicæmia."—Mr. W. B. Owen, "On a Retrospect of Fifty Years' Professional Experience."

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Friday, March 17th, at 4 p.m., Prof. W. H. Flower, "On the Anatomy, Physiology, and Zoology of the Edentata."

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—Friday, March 17th, at 5 p.m., Croonian Lectures: Sir Joseph Fayrer, "On Climate and Fevers of India."

ROYAL INSTITUTION.—Friday, March 17th, at 8 p.m., Captain Abney, "On Infra-Red Rays of the Spectrum."

ROYAL INSTITUTION.—Saturday, March 18th, at 3 p.m., Prof. H. G. Seeley, "On Volcanoes."

Vacancies.

British Honduras.—Medical Officer for the Corozal District. Government salary, £150, with extra fees. Free passage to Colony. Applications to the Secretary, Colonial Office, London, E.W. (See Advt.)

Epsom Union, Surrey.—Medical Officer. Salary £50, with the usual extra fees. Application to the Clerk of the Guardians by March 21st.

Gairloch, Ross-shire.—Parochial Medical Officer. Salary, £100, with house. Applications to the Chairman, O. H. Mackenzie, Inverewe, Poolwee, N.B.

Hartlepool Union.—Medical Officer for the District. Salary, £50. Also Medical Officer for the Workhouse. Salary, £65. Applications to the Clerk of the Union by May 17th.

Kent County Lunatic Asylum, Chatham.—Second Assistant Medical Officer. Salary £120, with board. Applications to the Clerk of the Committee before March 21st.

Kent and Canterbury Hospital.—House Surgeon. Salary commencing at £80, with board. Applications to the Board of Management by March 30th.

London Hospital.—Assistant Demonstrator of Anatomy in the College. Salary, £90. Daily attendance for four hours during five days each week. Applications to the Warden by March 16th.

North Wales County Lunatic Asylum, Denbigh.—Medical Superintendent. Salary £450, with certain allowances. A knowledge of Welsh desirable. Applications to the Chairman of Committee by March 29th.

Nottingham Dispensary.—Resident Surgeon. Salary, £200, with extra. Applications to the Secretary on or before March 25th.

Taunton Union.—Medical Officer for the Church Stanton District. Salary, £52, with the usual extra fees. Applications to the Clerk at the Town Hall by March 20th.

Appointments.

BROCKNELL, W. H., M.D. St. And., M.R.C.S., Medical Officer to the Beaconsfield District of the Amersham Union.

DAVIES, W., M.B.C.S., Medical Officer to the Llandilo, Talley, and Llanwaele Districts of the Llandilo Union.

GLAISTER, J., M.B., C.M. Aber., Medical Officer to the Rothwell District of the Hunslet Union.

HUTTON, H. E., M.A., M.B. Camb., Physician to the General Hospital for Children, Pendlebury.

KNOTT, W., M.B., C.M., Medical Officer to the Fifth District of the Middlesbrough Union.

LIMONT, J., M.A., B.Sc., M.B., C.M., M.R.C.S., Senior House Surgeon to the Newcastle Infirmary.

LOFTHOUSE, A., M.R.C.S., House Surgeon to the West Herts Infirmary, Hemel Hempstead.

POPHAM, S. L., B.A., M.D. (T.C.D.), Medical Superintendent to the Craiglockhart Hydropathic Establishment.

STAMFORD, W., L.R.C.S. Lond., M.R.C.S., Medical Officer of Health for Tunbridge Wells.

STREET, A. F., M.A., M.B. Camb., M.R.C.S., Junior Resident Medical Officer at the Radcliffe Infirmary, Oxford.

Births.

BLACKETT.—March 5, at Wangford, Suffolk, the wife of Edward B. Blackett, M.D., of a son.

NEDHAM.—March 9, at Westbury Gardens, Clapham Park, the wife of Joseph Needham, M.D., M.R.C.P., of a daughter.

TREVES.—March 10, at 18 Gordon Square, London, the wife of Fred. Treves, F.R.C.S., of a daughter.

Marriages.

MEDLICOTT—BANKS.—March 9, at St. John's, East Dulwich, Surrey. Richard, youngest son of the late K. J. Medlicott, J.P., of Dismurry, co. Kildare, to Louise Mary, second daughter of the late A. J. H. Banks, M.D.

Deaths.

BURROWS.—March 4, at Cavendish Square, W., Minor, the beloved wife of Sir George Burrows, Bart., M.D., F.R.S.

EDGEWORTH.—March 8, at Silchester, Longford, George Thos. Henry Edgeworth, F.R.C.S.I., Surgeon to the Longford County Infirmary, in his 68th year.

GREEN.—March 7, in Dublin, Charles F. Green, M.D., deeply regretted. O'KEEFE.—March 5, at Mountkeefe, co. Cork, Charles O'Keefe, L.R.C.S.I., after a protracted illness.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 22, 1882.

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Original Communications.

CLINICAL LECTURES ON SYMPTOMS.

Delivered in the Wards of the Hospital.

By FREDERICK T. ROBERTS, M.D., B.Sc., F.R.C.P.,

Professor of Materia Medica and Therapeutics at University College; Physician and Professor of Clinical Medicine at University College Hospital; Physician to the Brompton Consumption Hospital, &c.

LECTURE X.—SYMPTOMS CONNECTED WITH THE

HEART.—Continued.

(4) SYMPTOMS connected with the *respiratory system* may next be considered in their relation to cardiac affections, and they are present in a large proportion of cases in some degree, being not uncommonly of great consequence, and conspicuously prominent.

a. Disorders affecting *breathing* deserve our first attention, as they are of very frequent occurrence, both in connection with functional complaints and organic diseases of the heart. In every individual case it is important to recognise the nature of the disorder; and also the cause or causes upon which it depends.

The various derangements to which respiration is liable will be discussed in detail when we come to deal with the symptoms belonging to the respiratory organs. In the meantime it will suffice to indicate, without describing at any length, those which are met with in cardiac affections in different cases, either separately, or more commonly in various combinations, including the grave disturbances of breathing which attend suddenly or rapidly fatal lesions connected with the heart, angina pectoris, and allied conditions. They may be arranged thus:—

(i.) *Shortness of breath.*—This is very often present, but varies much in degree, being in some instances only noticed when the patient exerts himself unduly, or walks hurriedly up an incline or up-stairs; in others the

slightest movement or effort causing marked disturbance of the breathing.

(ii.) Actual *dyspnoea*, the patient feeling various degrees of discomfort; and the respiration being more or less hurried, excessive, or laboured at all times, though liable to exacerbations.

(iii.) *Orthopnoea*, the patient being quite unable to lie down, on account of the difficulty of breathing experienced in that posture, and having to be propped up in bed, or even to remain constantly in a heart-chair. This form of respiratory disorder is very troublesome in some advanced cases of cardiac disease. It may, moreover, be present when the breathing is quite undisturbed, so long as the patient is placed in a suitable position.

(iv.) *Paroxysmal dyspnoea.*—The respiration may become temporarily disordered in a marked degree in connection with severe derangement of the action of the heart. The most important deviation, however, to be mentioned here, is that which has been specially termed "cardiac asthma." The paroxysms are of different degrees of severity, and may be very grave, depending or not upon some obvious cause, such as undue exertion, or over-feeding. The breathing becomes excessive; increased in frequency, though not, as a rule, to a great extent; of a panting or gasping, and noisy character; while the air passes in and out freely and without difficulty, so that expiration is not obviously prolonged, and no rhonchi are produced. The patient suffers more or less during the paroxysms, which last a variable time, and this may be evident in his appearance. Persons suffering from cardiac disease may be subject to ordinary spasmodic asthma, associated with pulmonary conditions, but these are independent of the heart.

(v.) *Peculiar disorders.*—Cheyne-Stokes' respiration is met with in exceptional instances of cardiac disease. I have already alluded to an involuntary tendency to sigh, or to draw in a full breath.

We must now consider how disorders of breathing may be originated in connection with cardiac complaints, and I would impress upon you that it is often of essential consequence in a particular case to determine what

causes are actually at work, in order that appropriate treatment may be adopted.

(i.) The breathing may be disturbed merely by *abnormal action of the heart*, which deranges the pulmonary circulation, either causing a condition of active hyperæmia, or rendering the flow of blood through the lungs feeble and imperfect, or unequal. This is a common cause of temporary disorder, and accounts for many cases of shortness of breath. Indeed, this is a physiological effect of undue exertion in any person, and the influence of this cause in morbid cardiac conditions can be readily understood. The way in which the heart acts often aggravates dyspnoea from other causes.

(ii.) In a certain class of cases there is persistent *pulmonary congestion*, in consequence of some impediment to the circulation through the left cavities of the heart, and this materially affects the breathing. As a result of this congestion, œdema of the lungs, or even hæmorrhage into their substance may arise, and the respiration is thus further disturbed. With regard to pulmonary apoplexy, it may also be noticed here that this condition may follow the lodgment in a branch of the pulmonary artery of a portion of clot detached from the right side of the heart. It is not uncommonly observed that in cases of this kind, when in course of time the right side of the heart becomes enlarged, the lungs are relieved, and the breathing is thus rendered easier, while, at the same time, symptoms indicative of general venous congestion supervene.

(iii.) Further, it must be remembered that in addition to what has been just mentioned, there may be more definite morbid conditions affecting the *respiratory organs*, and thus the breathing may be influenced in various ways and degrees. These lesions are either temporary or permanent; and secondary to the cardiac disease, or quite independent of it. In some instances a state of more or less congestion of the bronchial mucous membrane is kept up constantly, and catarrh or bronchitis is thus readily set up by slight causes, or congestion becomes temporarily increased. Again, hydrothorax is a condition that may supervene as a consequence of cardiac disease, and this tends to induce dyspnoea, or to aggravate it. The effects of cardiac disease upon the circulation through the lungs become in time of a permanent character, and are attended with organic changes implicating the lung-tissue and the vessels, which may materially increase the disorder of breathing. Moreover, it must not be forgotten that cardiac mischief is not unfrequently secondary to disease of the lungs, and both may then contribute to the respiratory disturbance. For instance, emphysema causes enlargement of the right side of the heart; the changes which take place in certain chronic cases of phthisis may involve the pericardium and heart, causing adhesions and displacement, and so affecting the action of this organ as to add materially to dyspnoea; while, lastly, sometimes independent cardiac and pulmonary diseases are present in the same case, such as phthisis with mitral disease and its consequences.

(iv.) The condition of the *blood* must also always be taken into account in estimating the causes of disordered respiration in any cardiac case. Anæmia adds very materially to shortness of breath, and may be its sole cause, even when there is actual disease of the heart. Undue venosity of the blood may likewise have some influence. The clotting of blood within the cavities of the heart may produce grave dyspnoea, or aggravate this symptom; and clotting in the pulmonary artery is supposed to be a cause of sudden death, or the passage into this vessel of a clot from the right ventricle.

(v.) I may just notice that occasionally some *other condition*, with which cardiac disease is associated, is the real cause of a disorder of respiration which happens to be present. For instance, this may be due to a thoracic aneurism; or possibly uræmic dyspnoea occurs, the result of renal disease.

(vi.) The influence of the *nervous system* must also not

be forgotten. It certainly may aggravate dyspnoea by disturbing the action of the heart, when this organ is diseased, as well as in functional cases. There may also be mere nervous dyspnoea in both classes of cases.

b. *Cough* is a symptom which may result from cardiac affections, either directly or indirectly. Thus, it may be due to compression or direct irritation of the lungs or air tubes, in connection with pericardial effusion, or a much enlarged heart; or it may be of nervous or reflex origin. Under these circumstances it is usually a frequent, short, and purposeless or ineffectual cough. As a consequence of pulmonary congestion and catarrh this symptom is likely to become more prominent; and still more so when actual bronchitis or other complications supervene, these being attended with expectoration of different kinds.

c. *Hæmoptysis* deserves separate notice as a symptom in some cases of heart disease. The hæmorrhage may be the consequence of mere excessive congestion; disease of the pulmonary vessels; or embolism or thrombosis. The quantity of blood discharged varies much; and it is not uncommonly of a very dark colour, and may be almost black. The occurrence of hæmoptysis is in some instances of cardiac disease distinctly beneficial, and it should not be checked too rapidly, as it may relieve the circulation through the lungs considerably, and thus improve the breathing, without being in such amount as to injure the patient.

(5.) The group of symptoms to which I would now call your attention are those associated with the *nervous system*. To some important phenomena belonging to this group I have already referred, when speaking of sudden attacks in relation to the heart, and of subjective sensations on the part of the patient, and I need not repeat these here. Moreover, nervous disturbance not unfrequently aggravates other symptoms in cardiac affections, and is directly accountable for many cases of functional disorder. There are, however, other phenomena to which I would briefly direct your notice, as they are in not a few instances of much consequence.

a. The *mental condition* is worthy of attention in connection with affections of the heart. In the first place the knowledge or suspicion of the existence of cardiac disease makes many patients very anxious and frightened, or positively miserable and wretched, always dreading sudden death, and this may in itself be a serious matter, while it tends to increase other symptoms considerably. I would mention, by the way, that this fact ought to be constantly and prominently borne in mind in making a diagnosis, or giving an opinion as to prognosis in real or supposed cardiac cases. It is difficult enough to get many persons to believe that they have not heart disease when such is really and undoubtedly the case; but let them once be told by a medical man that their "heart is affected," and it becomes almost impossible to eradicate the notion from their minds. And even when there is actual disease, it is necessary to be very cautious as to what is said to patients themselves, especially if they are at all inclined to be nervous. Even functional disorders are often attended with much mental quietude or distress.

In those forms of cardiac disease which lead to general venous congestion and defective blood-aeration, in which the brain must suffer along with other organs, the intellectual faculties are liable to be impaired more or less, as evidenced by indisposition or inaptitude for mental occupation or effort, confusion of thought and intellectual dulness, incapacity for business, impairment of memory, and other signs of this condition. The disposition, temper, and character of the patient may also be changed, as evidenced by irritability or fretfulness, fits of anger, lowness of spirits, melancholy, deficient firmness of purpose, and a want of mental stability. These alterations are particularly noticed in those who have been previously engaged in pursuits involving active exercise of the mental faculties.

b. *Sleep* is frequently influenced in some way or

other in connection with cardiac complaints, and very opposite disorders may be combined in the same case. Inability to sleep is a symptom which proves very troublesome in many instances, and particularly towards the fatal close of certain cases. This is a prominent phenomenon in some forms of functional disorder of the heart, and no doubt aggravates this considerably, or may even produce it. The patient may feel little or no disposition to sleep, but usually he longs for it, and is actually drowsy; but no sooner does he drop off into slumber than he wakes up with a start or in a fright, with uncomfortable or distressing sensations about the heart, or with a feeling of suffocation. Or he may have short and uneasy dozes, with disturbing dreams, and jerkings or twitchings of the limbs. This disorder of sleep may be materially influenced by posture, and is often greatly relieved by placing the patient in a heart-chair. In contrast to what has just been described, patients suffering from some forms of cardiac disease are always drowsy and somnolent, and sleep heavily a great part of their time. This is especially noticed in cases of cyanosis. Under all circumstances there are likely to be unpleasant and disturbing dreams.

c. Patients suffering from cardiac disease sometimes experience *abnormal sensations* in their limbs in various parts, temporarily or permanently, such as tingling, numbness, &c.; as well as *motor disorders*, of the nature of jerkings, muscular twitchings, or slight paresis. These probably depend on changes in the vascular supply to the spinal cord.

d. Not only may apoplectic attacks occur in connection with heart diseases, but the fatal termination is, in some instances, preceded by increasing somnolence and stupor, culminating in more or less deep *coma*. This condition may be partly due to the renal changes which are induced by certain cardiac affections.

(6.) I have already noticed the temporary disorders of *sight* and *hearing* which may be associated with heart complaints. It will suffice to mention further that the special organs which are concerned with these sensations are, in some forms of disease, liable to present definite organic changes in course of time, and thus they become permanently affected in various ways; and in the case of the eye these changes become visible with the ophthalmoscope.

(To be continued.)

A RESEARCH INTO THE VALUE OF THE DETAILS OF LISTER'S METHOD IN ABDOMINAL SURGERY. (a)

By LAWSON TAIT, F.R.C.S.,

Surgeon to the Birmingham and Midland Hospital for Women; Consulting Surgeon to the West Bromwich Hospital, &c.

I AM reminded that nearly sixteen years ago, just after I had received my first licence to practise, I visited this famous city, favoured by introductions from him who stood then at the head of my department of professional practice, and that he and nearly all those to whom I bore his letters have gone over to the majority.

I am also reminded that the most famous of all the many virtues of this fair island was shown in my own case, in a way which has left a memory of my first visit to Ireland, never to be forgotten; that here I made friends who have ever been kind to me, whom I have often wished to re-visit; that in this Society I received the first surgical distinction I had conferred on me, one I have ever since valued; and last, but certainly not least, I received in this city my first consultation fee.

It is with something far greater, therefore, than pleasure that I find myself to-night addressing one of

the most distinguished societies in the Kingdom, and that to which I was first admitted.

I read with a keen interest the account of a discussion which took place here a little more than a year ago, upon the theory and practice of the so-called antiseptic system of Professor Lister; and I was so struck by some of the arguments used and the illustrations given, that I asked if I might raise the discussion again. Your secretary was good enough to comply with my request, and your council kindly fixed a time convenient for me. I do not know that I have very much that is new to tell you, and perhaps I may utterly fail in convincing you of the correctness of the conclusions I have come to; but I know that Irishmen always deal kindly with a weakling, and are even courteous to a guest.

In a paper which was read before the Royal Medical and Chirurgical Society of London just two years ago, I criticised the doctrines of Mr. Lister from the results obtained in my practice in abdominal surgery; and some of the speakers in your debate did me the honour to quote some of my conclusions, and this it was that emboldened me to re-introduce this important subject before the Surgical Society of Ireland.

Before coming to the details of my research, perhaps I may be permitted to explain certain general principles which are essential to my argument.

The first is, that in the discussion of such a question it is advisable to avoid as much as possible mere empirical statements, and to reduce as much as is practicable all our arguments to something like the tests inflicted by the ordinary canons of evidence. This is no easy matter in our professional details, for it is the exception rather than the rule that we can do more than say that we think a certain proposition to be true. The results of our individual experiences vary so much in extent and in conditions that in almost all our arguments we are driven to the votes of authority. Therefore, when we can proceed upon a purely inductive method the conclusion will probably prove a strong one.

My second proposition is not so secure, but still I attach much importance to it; and it is that the narrower the area over which an experiment is tried, the fewer the elements of disturbance in its conditions and the greater similarity in the conditions of detail, the surer will be the conclusion. Thus my own practice is almost entirely limited to abdominal surgery; and, therefore, an experiment based upon the application of a particular theory to surgical practice will meet with a trial more free from disturbing elements than if I recorded my experience of a mixed practice of amputations, lithotomies, ovariectomies, &c. The reason of this seems to me clear, in that one ovariectomy is of closer value to another ovariectomy than either can be to an amputation, or a lithotomy; and that a series consisting purely of repetitions are better for this purpose than a mixture.

This proposition seems to me self-evident, but if it is not admitted much that I say must fall to the ground. But, mark, I do not mean to assume that a principle which is found absolutely true for the performance of an ovariectomy must necessarily be as true for an amputation. But the proof that it is not true must be shown clearly; and no statement to that effect must be merely asserted, because so many general principles are found to be absolutely true in all such cases.

My third proposition is an empirical one, and open to controversy; but it has received such general acceptance that I must press for its acceptance. It is to be given as a group of conclusions, the first of which is that in the peritoneum we have a cavity peculiarly liable to what we call septic influences. We all know what we mean by these two words, though they defy explicit definition; and the great fatality attending all abdominal operations until quite lately was universally

(a) Read before the Surgical Society of Ireland.

set down to these "septic influences." I have heard it asserted lately that this is not so, and that really the peritoneum seems to be the only part of the body over which septic poisons possess no influence at all. This astounding statement arises out of the thoughtlessness of some of Mr. Lister's too enthusiastic disciples, who, finding that my experience shows that in abdominal surgery we do better without Mr. Lister's details than with them, turn round and utter this extraordinary and revolutionary contradiction. Yet it is the uniform practice of every surgeon about to perform ovariectomy to remove his patient from all possible and recognised sources of septic poisons. This is more rigidly carried out in this particular line of practice than in any other, so that the performance of ovariectomies in general hospitals has been very widely condemned, and its results have never been good. I assume, then, that the field of abdominal surgery affords an especially favourable opportunity for the trial of a system which is based on antiseptic theories; and on this assumption I made an experimental research on Mr. Lister's methods, the details of which I propose to discuss.

Let me first of all say that the theory of putrefaction upon which Mr. Lister bases his practice I regard as having been long ago proved. No known putrefaction can occur save in matter which is dead, and only by means of the admission to it of resting or swarm spores of some of the low forms of life, such as bacteria, bacilli, &c. The only point between Mr. Lister and myself is that Mr. Lister assumes for living tissue the same series of phenomena as he finds in dead infusions, and this I deny altogether. Neither Mr. Lister, nor any of his numerous followers, have ever tackled this important point, and the one experiment upon which Mr. Lister hangs so much, in fact that single argument of his, which has proved such a crux to everyone, rests on this point.

He has told us over and over again, and there is abundant evidence of the correctness of his assertion, that if a deep wound is filled with blood clot, and is dealt with completely by the antiseptic method, that it will become organised and will ultimately form part of the tissue in which it is placed. Everyone knows that without the application of Mr. Lister's details blood clot will putrefy, break down, and disappear. There can be no doubt whatever that here Mr. Lister has established a point of immense importance practically, which is, however, limited to this, that artificially we can make a blood clot do on the external surface of the body what it nearly always does when sealed up in the tissues or in a cavity. Hundreds and thousands of blood clots are organised in the body when covered up, and we think nothing of it. How is it that they do not become so organised on the external surface when ordinary atmospheric air is admitted to them? The answer admits of no dispute, the putrefactive germs breed in them, destroy them, and break them down by putrefaction. You may say, then, that I concede Mr. Lister's arguments, but my answer is that I am not yet done. I have to satisfy myself that a blood clot is dead, or that it is not dead before I go further, at least this was my former opinion. It is probable that the large clots found in the peritoneum, in cases of hæmatocele, do not die, otherwise we should not expect to see many cases of recovery, whereas death is the exception and not the rule, save when it occurs immediately from the hæmorrhage itself. Subcutaneous ecchymoses do not die, and enormous clots are seen to organise and disappear in the scrotum and vulva as long as the skin protects them entirely. The unbroken tissue in fact protects them from the killing influences of the germs. It might be assumed, in fact, that a blood clot is really not dead, but that it is only in a condition in which vitality is so feeble that it is very easily destroyed, and the amount of vitality is not such as to enable it to resist the attacks of bacterian germs, which speedily

kill it. This is perfectly in harmony with Mr. Lister's own views, for amongst the many changes of platform to be found in the history of his theory and practice, is the frequent admission that living tissues have a varying power of resistance of the attacks of germs. We may assume that coagulated blood, maintained at its normal temperature, has the most feeble kind of resistance, and speedily falls a victim.

I further assume as proved that Mr. Lister's details, when carried out, amply suffice for the destruction of germs, and that you may keep a blood clot indefinitely in a solution or under a spray of carbolic acid. If, therefore, you keep a blood clot, not yet dead, at a normal temperature, and fully protected by the details of Mr. Lister's method from the attacks of bacterian germs, you may give it time to become so fully organised as to acquire a power of resisting those germs equal to that possessed by ordinary tissue.

I admitted all this long ago, and I have often confessed that the story of the antiseptic blood clot was a great crux. But the mystery has been fully solved in a most unexpected direction by Dr. D. J. Hamilton, of Edinburgh, in his remarkable papers on "Sponge-grafting." There we find this unexpected display, that a piece of sponge will do quite as well as a blood-clot, and that the antiseptic details are altogether needless. The sponge is dead enough, beyond doubt, and no carbolic acid or other agent is in the least needed to enable it to become organised, or at least to enable it to be the basis of new structure, for perhaps that is the better way to state the case, and it is clearly also the truer way to speak of the blood clot.

Nothing more amazing, nothing more gratifying to the practical surgeon has been produced in this century than the results of Dr. Hamilton's experiments. That a piece of sponge laid on a wound should become part and parcel of the patient's body is almost incredible, yet it is true, and it seems to me completely to explain the mystery of Mr. Lister's blood-clot.

From Dr. Hamilton's conclusions I see that it is not necessary to adopt the assumption I formerly advanced that the blood-clot was really not altogether dead, for he starts with the belief "that blood-clot or fibrinous lymph plays merely a mechanical and passive part in any situation where it becomes replaced by a fibrous cicatrix, and that this vascularisation is not owing to new formation of blood-vessels, but rather to a displacement and pushing inwards of the blood-vessels of surrounding tissues." Being convinced that the blood-clot was just so much dead matter in a tissue, it occurred to him to employ some dead porous animal tissue instead, and for this purpose he selected sponge, and he has proved his case. His cases showed "that even where a wound continues in a putrescent condition organisation will still go on. In the case of the blood-clot putrefaction tends to destroy it; in that of the sponge, its texture being more resistant, it does not seem to make much difference." In fact, with the blood-clot Lister's details only save the non-resistant matrix from destructive putrefaction till the blood-vessels permeate and remove it, just as they ultimately do the sponge, and Dr. Hamilton's experiments utterly destroy the last surviving argument of Mr. Lister. He compares the "sponge and the blood clot, and says of the latter that it is an excessively porous substance. It is more finely porous than the finest sponge. The fibrin forms a network containing only a few blood corpuscles, while the serum is squeezed out of, or drains away from, the interstices. It is, therefore, a tissue which, if its assumed vital properties be laid aside, is extremely like a sponge in its structure, each being composed of a delicate framework with large and small meshes." He speaks in the same way of fibrinous lymph, and his marvellous experiments explain our facts and destroy the last support of Mr. Lister's theories.

I have, therefore, got so far as to have formulized my views to the effect that, whilst accepting the germ

theory of putrefaction in its entirety, I entirely repudiate Mr. Lister's application of it to surgery. Upon it he bases a certain line of practice, more particularly a method of performing operations, which has received such a wide acceptance, which is spoken of in terms of such enthusiasm by men upon whose statements I can place the utmost reliance, that I am almost tempted sometimes to discredit the evidence of my senses, or to come to the conclusion that the tissues of a patient with a disease requiring a pelvic or abdominal operation act in a manner wholly different from those of patients under all other circumstances.

Putting theory and private conviction aside, and influenced solely by a verdict which seemed almost unanimous, and by the surgical conscience which obliges us all to do everything we can and to use everything we know for the welfare of our patients, I gave Mr. Lister's method a trial, which extended over a series of abdominal sections. This was composed of nearly a hundred operations, sixty of which were for the removal of ovarian tumours, and the detailed results of most of them and many others are given in the paper I have already alluded to. The conclusions of the figures, which were not, and so far have not been challenged, were in every way against Mr. Lister's practice; and the influence which has been exercised by this paper has been considerable in modifying the views of a large number of competent authorities upon this important subject.

I announced in that paper that, having come to the conclusion that Mr. Lister's system, when completely used, was prejudicial to my patients, not only in the question of mortality, but in the speed and evenness with which they recovered, I should further inquire into the influence of the method.

For this purpose I divided its details into two groups, those which were essential to the performance of the operation and those involved in the after-treatment of the cases. The latter included Mr. Lister's special forms of dressing, such as protective gauze impregnated with carbolic acid, &c., &c., and these I promptly and at once discontinued, because I had proved in my paper that the patients did better without them. I adopted the absorbent cotton-wool, that is, cotton deprived of its intrinsic oil, and entirely without any so-called disinfectant, and this material I have used ever since. With this dressing I have treated more than two hundred cases of abdominal section, and these have been open to the inspection of many visitors of distinction and numerous professional friends. The verdict is unanimous that no better results could be obtained than are to be seen with my dry dressings. The patients recover smoothly, without any exacerbations of pulse or temperature curves, and primary union is the uniform result.

I had to deal, after that point, with the details of Mr. Lister's system, which are supposed to protect the patients from the influences of omnipresent germs at the time of the operation, and with these it was necessary to make my experiment with very great care in the interests of the patients.

For the sake of convenience I may place these details in three groups:—

1. The use of the spray, which I looked upon as by far the most important, since it covered the whole time of the operation, was absolutely consistent with the theory of the system, and seemed to me, from that point of view, of infinitely greater importance than all the other details put together.

2. The preparation of sponges, ligatures, instruments, &c., previous to the operation.

3. Details of occurrence during the operation, such as washing out the peritoneal cavity, &c.

As carbolic acid is the substance to which Mr. Lister has consistently adhered throughout the whole of his work, and as it is that of almost universal acceptance, my remarks are to be taken as applying solely to it. I

found, previous to this research, that the substance thymol, introduced by Mr. Spencer Wells, was too dangerous to be used, and the results of my research have seemed to me too conclusive to have any need for further experiment.

In order to secure the complete performance of my research I went to very great trouble about the apparatus, especially about the spray producer. I had a very large one constructed, which would produce a continuous jet of spray six feet long, and having a base of nearly four feet in diameter, and this could be continuously maintained for about three hours. The spray used at first was from a solution of one in twenty, then one in thirty, then one in fifty, then one in eighty, then one in a hundred. I then tried one in a thousand, and after that I went on with a spray consisting of nothing but steam and common tap water, and my patients recovered as satisfactorily without the carbolic spray as with it; in fact, I may say that they recovered better without the carbolic acid, for whilst using that substance in a strong spray, I had several indications of carbolic poisoning, and I very nearly lost one case. This was in the instance of a child upon whom I operated for pelvic abscess under a spray of one in thirty. Within a few hours after the operation her urine became quite black from indican, and loaded with albumen. She became unconscious, and finally had severe convulsions. Within forty-eight hours all these symptoms passed off, and she made a perfect recovery.

At the beginning of my research I had all my instruments completely covered in baths filled with a solution of carbolic acid—one in twenty, my sponges carefully cleansed and similarly covered, my ligatures scalded and soaked in the same solution for many hours before the operation, my hands and arms and those of my assistant carefully washed and rubbed over with the solution, and every preliminary detail most carefully carried out.

Then, as with the spray, I slowly and at intervals reduced the strength of the solution, and finally I went through all the performances entirely without carbolic acid. In the same way with the details which came into use during the performance of the operation. Thus, I used to sponge out the cavity of the abdomen with a solution of one in twenty, but now I use only tepid water, without carbolic acid at all; and in cases where there is troublesome bleeding from separated adhesions I pack the cavity with sponges—as many as twenty at a time—without any carbolic acid in them; or I wash out the cavity with two or three buckets of warm water poured in from an ewer, utterly regardless of germs in either air or water.

This research occupied nearly two years, and all through that time I was carefully on the watch for either symptoms or results which would arrest me in my experiment, and show me that I was in error, and that I must retrace my steps and re-establish Listerism in my practice. But I found none, and as all the details of my practice, up to the first of November last, have been published, I need not weary you with them now. Suffice it to say, that since the time when I may be said to have abandoned the practice of Listerism, I have performed 107 completed operations for the removal of ovarian tumours; and of these there have been only three deaths, or a mortality of 2.8 per cent., besides a large number of other operations for removal of diseased ovaries and tubes, peritoneal and hepatic hydatids, tumours of the uterus and kidney—these having a mortality quite as satisfactory, and a success which has already attracted a wide attention.

The only survivals of the Listerian method which I retain are the instrument and the ligature baths. I keep all my instruments in baths of plain, cold, tap water; and I scald all my ligatures in boiling water before the operation, to get the gum out, and then keep them in cold water. You may ask why do I keep to

this? and I really can say nothing more than that I like to handle the things wet, and I think it prevents the formation of loose blood clots. There certainly can be no question of germs about it, for the water must contain them in abundance; and I make not the slightest effort to destroy those I believe to be in the air.

The conclusions I make, therefore, from my research are (1) that the germs which produce the putrefactive changes in dead tissue are harmless when admitted to the peritoneal cavity in the operations such as I perform upon it. The fatal cases of ovariectomy which I have seen since I gave up the use of carbolic acid—three in one hundred and seven operations—were due to the same cause, the production of heart clot in cases which had been repeatedly tapped; and I believe that if I were called upon to operate on cases which had been tapped, my mortality after ovariectomy would almost entirely disappear.

2. The further conclusions are that none of the Listerian details, nor the system which they constitute in the aggregate, are at all necessary for the proper and safe performance of operations on the abdominal cavity; and that, on the whole, better, and even more, recoveries are made when no carbolic acid is used at all.

At the International Medical Congress, after the evidence of Dr. Keith and myself upon the matter of the spray, Mr. Lister is reported to have said that possibly in ovariectomy the spray is not necessary. If this is to be accepted as the last utterances of antiseptic philosophy, I can only regard it as another illustration of its marvellous mutability.

Not six months ago ovariectomy was quoted as the chief and greatest illustration of the wonders of Listerism; but it happens to be the only surgical area upon which a strict statistical inquiry can be made; and when that is done, Listerism is found absolutely wanting. If germs are so potent in the case of a lumbar abscess, why do they prove so harmless in my cases of suppurating hæmatocoele? If the serous cavity of the knee-joint is so susceptible to septic influences, how does the peritoneum escape? If you cannot remove a cyst of the back without the spray, how do I manage to do without it for a cyst of the belly? If Listerism is essential in removing a piece of dead bone, how is it I can freely dispense with it in removing a slough from the middle of the liver?

I cannot pretend to answer these questions, they are for Mr. Lister and his disciples. All I can say is, that I do not think they can be answered upon the ground of the antiseptic theory.

My own explanation of my success is in the direction of accumulated experience, and an infinite care over every detail; and I am quite prepared to admit, and I have frequently admitted, that in this direction Mr. Lister's details have done a great deal of good. It yet remains to be proved whether or not an equal success might not be obtained for a series of amputations or excisions if they were conducted, as my research was, by all the Listerian details being carried out with plain tap water.

I do not know, Mr. President, if my remarks fall upon my audience with anything like convincing force; but I am sure you will give me credit for the sincerity of my conclusions, and a desire that they should be dealt with at least as a tentative, perhaps a suggestive, effort.

Nothing in surgery is final; and even if the antiseptic theory and practice be all that is claimed for it, I can only urge that we have not yet got to the end of our tether, and that we have a great deal more to learn.

What you may get out of my paper I cannot say, but I have had at least this, an excuse for having one of my greatest treats—a visit to Dublin.

PUERPERAL FEVER. (a)

By R. H. MEADE, F.R.C.S., J.P.,

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In opening a discussion upon puerperal fever I must state in the outset that my object is rather to gain than to impart information. I shall not attempt to give a complete account of the history, symptoms, morbid appearances, or treatment of the complaint, but only try to point out a few of the more prominent features of the disease, with its varieties, &c., calling attention to some of the different opinions and theories, as to its real nature and causes, and thus hope to elicit much valuable information from the members of the Society, both on these points, as well as on the best means to be adopted for its prevention and cure.

The older physicians and writers on midwifery were well aware that there was a dire and fearfully fatal disease of the character of malignant fever, accompanied or produced, as they generally thought, by inflammation of the peritoneum, or uterine organs—sometimes rapidly following the birth of a child, which was much more common in lying-in hospitals than in private practice, and which was evidently and highly contagious; but they entirely failed to trace the source of the infection, or the real nature of the complaint. Dr. Robert Ferguson, one of the earliest professors of midwifery in King's College, was the first who distinctly declared that the essence of the disease was a *poisoned state of the blood*, and the truth of his diagnosis has been amply confirmed and universally recognised since.

Women in the puerperal state are liable to slight *ephemeral forms* of fever; are these of the same nature as the more malignant forms? Some, as for instance, the fever which often attends the first secretion of milk, when it comes with a flush, suddenly and in large quantity, are evidently not, but there are some others which, though never violent or dangerous, are still tedious and troublesome, accompanied with some uterine or abdominal pain and tenderness. In the opinion of some these are like the malignant forms, of the same nature, and also due to poisoned blood; though the dose of poison is much smaller. This is a fair point for discussion. My own opinion is, that they are similar in nature, but different in degree, but if so, are they infectious? I think not.

It being admitted that the essence of the disease is a poison in the blood, the next questions are—

1. What is it?
2. Where does it come from?
3. Are there more poisons than one?
4. How does it find its way into the blood?

Before alluding to the answers which have been given to these questions, I must mention the fact that the blood of the puerperal woman has been shown by Dr. Richardson and others, to be in a peculiar state. Very rich in fibrine, and therefore, peculiarly liable to coagulate and form thromboses, or clots. This fact tends to explain some of the phenomena of puerperal fever, especially those in the pyæmic forms. Now with regard to the queries propounded, I will take the last first, viz., How does the poison find its way into the blood? During the act of parturition more or less abrasion or laceration of the genital organs often takes place, especially in instrumental and first labours, forming a ready and immediate way of entrance for any poison which may be either in the air of the hospital ward, or on the hands or clothes of the physician or nurse. Poison may also enter the uterine sinuses, after the separation of the placenta in those cases where, from debilitating causes, such as flooding, the uterus has imperfectly contracted.

Now with regard to the nature of the poison, and where it comes from. It is pretty generally supposed that there are two distinct sources: one called *autogenetic*, which

(a) Read before the Bradford Medico-Chirurgical Society, March, 1882.

arises independently of infection, from the decomposition of blood, or portions of placenta, &c., in the woman herself. The chemical products of such decomposition, called *sepsia*, being directly absorbed into the blood through the wounds or openings which I have pointed out, producing rapid symptoms of poisoning. Dr. Matthews Duncan thinks that these cases are essentially different from the others (to be presently mentioned). He calls them cases of *sapremia*, in contradistinction to those of true *septicæmia* and *pyæmia*. His theory is that here, the poison is purely a chemical one, and unconnected with parasitic influences. On this account he considers that they are more amenable to treatment. The second source of infection, named *hetero-genetic*, is that in which the poison is derived from without, and we now come to the question of whether there are more poisons than one, and, if so, whether different kinds are capable of producing similar effects or symptoms? No doubt, the most effective cause and the one most to be dreaded, is the poison or contagion derived from another case of a similar kind; this is why puerperal fever is so much dreaded in a lying-in hospital. This might be supposed to be the specific poison, if there be one, but the same effects have been produced by the septic or decomposing fluids which have contaminated the hand of the student or physician, who has been dissecting, or performing a post-mortem examination. Again, the peculiar poison of erysipelas, scarlet fever, and even typhus or typhoid, and diphtheria have been supposed, in many instances, to have given rise to true puerperal *septicæmia*, and not to their own special forms of fever or inflammation. There is little doubt but that this is quite true, at least, as far as erysipelas is concerned. Some pathologists have thought that, owing to the peculiar state of the blood in a puerperal woman, when putrid or malignant fever is set up by the absorption of any kind of septic or morbid virus, a special poison is generated which will very easily produce the same disease in another person. In favour of this view is the fact that attendants and nurses often suffer when waiting upon patients with puerperal fever, but do not do so when attending upon ordinary cases of surgical *pyæmia*.

The last point to debate upon this part of the subject is, whether there is any *real difference* between puerperal *septicæmia* and the ordinary forms of the same disease? I shall leave this open for discussion.

We now come to a very interesting but at the same time very obscure part of our subject—viz., the influence of germs, or bacilli, in the production of *septicæmia*. Dr. M. Duncan thinks that in simple *sapremia* they play no part. He says: "The fœtor of discharges forms no part of *septicæmia* or *pyæmia*; the bacteria or micrococci of these diseases flourish where there is no fœtor." I cannot agree with him, and confess that I can see no real difference between the absorption of self-generated and imparted septic matter. Dr. Burdon Sanderson says: "Both *septicæmia* and *pyæmia* are characterised by the existence of microzymes in the infected fluids, and the intensity of the infection is indicated by the number and character of these bodies, so that in the more intense forms of the disease the exudative liquids and blood are crowded with active bacteria." I can give no opinion on the point whether these fungoid bodies are the *cause* or *essence* of the disease and produce the infection, or whether they are only concomitants. I shall only add on this subject that no one *form of bacillus* seems to be peculiar to any one form of *septic disease*. Extended researches may clear up this and other points connected with this obscure subject.

The symptoms of puerperal fever are *rigors*, *quick pulse*, and *respiration*, *high temperature*; sometimes *delirium*, *vomiting*, and *purging*; *tyimpanitis*, suppression of milk, and lochial discharge; sometimes *no pain*, at others, uterine and abdominal pain and tenderness.

As to *treatment*—first, preventive. In the cases of self-infection (*sapremia*) from putrid discharges it is of great importance that no portions of placenta or membranes are left, nor clots in uterus. Firm contraction of

uterus should be secured by ergot, or other means, particularly after flooding or instrumental delivery. If any fœtor begins the vagina should be thoroughly and frequently syringed with carbolic or other antiseptic lotion. Should any symptoms of mischief arise, most energetic steps must at once be taken. The hand should be introduced (under chloroform if necessary), and pieces of placenta or clots be searched for. If anything is found in the uterus, and it is not firmly contracted, it should be washed out (by the medical man himself) with carbolic lotion (1 in 30 or 40) two or three times a day. Ergot should be given three or four times a day, to cause contraction, &c.; and general treatment by stimulants be adopted.

Cases of true *septicæmia* are to be managed, so to say, rather than treated. With regard to the preventive treatment a very wide question is opened. No doubt can be entertained of the contagiousness of this affection; therefore every precaution must be adopted by the medical man and nurse to prevent all risk of their infecting the patient themselves. Avoid going from a case of erysipelas or scarlatina to a labour without changing clothes and disinfecting hands. Do not perform a post-mortem, if possible, before going to a puerperal case. At the time of attending the labour anoint the fingers and hand well with carbolic ointment. In lying-in hospitals women are now sometimes delivered under spray, and carbolic lotion is freely used to wash the patient and hands of nurses, &c. Midwifery practitioners should be very careful about the state of their hands; infection sometimes appears to hang about them for weeks. If so, the most probable place where it can linger is under the nails. If suspicious of the right, use the left hand.

With respect to the point of going to or attending midwifery *while* or soon *after* attending a genuine case of puerperal fever, a serious question arises, which I will not attempt to solve.

Treatment of TRUE Puerperal Fever.—When the disease has once set in, we cannot hope to cut it short. It will be better to use antiseptic injections to the vagina, whether there be fœtor or not; but it is of no use to inject the uterus by itself. We must treat symptoms as they arise. Tincture of green hellebore has been given, and also tincture of aconite, to bring down the pulse (*in the early stages*); quinine in large doses, or salicine, to lower the temperature. Turpentine has been recommended, both internally, by mouth, and in enemata, and externally for tyimpanitis. Tincture of iron may be tried, as in erysipelas. Iodoform has also been recommended internally by Professor Maggioli, of Rome (the doses are not mentioned by Professor Maggioli). Nourishment and stimulants *in moderation* are all-important, but, unfortunately, the irritable state of the stomach often greatly interferes with the administration of both food and medicines. Though the danger in these cases is very great, still they are not hopeless. The cases of so-called *sapremia*, if treated energetically, will often quickly mend, though the patient may appear *in extremis*. In the other forms, the more chronic they are the greater the hope; and even in cases of *pyæmia* (pus in the blood), when abscesses have formed in joints, the patients have recovered.

Clinical Records.

NOTES ON A CASE OF IDIOPATHIC (?) PERI- AND ENDO-CARDITIS.

By J. S. McDONAGH, M.R.C.S.

I HAVE been led to publish the notes of the following case which occurred in my practice, as being an example of a rare and somewhat unrecognised class of cases. We are led by the text-books to believe that acute affections of the heart are always secondary to some specific state of blood-poisoning (rheumatic, pyæmic, or scarlatinal), but in the following case

there has been no trace of evidence of any precursory symptoms of this sort whatever. The facts are briefly these:—

K. M., set. 6, was brought to me first on November 28th, 1881, on account of listlessness and languor. She had been in the habit lately of lying about the room instead of playing, being generally a very active child. On inquiry I was further told that she had complained for the last few days of a pain over "the pit of the stomach," had lost appetite, and had once or twice vomited in the middle of the night. They were particularly surprised at her being ill, as she was usually so well in the winter, but always "fell away" in the summer. Was thought to have been losing flesh for the last eighteen months. On examination I found the child well nourished, though pale, with a dull, heavy look, skin fairly moist, and tongue furred; complained of slight pain on pressure over epigastrium. Thinking the case one of simple bowel derangement, I ordered some saline tincture and grey powder.

Nov. 29th.—At 9 p.m. I was sent for to see the child, said not to be so well; the symptoms appeared about as on previous day, but temp. 101° 2'; no rash or pain (except slight pain on pressure over epigastrium). Tongue slightly furred.

30th.—Better. Temp. 100°.

Dec. 1st.—Still better. Temp. 99°.

I now saw the case no more till Dec. 6th, when she was brought to me again for some tonic treatment, as she did not seem to get strong. On Dec. 10th I was sent for to see her. Had complained of pain on previous evening over the region of the heart. This led me to make a physical examination, when I found the heart sounds almost inaudible, rendered so by excessively loud rasping, superficial friction sounds, which were to be heard distinctly over the whole of the chest and back, the area of cardiac dullness increased and elevated, pulse 120; deficient expansion of left side of chest; considerable dullness at bases of both lungs, though more marked on left side. Temp. 102° 6'; no cough; no pain anywhere.

11th.—Friction not quite so loud. Pulse 128. Respiration 40. Temp. 102°.

12th.—Temp. 101° 4'. Passes very little urine, which contains a slight trace of albumen; no anasarca, or oedema.

On the 14th the temperature had declined to 99°, and the friction had now quite disappeared, the first sound distinct, but the second sound was replaced by a blowing murmur most distinct about the centre of the sternum, and at the back. Lung symptoms remain as before; no cough.

On the 15th she was seen with me in consultation by Dr. T. B. Peacock, who diagnosed endo-carditis, with probable congestion of the lungs, and fluid in the left pleura.

On the 16th the temperature became sub-normal—97° 6', and remained so on the 17th. The murmur is gradually diminishing in intensity and area over which it is distinctly heard; child more lively.

18th.—Temp. normal.

Jan. 4th.—The murmur in front is now only to be heard in front of chest over the mitral area, but is conducted round into the axilla; the dullness at the bases of both lungs not so marked, but at the back the normal heart sounds are not to be heard, a single sound being heard at each systole similar in character to the puff of an engine. The child seemed in the best of health and spirits.

11th.—An examination yielded results similar to the previous one.

23rd.—Heart's impulse not nearly so violent, no undue impulse to be seen or felt; on auscultation the pitch of the murmur and area over which distinctly heard remains unchanged, but there is a sharp clicking sound at moment of closure of the valves. At the back the murmur is most distinctly heard over the right back. Lungs now quite resonant. All symptoms of anæmia quite passed away.

Treatment consisted in at first perfect rest with simple ante-febrile medicine with digitalis; when the fever had passed away, quinine and iron with digitalis, and cod-liver oil. Locally, mustard leaves applied every night.

Remarks.—I have entered fully into the precursory symptoms of the illness in order to show that there were none of the ordinary specific or rheumatic symptoms present: the question then arises whether this is really a case of idiopathic disease or not? At a meeting of the Medical Society of the College of Physicians in Ireland, on December 7th, 1881, Dr. W. Smith related three cases of idiopathic pericarditis, but in two at least of these cases there was distinct evidence of rheumatism. Of course, as was pointed out on the occasion referred to, there may be a rheumatic affection of the pericardium without any other symptoms of rheuma-

tism at all; but would such a supposition in the case narrated cover also the severe endo-carditis which co-existed? If not, then, could the case have been one of ulcerative endo-carditis, with secondary inflammation of the pericardium. We know that such cases are by no means rare, but are, unfortunately, seldom recognised. There is generally, however, a history of rigors at the commencement of the disease, which was entirely absent in this case, and, furthermore, often a distinct source of infection is recognisable. Dr. Wilks speaks of this disease as "arterial pyæmia," and deals with the subject exhaustively in a lecture published in the *British Medical Journal* of Jan. 14th, 1882; he shows there how these cases are really states of blood-poisoning, and suggests a local source of self-infection when there are no general symptoms. He quotes four cases in support of these theories, but in three of these there was a distinct history of rheumatism. I think that the case quoted requires further explanation than seems at present ascertainable.

Transactions of Societies.

BRADFORD MEDICO-CHIRURGICAL SOCIETY.

TUESDAY, MARCH 7th, 1882.

The President, Dr. CRAIG, in the Chair.

MR. R. H. MEADE, F.R.C.S., read a paper on

PUERPERAL FEVER.

which will be found on page 246.

Dr. W. WHEALEY said, until those gentlemen who are more accurately and deeply versed in the subject of puerperal fever have had time to collect their thoughts, I will venture to make a few remarks on one of the ablest and most practical papers to which it has been my privilege to listen. Mr. Meade has briefly given us both the ancient and modern views of the etiology, pathology, and treatment of this disease, and his numerous admirable remarks relative to the prevention and treatment of this malady are so suggestive that one might easily occupy an hour in their discussion. Out of nearly three thousand cases of midwifery, attended during the past twenty years, I cannot call to mind a single case of so-called puerperal fever in my practice. I have seen a few cases of puerperal fever in Bradford during that period, and these were treated on the principles laid down by Mr. Meade, viz., by the exhibition of quinine, beef-tea, and stimulants, and the uterus was washed out with the carbolic lotion. I am inclined to the belief that modified cases of puerperal fever do occur, but think that scarlatina and puerperal fever are distinct diseases.

Mr. P. MIALI raised the question whether puerperal fever is one disease, or only a name given to a variety of conditions that are really distinct. Mr. Meade had treated mainly of the septicæmic forms of the disease. The experiments of Braidwood which tended to show that the lochial discharge is poisonous when applied to an abraded surface were mentioned.

Dr. TREBITS said that puerperal fever was more frequent in the towns than in the country where there was less crowding. He was of opinion that the frequent use of the forceps by causing abrasions was one cause of the affection. At any rate, notwithstanding greater knowledge, mortality in childbed was no less now than years ago when forceps were rarely used. With regard to microzymes being present in the blood that was of no importance, as such organisms were far too general and had no definite specific characters. He had seen two very bad cases in which there were the following symptoms:—pulse 140° or upwards, temperature 106°, tympanitis, profuse sweating, and delirium. The treatment in each case was 10 grains of quinine twice a day, and a tablespoonful of brandy every hour; they both recovered. The first case was evidently autogenetic, the second heterogenetic. He asked Mr. Meade what the latest date was after delivery when puerperal fever might come on. He had seen a case of pneumonia coming on fourteen days after labour, having all the symptoms of puerperal fever. He was doubtful if the carbolic spray in lying-in hospitals had anything to do with preventing the disease, this arose more likely from greater cleanliness and sanitary precautions.

Dr. RABAGLIATI said he had not had a large experience of puerperal fever, though the experience he had had, had been extremely painful, and had made a strong impression on his

mind. He disagreed with Dr. Tibbits, and thought on the contrary, that tediousness of labour was a predisposing cause, rather than too great rapidity. One important point overlooked in the paper, and by previous speakers, was the predisposing influence of mental depression. In the most shocking case he had ever seen, depression seemed to him to have so lowered the vital powers, that even if the woman had not been about to be confined, he thought she would have sickened from something else, say phlegmonous erysipelas. In this opinion Dr. Howie, of Liverpool, concurred. As to syringing, he highly approved of that, but in a very bad case he had done with his own hand all that was possible to be done in this way, four times a day; and yet the patient died after of phlebitis of the leg, diphtheritic throat, swelling of the joints, abscess behind the ear, and pneumonia; in short, of blood-poisoning. He threw out as a suggestion in such cases, free drainage as in surgery, by the passing of a drainage-tube into the uterus, and said that should it ever again be his misfortune to see another case, he should employ this in addition to the other recognised means of treatment.

Dr. GOYDER remarked that the value of the discussion depended upon the speakers importing into it their own experience of cases. The causes of this affection, in absorbed septic matter, or direct contagion from infected subjects, through the uterine sinuses, or abraded surfaces of the uterus and vagina, or through infected air into the lungs; and the resultant pathological states of the uterus, peritoneum, and other organs were better understood than formerly. He had seen cases both of the inflammatory and adynamic variety, the former coming on forty-eight hours after labour and dying within the week, and characterised by violent metritis, and hysterical symptoms, profuse perspiration, and ultimate collapse, in which the treatment of calomel and opium and salines was of little avail. In the latter variety the patient sunk in a week, from diarrhoea, despite stimulants and support. He was now accustomed, whenever the pulse and temperature rose after labour, and the lochia were offensive, to wash out the uterus twice a day with water and Condy's fluid, and to administer ammonia and carbolic acid (1 in 100); and by these means he believed he had prevented what would otherwise have become puerperal septicæmia. He was not of opinion that scarlatina was a common cause of this affection; he had seen a woman take scarlatina two days after labour without bad results, and in another case where two children were lying dead in a one-roomed house from scarlatina, with a parturient woman, no injurious effects were produced upon her. The poison seemed more allied to erysipelas, and was more purely septic than zymotic in character. Antiseptic precautions in the medical man, and extreme cleanliness of the patient would go far to prevent the disease.

Dr. BURNIE said: In the exhaustive paper we had heard from Mr. Meade, it had been pointed out how the puerperal woman was peculiarly liable to the invasion of disease. In this aptitude she was placed in a dangerous position towards the contagion of erysipelas, scarlatina, and other maladies; she was the easy subject of pyæmia, and the facile victim of septicæmia. Peritonitis sometimes was the consequence of labour though not so frequently, in his opinion, as was generally supposed, metritis and phlebitis. All such morbid conditions, and others, were brought within the designation of puerperal fever; but he believed there was no specific fever deserving such denomination, and then a great majority of cases called, were referable to poisoning of the blood through the walls of the vagina or uterus, and that the grand remedy was to be found in antiseptic methods of treatment, such as he had the honour of pointing out in this room some five years ago, in his address to the Yorkshire Branch of the British Medical Association.

Mr. APPELEYARD said that a more careful clinical study of the progress of natural labour, especially in regard to elevation of temperature, was necessary, and would aid greatly in throwing light on cases of puerperal disease. He had made it a rule to do this in his cases, and found it very common to have a rise of temperature as labour progressed, but as a rule, a normal temperature was reached by the end of 24 or 36 hours. Especially where premature labour was induced, he had noticed, steady rise of temperature for two or two and a-half degrees. Three cases in his practice had interested him much. *Case 1.*—Had a natural labour, and the same evening (previous to the labour) the husband had a rigor and became ill, with symptoms of phlebitis of superficial

veins of the front of the thigh, later on, endocarditis, and died in about 19 days from blood-poisoning. Cause unknown. Wife and husband were in separated rooms, door to door, and under my care. The wife had no febrile reaction of any kind, except during establishment of the flow of milk. *Case 2.*—Placenta prævia. Tenth morning after confinement at ninth month, just after taking breakfast, became very ill, vomited, and continued to do so for some hours, temperature ran up almost directly, or at least within one hour, the temperature in the mouth was 105°. Pain in lower part of abdomen. The retention of clot was suspected, 3j. dose of liq. ergotæ was given, and in the course of a quarter of an hour, a laminated ball of pale decolourised fibrine, the size of a small orange, was expelled from the uterus. The fever abated, although it continued for some days and the case did well. *Case 3.*—One of premature labour induced between seventh and eighth months, for pelvic deformity, was discharged quite well at the end of second or beginning of third week. About thirtieth day after labour she began to have very severe diarrhoea, but did not have any medical attendance for four days, when she was compelled to go to bed, complaining of rheumatic pains all over, but chiefly in flexures of joints, and along flexure surfaces of limbs, and presently phlebitis of superficial veins, first of the calves of both legs, and in the course of five or six days, of fronts of upper and forearms; also, there was pleuritic friction on the left side, and an endocardial murmur; pulse for some days above 140; respiration rapid, and profuse perspiration. The patient, however, recovered very slowly and is now alive. The child also survives.

Dr. MURRAY (Burley), said he had a very limited experience of the important disease brought so ably under their notice by Mr. Meade, having only had one case in his own practice in eighteen years. He had always thought it arose from self infection, and occurred in women whose vital powers were feeble from whatever cause, for in such there was little power to resist the fatal effects of septic matter when it had been absorbed. In many respects puerperal fever was not unlike typhoid in the manner of its onset, the nature of the initiatory symptoms, and the efforts of nature to throw off the poison by a profuse diarrhoea. The only point he could not explain was its contagious nature, for we must admit that it was occasionally contagious. That puerperal fever killed more rapidly than typhoid could be explained by the greater amount of septic matter getting into the blood, and the diminished power of resistance.

Mr. MEADE said, in reply to Mr. Miall, that he did not regard this affection as several different diseases, but as simple septicæmia. There could be no doubt of its infectious nature, which had been proved again and again by medical men and midwives. As to Dr. Tibbit's questions as to the length of time after labour when a woman could take it—possibly any time within a month if exposed to contagion; as to the question of carbolic spray in hospitals preventing the affection, there was proof that it did. He thought there was some truth in the too frequent use of the forceps, young men, as a rule were in too great a hurry to get their cases over, and injuries from forceps predisposed to the absorption of putrid matter if it was present. A very slow and tedious labour might lead to it in a different way, the soft parts got injured, the uterus did not contract so well, and her depressed state laid the patient open to attack. Putrid lochia would not produce the fever in every case, you must have the peculiar constitutional conditions besides. There were cases of puerperal peritonitis and phlebitis also, which were not puerperal fever or septicæmia.

SURGICAL SOCIETY OF IRELAND.

A MEETING of the Surgical Society of Ireland was held on Friday evening, Feb. 24th, in the Albert Hall, Royal College of Surgeons,

Dr. BARTON, Vice-President of the College, in the chair.

Mr. TUFNELL, Hon. Sec., read the minutes of the previous meeting, which were confirmed.

RUPTURE OF JEJUNUM FROM EXTERNAL VIOLENCE.

Mr. W. HEPBURN showed the jejunum of a man, æt. 47, who was admitted to the Meath Hospital in February suffering from the effects of a fall on the stomach. He said he had fallen from the edge off a table, that he had been struck he knew not by what, and had been doubled up. Symptoms

of peritonitis developed next morning. At the autopsy the mesentery and great omentum were greatly congested, and adhesive lymph was present in great quantity; there were signs of pus in some places, the cavity of the peritoneum contained ochreous fecal matter in considerable quantity, which was found to pour through an opening in the jejunum, about three feet from its commencement. The rupture was found to be nearly circular with everted edges. The intestine was slightly constricted at the point of rupture, and was greatly congested. The other viscera were intact.

NECROSIS OF RIGHT TEMPORAL BONE.

Mr. ARTHUR BENSON showed a large sequestrum of the right temporal bone taken from a child, $\text{et. } 3\frac{1}{2}$ years. The child first came under his care in St. Mark's Ophthalmic Hospital about a year ago suffering from double otorrhoea and necrosis of both mastoid processes, with sinuses opening externally. Eight months before the child had had scarlatina, after which the running was noticed from both ears, but nothing was done to stop it until pus began to come from behind the ear as well as through the meatus. The mass of diseased bone could be felt with probes, but was too firmly fixed to attempt its removal with the forceps. She was sent out, and last January she again came to the hospital; the bone was considerably more movable, but could not be removed. She was, therefore, again sent to the country, and on last Saturday the mother brought the piece of bone exhibited. The specimen consisted of a part of the squamous, mastoid, and petrous portions of the right temporal bone, measuring $1\frac{1}{2}$ inches by 1 inch, by $\frac{1}{2}$ of an inch. The posterior surface of the petrous portion was smooth (though worm-eaten in appearance), and seemed to have given attachment to the dura mater.

Mr. LAWSON TAIT (of Birmingham) exhibited an ovary which he had extracted by an operation on the previous Wednesday, and which was illustrative of the new advances in abdominal surgery. At the Pathological Society in London a few months ago he had shown a number of specimens of diseases which were far more common than any one had the slightest idea of until surgeons began to open the abdominal cavity in suffering women more frequently than they had been in the habit of doing. The patient from whom the ovary on view was extracted was unable to walk more than a few hundred yards, and unable to bear marital intercourse under any circumstances. This condition arose from an attack of pelvic peritonitis at the time of her first confinement. After suffering for five years she accepted to have the abdominal cavity explored. He found the right ovary, now exhibited, in a disorganised condition. The right tube contained about half a drachm or a drachm of pus, revealing an abscess of the cavity; but the interesting thing was the left tube still untouched, which he believed contained pus. He then laid it open with a knife, revealing the ordinary purulent fluid.

Mr. LAWSON TAIT (of Birmingham) read a paper on

A RESEARCH INTO THE VALUE OF THE DETAILS OF LISTER'S METHOD IN ABDOMINAL SURGERY, which will be found on page 243.

The CHAIRMAN said the Society had listened with great interest to Mr. Lawson Tait's valuable paper. The great extent of his experience and the wonderfully successful results he had obtained would lend weight to his conclusions; but it was his wish no doubt to hear what members had to say on one side or the other of the many-sided question of Listerism. As Mr. Tait had argued from his own experience to general conclusions on the subject, it was open to members having other experience to state their views *pro* and *con.*, so as to elicit full discussion.

Mr. ORMSBY said he had listened with pleasure to Mr. Lawson Tait's paper, and, as a member of the Society, he thought he could echo the feelings of every one present when he stated that the Society ought to be very much obliged to the distinguished operating surgeon who had come so far to give them the benefit of his great experience in abdominal surgery. As the time was so short for discussion, he would not enter at length into the merits or demerits of complete Listerism in operative surgery. He believed, however, in certain of the details as carried out by surgeons thoroughly confident in complete Listerism, and in his own practice he adopted what he would term a modified antiseptic line of action. On a previous occasion, when

the subject was before the Society, he stated his views concerning complete Listerism, but was in the minority, and, for all he knew, he might be still in the minority when he said he did not think the entire details of Listerism necessary in the treatment of wounds. He thoroughly believed in modified antiseptics which embraced cleanliness, removal of blood-clot, relief of tension, drainage, exclusion of air, good nursing, isolation, and increased practical experience of the surgeon. When ovariectomy was successfully performed under the spray and with the other details of Listerism, too much credit was given to the carbolic spray as an agent in reducing mortality; and he believed the successful results were attributable to modified antiseptic treatment. Having heard Mr. Tait's paper disclosing the success attending his abdominal sections without the spray, he was convinced that in these operations, at any rate, the carbolic spray need not be used.

Dr. ATTHILL remarked that he had come to listen, not to give his own opinion, which he shrunk from stating, when he heard a gentleman telling the Society he had opened the abdomen one hundred times. He had, however, opened the abdomen probably as often as any other Irish surgeon, and, therefore, he would express his views. When a man of such great experience as Keith, of Edinburgh, had completely changed his opinion, he did not think any one present should hesitate or think it wrong to change his opinion, if shown to be erroneous. He had letters from Keith not more than a year ago in which he stated that, under the spray, operation had become so absolutely safe that the surgeon could keep the abdominal cavity open for an hour or so. Now, however, Keith told him he was under a mistake, and that his previous experience was altogether altered. Having had a run of seventy or eighty cases consecutively of successful ovariectomy in which the spray was used, he had two or three fatal cases which he attributed to carbolic acid poisoning. Mr. Keith was incapable of saying a word that he did not believe to be absolutely true, and his experience was so extensive, and the care he took in his operations so great, that his errors were very few. Anything he had said, therefore, should be received with respect. Turning now to his own experience of the spray, it was not what he would have wished or expected. His first two ovariectomies were both successful. At the time these took place the spray was not used at all, nor he believed even heard of. The first one was exceedingly simple—the cyst turned out as a nut would from its shell, and the patient got rapidly well. Dense adhesions had to be separated, but the cyst was removed, and the patient got well without a single bad symptom. These were two as successful cases as any man could have. Since he became attached to the Rotundo Hospital he had performed thirty operations or more of ovariectomy, in nearly every one of which, but not all, he had used the spray. As far as his opinion went, he did not see any very great difference in the results, whether the spray was used or not; but for some time past, and before Listerism began to go a little out of fashion, for the last six months, he had come to the conclusion that there were certain definite objections to the use of the spray in abdominal section. The chief objection was the extreme coldness produced in the abdominal cavity. His own hands were cold; the intestines were cold; and the chill was enhanced, not by the carbolic acid, but the spray playing on the abdomen. Hence, he removed the spray to a distance to prevent it from falling on the abdomen at all. In one case he observed symptoms which led him to believe that there was also carbolic acid poisoning; but that case was an exceedingly bad one, almost hopeless, and that the patient sank rapidly and died; was not to be wondered at. On the whole, as far as he was concerned, he hailed with satisfaction the idea that the carbolic acid spray was not necessary. It was most irksome to an operator and produced extreme coldness on the abdomen, and, as far as his experience went, it was not at least absolutely essential. As to whether carbolic acid should be used in cleansing the sponges he was not prepared to give an opinion, but it appeared to him to be beneficial to use a weak solution.

Dr. FITZGIBBON considered they should all speak with a certain amount of diffidence to the opinion of Mr. Lawson Tait, as there was not a surgeon in Dublin who had anything like his experience of abdominal section and ovariectomy. But he was old enough to remember the time when, in Dublin, ovariectomy was looked upon as almost certain death to the patient, and there was no surgeon in a

general hospital who would face the operation. Now, however, it was his good fortune to see the operation performed successfully over and over again in Dublin within the last few years under the carbolic acid spray. He had had four cases himself, all of which he operated on under the carbolic acid spray, and all did well. He believed his first was the first case in which ovariectomy was done in Dublin under the spray. In another of the cases there was a suppurating cyst which burst into the abdominal cavity, and yet the patient recovered. On the other hand, he could not recall a single instance of a recovery in a general hospital in Dublin from ovariectomy performed, within the last five years at all events, without the assistance of carbolic acid spray. In this he might be wrong; but certainly he had never been present himself at any operation—and he had witnessed a great many—in which recovery followed that it had not been carried out under the spray. He thought the profession in Dublin would admit that the introduction of Listerism in this particular operation had been followed by an amount of care in the minutiae and success in the results never attained before, and he should be sorry to see the carbolic acid spray cast aside in Dublin, even upon the authority of so successful an operator as the distinguished visitor.

Mr. WHEELER said he would not enter into the subject of whether Listerism really carried out what it proposed, whether it destroyed germs, or whether germs were not found in the cases where the spray and gauze had been used just the same as in those cases treated without Listerism. But coming to the subject of abdominal surgery, he had not had great experience in it, nor had his results been as successful as Dr. FitzGibbons's, though he thought he had used the carbolic spray before the cases alluded to by him. He took every precaution to have Listerism carried out most accurately as Lister described it; he had had two sprays going, and the operation passed off favourably and well. But without any reason, or any cause that could be ascertained, the patient suddenly got quick pulse, suppression of urine, and death followed at three o'clock the next morning after the operation. For a long time he could not think what was the cause of this. He attributed it to accumulated shock, such as was described by the older surgeons. He thought, however, she died from the spray. Without entering into his own experience in abdominal surgery, they had the experience of Keith and Spencer Wells, of Mr. Baldwin, and Dr. Bantock. Indeed, Dr. Bantock had stated that since he commenced to lessen the carbolic acid spray, so as to make it incompatible with Listerism, he obtained better surgical results—less surgical fever, his temperature did not run so high, and he had more even recoveries. At the last meeting but one of the Society he emphasised this point that when he reduced the strength of the spray to be incompatible with Listerism, the temperatures were not so high as when the spray was used in accordance with Listerism. Again, in the *British Medical Journal* for Dec. '80, or Jan. '81, Spencer Wells states his opinion that experience has a good deal to do with success, and that in peritoneal operations he had greater successes without, than with, the antiseptic method. Add to that Keith's expression that his patients were so near dying he was forced to give up the spray. But, moreover, Lister himself had stated that, under careful hands, he thought the spray might be given up in ovariectomy, and he had no doubt the peritoneum could take care of its own exudates. These were his words with regard to abdominal surgery. Without taking up more time, he thought it was clear that Listerism did not carry out what it was intended to do and as claimed for it by, he might say, without meaning to be offensive, the partisans of his practice. Cheyne showed that Listerism failed to destroy the bacteria or germs floating in the air, since they were found in the suppuration of the wounds in spite of the spray, which was supposed to wash the air of them. True, some said they were not to have any suppuration in Listerism, but Lister himself did not state that. What they really had to thank Lister for was, that he had impressed upon them more cleanliness than they practised before. Drainage was the essential part of Listerism, but it was not Lister who first brought it forward. They all knew that if they had sufficient drainage they would not have bacteria—at least, bacteria could not live in wounds of a certain density. The bacteria would be harmless, as stated by Naegeli. His own experience was as he had observed—that his temperatures ran higher under Listerism than under the ordi-

nary treatment, and he was fortunate enough to publish a paper stating his views on the point before Bantock's, which appeared about the same time, coinciding with what he had put forward.

Mr. CORLEY admired the moderation with which Mr. Lawson Tait had stated his case, supported, as it was, by extraordinary statistics and experience. He had not, however, heard any discussion of his arguments. Mr. Lawson Tait commenced by an admission of the germ theory. That was a most important point—the admission that the germs, when introduced into the human organisation, were capable of producing disastrous consequences.

Mr. LAWSON TAIT.—Only in dead tissue.

Mr. CORLEY.—Into the living tissues when dead tissue is in contact?

Mr. LAWSON TAIT.—No. The tissue must be absolutely dead.

Mr. CORLEY.—And not in contact with the living?

Mr. LAWSON TAIT.—I have nothing to do with that. That is another question.

Mr. CORLEY said it was an important matter. Mr. Lawson Tait introduced gallons of water into the peritoneal cavity in which he found cysts of abscesses and quantities of pus. He was not certain whether or not Mr. Lawson Tait would hold that those quantities of pus were still living material. But his practice was not in accordance with his admission of the germ theory of putrefaction and its results. That seemed to be a weak point in Mr. Lawson Tait's admirable paper. It seemed as if Mr. Lawson Tait was adopting the system of modified antiseptics which had been described. In defence of Lister, he did not think Lister claimed as much for the Listerian system, spray, &c., as some of his opponents attributed to him. It would seem, from the observations of some of the speakers, that the use of the spray was intended to supersede experience, dexterity, and, he thought, even brains. But Lister never meant that, and any one who heard him speak on the subject would be satisfied that his modesty was equal to the amount of industry he had exhibited and the advance made by his method, whether the correct one or not.

Dr. MACAN said his experience was also limited. All the details of Listerism might not be necessary, and that increased experience would enable them to eliminate some of the details there could be no doubt. At the same time when they looked to the germ results and pyæmia before Listerism was introduced, and the increased success in ovariectomy by about 400 per cent. more than before, it should be acknowledged that Listerism had a wonderful effect in regenerating surgery. What were the exact essentials of Listerism required to be seen, and the most important point, therefore, was to find out how much of Listerism could be eliminated without throwing the whole of it away.

Mr. THOMSON said anyone who had taken an interest in the discussions that had taken place concerning the subject of antiseptic surgery must have been struck by two things—first, the pertinacity with which the attacks have been made upon the method, and secondly, the fact that the opponents of the system were not always logical. In the first place, they admitted certain things—they admitted that there were germs in the air. (Mr. Darby, No.) Some of them did, at all events. They admitted that those germs had a certain influence upon dead animal matter. But when pressed into a corner, though having granted the premises of the argument, they at once refused to accept the consequence. They refused to adopt what were, to his mind, the strict logical conclusions which followed. Mr. Lawson Tait was no exception to that class of opponents, through the whole alphabet of them, from Mr. Savory down to Mr. Wheeler. Mr. Lawson Tait did believe in germs, and did believe in their effect, but, strange to say, he did not believe in septicæmia. "The terms septicæmia and septic peritonitis," he said, "are simple nonsense."

Mr. LAWSON TAIT.—I did not say that. Read the context.

Mr. THOMSON.—Mr. Tait wishes me to read the context. In one of his pamphlets he used these words, "The terms septicæmia and septic peritonitis, for which Mr. Spencer Wells is mainly responsible, and which have appeared in the mortality column as the explanation of the deaths after ovariectomy, are simple nonsense." As to the subject of septicæmia, he supposed Mr. Lawson Tait had read a series of papers from the pen of Marion Sims in the *British Medical Journal*, and his experience in abdominal surgery would not be questioned. Sims was very emphatic on this, that patients

have been dying from the beginning of time, as to whom the cause of death has been attributed to peritonitis, though, in reality, they died of septicæmia. Mr. Lawson Tait had, in one of his pamphlets, also said that he had succeeded in bursting the very largest and the most attractive bubble ever blown in connection with surgery, and that was Listerism. It was only natural, therefore, that when Mr. Lawson Tait had a bubble of his own to blow, there should be some examination of the conditions under which that process was effected. The first series of fifty ovariectomies that that gentleman published were done non-antiseptically, and the result was a mortality of 38 per cent. He found in a pamphlet by Mr. Knowsley Thornton that that was a mortality greater than any other British surgeon had ever achieved. In the second series of fifty ovariectomies, which Mr. Lawson Tait performed antiseptically—i.e., with the antiseptic precautions of Lister—the result was, that instead of having a mortality of 38 per cent., it fell to 6 per cent. He did not know the result of the third fifty; but the Society had heard the extraordinary success Mr. Lawson Tait had achieved by his process of elimination. He had laid particular stress upon the actual method which he described, attributing his success, first, to the treatment of the pedicle; secondly, to his increased personal experience; and thirdly, to a general improvement in the conditions under which the operations were performed. The question of experience came in at once. There was no doubt that experience had a great deal to do with all operations, whether abdominal or not. But Mr. Lawson Tait would not feel flattered if he were described as an ordinary surgeon—he was a very distinguished surgeon, of very great perception and observation, and of audacious enterprise, at all events. What would Mr. Lawson Tait do with the men who had merely to perform one or two operations in the course of their lives? or half a dozen, or even twenty?—how were those men to arrive at the experience which he had attained through several hundreds of operations? Were they to experiment on the abdomens of women, and pour in buckets of water, and do all the other things which Mr. Lawson Tait did. Mr. Lawson Tait had succeeded in obtaining his results by that process; but one of the main causes of his success he had set down as experience. Looking to the experience of surgeons who had but a small field of operation, they obtained by the antiseptic method as great a success. Mr. Tait considered that it would be dangerous as attended with too much mortality to perform the operation in general hospitals. But the experience of some surgeons present, who belonged to general hospitals was, that with the antiseptic precautions of Lister, the operation might be successfully performed. In the Richmond Hospital, for instance, where all kinds of surgical cases were taken in, since they began to use the Listerian method, they had succeeded in obtaining excellent results. Of eight done under the Listerian treatment, seven recovered. The patient that died had been frequently tapped, and was brought up from the country practically in a dying condition. Every one of the other seven—and one of them was the removal of the uterus—recovered; and every one of Dr. Fitzgibbon's four recovered. In the *Edinburgh Medical Journal* lately, Dr. Angus McDonald gave fifteen cases antiseptically done with two failures, which were explained. In addition to these, he had a letter from Mr. Lister stating that Hector Cameron, of Glasgow informed him that eight ovariectomies "have been performed during this winter session in the densely-crowded operating theatre of the Western Infirmary (in connection with the University). Two of these cases were Dr. Cameron's first ovariectomies, and four of the others were by a comparatively young surgeon. Some had been very bad cases, but all the eight had recovered; a contrast in results with those of former practice in Glasgow, which Dr. Cameron could only ascribe to the use of antiseptic means, including the spray." Then, Mr. Knowsley Thornton, of the Samaritan Hospital, London, mentioned that of the last fifty cases, some of which were done as Mr. Lister informed him by a young surgeon, only two cases died, and these were both cases of malignant disease. All these were done under the spray. If they were to follow Mr. Tait's argument, the want of experience in some of these operators ought to be felt in those cases, yet they had been uniformly successful. A great deal of capital had been made of Mr. Keith's recantation. But in the paper originally published on the subject, Keith laid down that the spray was neither

troublesome nor inconvenient, and tabulating the results that he had obtained from Listerism he stated—first, that it had lessened the mortality; secondly, its increased safety would encourage medical men to recommend earlier operation which few now did; thirdly, with antiseptic ovariectomy, the drainage tube would not be nearly so often required; fourthly, convalescence was rendered easier; and, fifthly, antiseptics were a great comfort and relief to the operator. After 80 operations done by the antiseptic method, without a single death, Keith had the misfortune to get some cases of what he thought were carbolic acid poisoning. Terrified by the result, he argued from a small experience to a universal conclusion, abandoned the spray altogether, and condemned Listerism. Now, in St. Bartholomew's Hospital, it was a notorious fact that before Listerism was adopted in the wards in which the gynecological cases were treated, there had been a very serious mortality in ovariectomy, but when the operator (Mr. Smith, he believed it was) adopted that method—and Mr. Lister informed him that he had Dr. Matthews Duncan's authority for stating it—"they had had excellent results, a change which they could only attribute to the introduction of antiseptic measures." There was a general hospital where both plans were tried; and Mr. Tait would acknowledge Mr. Smith's ability, and that he did his best for his cases. They could judge of the results. But the question to be decided in connection with antiseptics was not so much the number of cases that recovered out of the number treated, as how many they were able to save out of the number that had a tendency to death. There was always a large margin of persons who recovered naturally, whether treated antiseptically or the reverse. But the question was what were they to do with the margin of people who had a tendency to die? That was the point on which antiseptic surgery had done its best. It might be that in the salubrious and calm air of Birmingham there were better conditions for good results from the opening of the abdomen; but in the disturbed atmosphere of Dublin he did not think they had reached a condition in which they would be justified, whether as general surgeons or gynecologists, in setting aside all those precautions, and adopting at once the method which Mr. Lawson Tait had brought forward. There was no doubt the results were very brilliant; but then it was another question whether they would accept the lesson which he wished to teach, and which he (Mr. Thomson) thought a dangerous one, and whether that lesson would lead at once to the success which he had attained.

Dr. HENRY KENNEDY mentioned that Spencer Wells had gone on rapidly improving long before carbolic acid was introduced, and he was lessening the mortality in his operations. So there must be something besides carbolic acid to produce the result.

Mr. KENDAL FRANKS remarked that at the International Congress Mr. Lister mentioned that the great successes attained by those who had given up the antiseptic treatment were due to the great experience of the operator and his careful attention to details. Hence the surgeons who had not the experience of Keith, must avail themselves of methods which would supplement to a certain degree, if not replace, that great experience. Carbolic acid as an antiseptic was a crutch, and he was not ashamed to lean upon it. Up to the beginning of last year his experience of antiseptic surgery was not very prominent—he used it to the best of his knowledge with results which he did not think he could obtain any other way. A friend of his from Vienna, who had seen Billroth using it, told him that Billroth thought little of the carbolic acid spray; but what struck him as remarkable was the trouble Billroth took to wash thoroughly the part with carbolic lotion. From the beginning of 1861 to the present his experience of antiseptic surgery had been completely revolutionised. He had observed the greatest care in washing the part thoroughly with carbolic solution before beginning to operate, and he had seen union by first intention in a great many cases where there were large wounds.

Mr. CROLY said he had only a limited experience of abdominal surgery. He had good results in ovariectomy before the introduction of antiseptics as well as after; but he did not wish to confine his remarks to that branch of surgery. The point to which he wished specially to draw attention was in connection with erysipelas and blood-poisoning in the same wards, and under the same conditions, before antiseptic surgery was adopted, and since. When a

student at the hospital of which he was now surgeon, having been successively resident pupil and resident surgeon, he had had an opportunity of observing all the cases admitted. Erysipelas and blood-poisoning were the greatest dread of the surgeon in all cases of operation. Now, however, he could not call to mind the day when he saw either erysipelas or blood-poisoning follow an operation. This was a remarkable fact that the temperature following his operations did not rise. He was no more wedded to Listerism than to any other ism; he was prepared to give up the spray, and all the precautions now so successful in his hands, and to adopt Mr. Lawson Tait's method, if he thought he would have the same result; but he could not let the statement pass uncontradicted that there was greater cleanliness in surgery in 1882 than in 1852. He did not know when he saw blood-poisoning; and such was his confidence in antiseptic surgery, that, though a boy in the ward had erysipelas of the face, he went on with antiseptic operations there. Mr. Lawson Tait's experience which he had detailed did not extend to amputations, excisions, &c., and had he adopted his plan in general practice the question was would he be so great an advocate of it still?

Mr. O'GRADY rose in the cause of truth to say that he had personal experience of the hospital alluded to, and Mr. Tufnell would bear him out when he asserted that erysipelas and blood-poisoning were not rampant. Into Mercer's Hospital, with which he was connected, erysipelas was frequently imported, and it was a very rare thing—not twice a year—for a case of erysipelas to occur in the wards. He could not recollect two cases in six years. He would not place a case of fresh operation purposely next an erysipelas case, but the hospital being small, they had no choice, and he would not feel a bit uneasy. He had not seen erysipelas spread, and he believed the danger of it was very much overrated. They did not practise the Listerian system much in his hospital, and in one or two cases in which it was practised the result was pretty much the same.

Mr. LAWSON TAIT replied. He was gratified at the reception of his remarks, because he came there with the expectation of being, like Mr. Ormsby, in a minority of one. He had not the faintest notion that his views would have been accorded he would not say support, but partial agreement. There were two or three points that had been touched upon by nearly all the speakers, so he would deal with them in a lump. It was perfectly clear from the frank way in which experience of failure as well as of success had been stated they had a far different way of dealing with cases on this side of the channel from the other, where it was too much the custom to say nothing about failures. Mr. Lister had to go to Glasgow to get an illustration of eight ovariectomies done successfully with the spray. But thousands of cases in general hospitals could be published which had died; and he could cap every successful case of Lister's ovariectomies with ten unsuccessful ones. He could not, in the interests of professional decorum, say anything about those cases, as the operators had not published them; if he did, it would be said that he wanted by so doing to bring grist to his own mill. It was sometimes, however, tempting to reply to a man in quoting successful cases; but he had never been drawn into a breach of professional decorum. They had a curious way of working at Bartholomew's, thinking, seemingly, that ovariectomy was a butchery that ought to be done by anybody, and it was performed by the junior surgeon. Mr. Smith had a fair success, and Mr. Willet had a remarkable success. Two of his colleagues, however, did not attribute it to any antiseptic proceedings in a haphazard way, but to Mr. Willet's special power of operating, and the fact that he has had a larger number of cases than any other surgeon in Bartholomew's. He was asked what he should say to a man who had only the chance of doing three or four cases? He should repeat *Punch's* advice to those about to marry, "Don't." Here again he might be accused of bringing grist to his own mill. Dr. Atthill was credited with a large experience in abdominal surgery. Speaking for himself were he a surgeon of a general hospital and asked to perform the operation he would not do it—the game was not worth the candle. A man in England attached to a general hospital in a country town getting a case of ovarian tumour said to himself: "If I do this case there is no credit, of course the patient will get well." If I do it and she does not, there is an awful row; it ought to have gone to Spencer Wells, Keith, or some one else." He could quote large hospitals where hundreds of amputations were done, but where they refused to do ovariectomies.

The other point was a question of his own experience, and that had been dealt with perfectly fairly by Mr. Thomson and he was only surprised that Mr. Thomson did not make rather a harder use of the facts than he did. His first fifty cases had 38 per cent. of mortality, and nobody regretted that more than he did himself. He knew the cause of it: they were nearly all the clamp. In the second fifty they were nearly all intra-peritoneal. The hospital was an old house, altogether unsuited for the purpose, and killed a good many of the patients, and it was his own fault in others. He left the sponge in one abdomen. It was not his fault either, but the assistant's, who tore the sponge in two. But the great mortality in the thirty-eight was certainly the clamp. Dr. Henry Kennedy was not quite right about Spencer Wells, who never ran much, if at all, under 20 per cent. of mortality until he gave up using the clamp, and began using the intra-peritoneal method of Listerism. He did 137 or 157 cases of intra-peritoneal ligature. The line of conduct he pursued was open to very grave objection. Baker Browne began long before Wells, and he had forty cases with four deaths. After that Spencer Wells went on for twelve years using the clamp. Possibly, if Spencer Wells had never touched the clamp, ovariectomy would be the better for his services. Dr. Lombe Atthill had alluded to the cold produced by the spray. He found that such a serious matter that he had a contrivance by which the temperature of the spray never went below 92°, or very little less than that of the body, so that in his experiments that point was not a source of failure. It would occupy too long to go into the question of septicæmia and septic peritonitis. In the details he had given, the cause of death ought to be death from clamp all the way through. If the ligature had been used instead of the clamp the patients would have lived. Hence, what he meant by saying septicæmia or septic peritonitis was nonsense, was that to say that was the cause of death was the nonsense. The use of the clamp, that was pointed out years and years before by Baker Brown to be a wrong thing to use, was what he called nonsense. Mr. Croly had alluded to erysipelas. Here was another difficulty about the Listerian system. Lister was attached to King's College Hospital. He (Mr. Tait) wrote a book on hospital mortality, and of every hospital in the kingdom that published results, King's College Hospital, one of the largest medical schools, was the hospital about which no return could be obtained. He had been with the governors and had threatened them with letters in the *Times*, and done everything that moral persuasion could do to obtain some statistics, but he could not get them. He was told that, for eight weeks at the end of 1880, King's College Hospital—though you could not open the doors without getting a smell of carbolic acid enough to knock you down—was closed because of erysipelas. That might be true or not, but it was the gossip of London. He had been unable, however, to get anything like statistical details. Unless statistical details could be given of general surgery like the accuracy with which it was given in abdominal surgery, he was not prepared to accept mere statements, even when coming from Lister. During last autumn every bandy-legged child in the backyards of Birmingham had had its tibia divided by a chisel and mallet, but it was now given up. He no longer heard of children having their bones divided.

Mr. CROLY.—They are all cured.

Mr. LAWSON TAIT said they were not. They had been dying of pyæmia in spite of Listerism. In Glasgow, where this line was persistently carried out, one surgeon told him he had done as many as 300; but one of his favourite pupils was now giving the whole thing up. He heard of a surgeon who operated by the Listerian method on two children for stone in the bladder. In the first case he opened the peritoneum by mistake. Turning to the pupils, he said it did not matter, it had been done under the spray; but the boy died of septic peritonitis. In that way, and in the same hands, the incident was repeated, although the gentleman concerned had published contributions in which success was the only remark. The event in question had never seen the light; but that sort of thing was not fair. They ought not to hear altogether of the successes, and hear nothing of the failures.

The Society then adjourned.

FLEET SURGEON WILLIAM ANDERSON, principal Medical Officer at the Royal Marine Depot at Walmer, died at his official residence on the 15th inst., from acute rheumatism.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 22, 1882.

THE LAMSON CASE.

THAT any other verdict than that which declared the prisoner guilty of a foul and premeditated murder could have been the final result of the Lamson trial, no trained, unprejudiced reader of the wonderful scientific evidence could possibly doubt. All that could be done on behalf of the accused man by a brilliant and eloquent advocate was done to ameliorate the damning character of evidence which carried conviction to the minds of the jury; but nothing could weaken the irresistible strength of testimony contributed by Nature's unanswerable response to experimental inquiries. The case, indeed, must rank in the future as the most remarkable and instructive of any that have engaged the attention of medical jurists. It has served to demonstrate with startling clearness how definite, how decisive, how subtle the science of physiological chemistry has become in the hands of its most competent living teachers; and with the sorrow we are compelled to experience at the spectacle presented by a member of the noblest of all professions arraigned on a charge the most hideous conceivable, is mingled also a feeling of triumph that the very profession thus publicly outraged has contributed the witnesses whose evidence secured the murderer's conviction. To Dr. Stevenson especially must be accorded the most unstinted praise. Not only did he conceive and carry out a series of masterly experiments to prove the nature of the poison administered to Lamson's unhappy victim, but even in the witness-box, subjected to searching cross-examination by one of the most skilful defenders at the bar, he maintained the dignity and infallibility of the science he so worthily represented. The

position he occupied was, moreover, one of unusual difficulty. The whole array of facts presented by him was of a kind to receive no support from antecedent research; while each and all depended on the strictest reading of scientific results.

An occasion of this sort is perhaps the most favourable that could offer for trying the real worth of the unassisted testimony of the laboratory; it has most indubitably shown the reliability of such evidence to a majority of thinkers; but, notwithstanding, there are signs already of willingness on the part of a few to gainsay the results achieved. By-and-by, when the heat of the moment gives place to calm reason, we doubt not that regret for momentary mistaken enthusiasm will be felt by such objectors, and especially do we venture to think that those who have availed themselves of the daily press to give utterance to adverse opinions in this connection will be sorry for the haste with which they rushed into print in conflict with such unanswerable arguments as were advanced by Dr. Stevenson at the late trial. We cannot forbear reference here to a letter contributed to the *Echo* newspaper of Saturday last by Mr. J. Alfred Wanklyn, a chemist of deserved reputation in some respects, but hardly such as to justify him in attacking the evidence of chemists who enjoy at least an equal eminence with himself. In the letter referred to, Mr. Wanklyn has the courage to assert "The extreme uncertainty of the taste-test in this and analogous instances is a matter of notoriety amongst chemists, and nothing is plainer to me than that the conditions under which alone any kind of reliance ought to be placed in such tests have not been complied with." This is certainly a grave accusation to bring against the witness on whom the onus of proving the presence of aconitine in the dead body chiefly rested, and taken with a preceding sentence in the same letter, it places the writer in a somewhat invidious position. After describing the evidence at the trial as unsatisfactory, Mr. Wanklyn proceeds to "state his opinion that the presence of aconitine has not been made out to the satisfaction of persons who have special knowledge on these subjects." We may perhaps be permitted, without undue inquisitiveness, to inquire who are the persons here spoken of? If Mr. Wanklyn is cognizant of deaths produced by poisoning with aconitine he enjoys a unique experience; if he is not, no "special knowledge" on the subject can be claimed by him, since information directly gained is the only "special" knowledge here admissible. During the trial there were, fortunately, no distressing conflicts of "expert" testimony witnessed, and we can now perceive with greater clearness the justice of the decision which refused leave for any such volunteered service. To the mind of every competent chemist the presence of the alkaloid aconitine was proved in the clearest possible fashion, and we trust that Dr. Stevenson will not be prevailed upon now to enter on a paper warfare in defence of his conclusions. In any case lay papers cannot be regarded as a proper medium for correspondence on this matter, nor do we think anyone with the interests of science and justice really at heart will take such means of obtruding his theories of the case.

The trial is calculated to have an important influence on the question of experimenting on animals for purposes of research; and it may, not improbably, awaken the dying

energies of anti-vivisectionists in one last effort to stir afresh popular indignation against the advance of truth. Their inaction of late, however, would seem to indicate despair of doing further injury by their mischievous exertions; and if this be so, we shall escape the usual flood of nonsensical literature which was formerly the invariable sequel to every publication of a physiological experiment. Whatever tactics, however, may be pursued by this party of obstruction, the utility of such experiments, apart from the discoveries they may lead to, can no longer be denied; but for them the only unanswerable proof forthcoming of a murderer's guilt would have been wanting; whereas, now, through the sacrifice of a few insignificant mice, unerring testimony to the commission of an iniquitous crime has been obtained.

In another connection, also, the Lamson trial will not be without its good results. Dating from it, we may expect to find the history of cadaveric alkaloids will be more fully investigated; and although in this particular case none of the conditions essential to their existence were fulfilled, it will not be without some advantage by stimulating inquiry into a very important and at the same time all but unknown class of decomposition products. In the whole masterly structure of the defence there was no more ingenious point raised than this of cadaveric alkaloids. Against the possibility of any reliance on it, however, were three fatal objections, which effectually and for all disposed of it. These were that the body of the murdered boy was not decomposed when the poison it contained produced fatal effects on animals it was injected into; that the vomited matter, preserved in alcohol, and thus free from decomposed substances, gave indisputable proof of aconitine; and that we have no proof that cadaveric alkaloids are capable of producing the physiological effects of normal vegetable alkaloids.

Application has been made to the Home Secretary for a respite of the sentence passed on Lamson, on several grounds, among the reasons given being two chiefly interesting to us—viz., that the jury were not composed of medical experts, and the unreliability of the experiments made with mice. The first of these can need no serious consideration. The evidence was of a kind, more than is usually so in murder cases, to approve itself to the non-scientific mind. The symptoms of poisoning by aconite were carefully explained to the jury, and the evidence was such as to prove conclusively that these very symptoms were observed. Dr. Stevenson's testimony, moreover, was especially such as a child might comprehend; the only difference an expert jury would have made would have been to shorten the time in which the verdict was arrived at, and which even now is made one of the grounds of application for remission of sentence. Of the objection to the experiments made by Dr. Stevenson it is needless to speak further. No competent judge of their value and importance can hesitate a moment as to their weight; we venture to think none does so.

On every ground the Lamson trial will take rank as of high importance in a medico-legal sense; and as to the justice of its result we think no question can be raised.

THE FELLOWSHIP EXAMINATIONS OF THE IRISH COLLEGE OF SURGEONS.

AMONGST the reforms of system to which the Council of the College have devoted themselves within the past year, and to which we have referred from time to time, not the least important to the College is that with reference to the future Fellowship examinations. The scheme for an improved system has been under consideration by the Council and its sub-committee for some month past, and it has received last week the final approval by the Council, which makes it allowable for us to lay it before our readers. Heretofore it has been the rule of the College to impose the full measure of the examination set forth in the Bye-laws upon junior candidates for the Fellowship, but to grant certain exemptions to those who had been over ten years in practice. These concessions to seniority and proved experience went in the direction of making the examination more a practical, clinical, and operative test than a test of book-study and anatomical work, and this principle has been followed up in the new regulations to which we refer. These concessions to senior candidates were, however, not properly defined, but were left very much to the discretion of the examiners, and thus it happened that—according to the varying interpretation of the rules by different examiners—the examination came to be a very erratic test, and while some candidates were severely criticised by the Court, others were passed on a nominal examination. In order to define the procedure for the information of the candidate and the instruction of the examiner, the Council has graded the candidates into five classes:—

- a. The student who has no previous qualification.
- b. The L.R.C.S.I. who is of less than ten years' standing.
- c. The Licentiate of other Colleges of same standing.
- d. The L.R.C.S.I. of more than 10 years' experience; and
- e. The Licentiate of other Colleges of same period of work.

These grades will be in future examined as follows:—

GRADE I.—Candidates possessing no Qualification.—The examination shall extend over at least three days, the first two of which shall be devoted to the examination for the Letters Testimonial of the College. The third day shall be devoted to additional subjects required for the Fellowship. Candidates who do not pass the first two days' examination shall not be allowed to proceed to the third, but those who do pass shall be entitled to receive the Letters Testimonial of the College. No credit will be given for passing a part only of either examination. —**First Day, Division 1:** Written questions on Anatomy, Physiology and Histology, and *Materia Medica*. **Division 2:** Oral, Anatomy, Physiology and Histology, and Chemistry and *Materia Medica*. **Division 3:** Dissections. —**Second Day, Division 1:** Clinical Examination in Surgery; Clinical Examination in Ophthalmic Surgery. **Division 2:** Written questions on Surgery, Medicine, Medical Jurisprudence, and Prescriptions. **Division 3:** Oral, Surgery, Medicine. **Division 4:** Operations. —**Third Day, Division 1:** Further Clinical Examination on Surgery. **Division 2:** Written Questions, Pathology and Comparative Anatomy. **Division 3:** Oral, Surgery and Pathology, Comparative Anatomy, Histology and Physiology, and Therapeutics.—**Fees:** Registration, 5 guineas; special licence examination, 5 guineas; Letters Testimonial, 20 guineas—total for licence, 30 guineas;

additional for Fellowship, urban practitioner, 30 guineas; rural do., 20 guineas.

GRADE II.—*Licentiates of the College of less than Ten Years' standing.*—First Day, Division 1: Oral, subjects, Anatomy, Comparative Anatomy, and Histology and Physiology; Dissections.—Second Day, Division 1: Clinical Examination in Surgery. Division 2: Written Examination in Surgery. Division 3: Oral, Theory and Practice of Surgery, Pathology, and Theory and Practice of Medicine and Therapeutics; Operations on the Dead Subject.—Fees: Urban practitioner, 30 guineas; rural do., 20 guineas. £10 10s. to be retained by the College in case of rejection.

GRADE III.—*Candidates of less than Ten Years' standing possessing Qualifications,* shall, if admitted to examination, be examined according to Grade II., but pay same fees as Grade I.—Fees: Urban practitioner, 50 guineas; rural do., 40 guineas.

GRADE IV.—*Licentiates of the College of more than Ten Years' standing.*—First Day, Division 1: Oral, Surgical Anatomy; Operations on the Dead Subject.—Second Day, Division 1: Clinical Examination in Surgery and Medicine. Division 2: Written Examination in Surgery. Oral, Theory and Practice of Surgery, including the reading of written answers; Morbid Anatomy.—Fees as in Grade II.

GRADE V.—*Candidates of more than Ten Years' standing possessing Qualifications in Surgery of other Bodies.*—Such candidates shall, if admitted to examination, be examined according to Grade IV.—Fees as in Grade III.

Notes on Current Topics.

Another Hospital in the Courts.

WHAT an evening paper styles "Serious Allegations" were on Saturday made against the authorities of the Children's Hospital in Great Ormond Street, by a woman at Bow Street Police Court. According to her statement before the magistrate, her child was, on the 7th inst., taken seriously ill, and she took it to the Great Ormond Street Hospital at nine o'clock in the morning. She stayed with it until twelve o'clock, but she was obliged to leave then, as she had some work to attend to. She returned to the hospital again between six and seven o'clock, and inquired after her child. She was asked her name, and upon giving it she alleged that the official denied that such a child as she described was there. She insisted, and he blew up a speaking-tube, and inquired of some one above. The same reply was given. Subsequently she returned again, and it being then discovered that an error had been made as to her name before, a Sister saw her and told her the child had died soon after admission. She was not permitted to see it then, but on the day following, having provided a shell for it, she took the body away; and on examining it, found "it had been cut open and sewn up again, and all its hair cut off." The reply to the charge on the part of the hospital was, as might be expected, that full permission was accorded to the mother to see her dead child, but that she was dissuaded by a friend. On her return, however, she demanded to see it, but was then refused, because the post-mortem was in progress at the time. An examination of the body was absolutely necessary to determine the cause of death, the child having been moribund at the time of admission. Certainly it could not have been buried without this; and the mother having made no

objection to it, it was naturally proceeded with in due course. As the matter stands now, Mr. Flowers has undertaken, on receiving a formal information embodying the whole facts of the case from the mother of the child, to consider the question of granting a case for a civil action against the hospital, on a charge of illegally performing a post-mortem examination. We cannot, of course, venture to express any opinion on the subject under the circumstances, but we may be permitted to hope that the vast importance of duly certifying causes of death in all cases, will be held in view in connection with the possible annoyance to which the hospital authorities may be submitted by a successful issue to the application.

More Unqualified Practice.

ON Friday last Mr. Langham held an inquest at Camberwell on the body of a clergyman alleged to have died from treatment received at the hands of an unqualified man named Smyth. This self-elected representative of surgery described himself as a Graduate of Queen's University in Ireland, a student of Medicine at St. Thomas's Hospital, and *resident medical officer* to a dispensary in Kennington. He was not registered, but as a set-off to this trifling formality, he had devoted many years to the study of medicine, and *had been consulted by registered medical men.* Moreover, he had a brother in a large way of practice as a medical man, with whom he had often studied, and who sometimes enjoyed the invaluable advantages of his assistance. Finally, he admitted that his door was decorated with a plate bearing the mystic legend, "Smyth, Surgeon;" but that it had been removed since the commencement of the present inquiry.

We are glad to record that the coroner's jury testified their appreciation of this unblushing impostor's performances by returning a verdict of "manslaughter" against him, when he was given into the custody of the police. We are sorry, however, to add that, as the man was being led away from the room, a number of medical students who were present during the hearing submitted him to rough treatment, and pelted him with rotten eggs. We can—and do—cordially sympathise with these students in the disgrace of being associated with a person who could act in the dishonourable way attributed to the prisoner; but the body he thus outrages would much better consult its dignity and importance by treating him with the silent expression of contempt he so richly merits, than by the very active mode of disapproval that was adopted. It is satisfactory, however, in any case to reflect that a man who has, by his own showing, been for years trading on the ignorance of the people, and making pretentious display of that to which he possesses no claim or title, has at last met with a check to his dishonest career; and we sincerely hope that no technical quibble may avail to effect his escape from substantial punishment of his performances.

SCARLET fever is still very prevalent in New York, where 91 deaths from this disease were recorded in the last weekly return. Forty-two deaths from diphtheria in Berlin, 50 from typhus in St. Petersburg, and 62 from diphtheria and croup were registered in Paris during the same period.

Bagshot House.

BAGSHOT HOUSE, the residence of T.R.H. the Duke and Duchess of Connaught, whence the Duchess was removed to Windsor Castle soon after her late accouchement, seems to be a very nest of sanitary defects. Dr. Playfair has published a detailed statement of deficiencies exposed by sanitary engineers specially deputed for the task, and it is an amusing commentary on the boasted excellence of "perfect sanitary arrangements." The house is a new building, said to have been erected with a view to embodying every modern improvement in drainage, &c., and the result has been to produce the most ingenious construction possible to be devised with a view to converting a dwelling-house into a hot-bed of disease.

Diphtheria communicated by Cats.

DR. WILLIAM BUNCE, of Oberlin, O., sends a report of the following cases to the *New York Medical Record*, March 4:—On May 1, 1881, he was called to see a boy four years of age, of German parentage, and one of six children; he was found to have diphtheria. On the following day the youngest daughter, two years of age, presented symptoms of the same disease, and on the next day the father and two more children were attacked. After this date all the other members of the family, except the eldest boy, contracted the disease. A thorough examination of the house elicited no source of contagion, but in the barn a cat was found having the characteristic lesions of diphtheria. On inquiry, he ascertained that this cat during its period of sickness had been played with by the children. On August 20, 1881, he saw, with his son, Dr. W. C. Bunce, a lady, eighteen years of age, who had diphtheria of a very severe type, which terminated fatally on the third day. In a short time the disease developed in the mother and remaining two daughters. A half-grown cat in the room was found to have well-marked diphtheritic membrane in the throat; it was also ascertained that its mother and four other kittens had been in the same condition. The girls had endeavoured to cure the cats by removing the deposit, in this way exposing themselves to the contagious influence of the disease. After the recovery of these cases, and the removal of the diseased animals, the spread of the disease ceased. He thinks it fair, therefore, to conclude that the diseased condition of the cats was the cause of the diphtheritic manifestations in the cases reported. Mention is made of these cases as they are of importance in the consideration of comparative medicine.

Saturation of Walls with Miasmata.

In the course of some observations recently made by Professor Doremus before the New York Academy of Medicine, he narrated how thirty years ago the north wing of the old New York Hospital became unfit for use, in consequence of its walls having become saturated with disease through the reception of a large number of ship-fever patients. "Ventilation was tried, but in vain. The walls were scraped but many of the workmen sickened, and one at least died. At the Lincoln County Hospital the walls became magazines of disease in the same way. They were gutted and replastered, but it did no good. They then were treated according to the Hebraic system, and torn

down to the very foundation. A few years ago, certain wards in Bellevue Hospital were found impure, causing pyæmia. At the request of the Commissioners of Charity and Correction, I attempted to purify them by the use of chlorine gas. I generated nearly three tons of this in these wards during many weeks. Every few months now the chlorine treatment, in a less vigorous form, is employed. Dr. James R. Wood stated, three years after the commencement of this treatment, that no case of pyæmia had originated in the wards since it had been adopted. I think that we are warranted in saying that, owing to the porous character of all walls and the decomposing power of certain gases, we can purify not only the wall but the very stones of any edifice, if only the treatment is heroic."

Registered Chemists and Druggists in Ireland.

WE solicit the opinion of our subscribers in Ireland individually as to whether it would be desirable to license in provincial towns a class of chemists and druggists who should be examined by the Pharmaceutical Society and registered as competent, and entitled thereby to make up prescriptions, but not to practise medicine or surgery.

The Ham Poisoning Case at Welbeck Abbey.

It will be in the recollection of our readers that some months ago a number of persons who attended an auction at Welbeck Abbey and partook of sandwiches for luncheon were attacked with symptoms of poisoning, and some of them died. In the recently issued report of the English Local Government Board Dr. Buchanan makes some interesting and suggestive remarks on the more important of the special inquiries made by the medical inspectors during the year. As regards Dr. Pollard's inquiry into the nature and circumstances of the Welbeck sickness, he notes that microscopical examination showed that the hams partaken of were infested with a peculiar and hitherto unknown bacillus; that this same bacillus was found abundantly in the kidney of a person who had died of the disease; that small animals fed on portions of suspected ham fell ill of a complaint very like that which had attacked the seventy-two persons affected at Welbeck; and that bacilli taken from two of the affected hams were cultivated in white of egg, with the result of endowing the cultivating fluid with the property of producing similar disease. But in the cases of intentionally produced disease, bacilli could not always be found in the diseased tissues. In the Nottingham epidemic, in the early part of 1881, it will be remembered that fifteen persons were affected. The case very closely resembled the Welbeck outbreak. One of the fifteen died, and microscopic examination discovered in his body abundant bacilli similar to those found in the Welbeck case, and inoculation and cultivation experiments gave almost exactly similar results.

A Probable Patent Medicine Bill.

In the House of Commons on the 1st inst. Mr. Warton announced that on the House going into Committee of Supply he intended to direct attention to the sale of patent medicines, and to make a motion in respect thereto. The House went into Committee of Supply, but Mr. Warton did not bring forward his resolution. He informs

us, however, that he has no intention of abandoning it, but will seek a favourable, though possibly not an early, opportunity of proceeding in the matter. His objects are (1) to call attention to the undue weight given to patent medicines in the popular mind, owing to some imaginary official guarantee associated with the Government stamp; (2) to call attention to the great danger to the public arising from the poisonous nature of many patent medicines; and (3) to suggest alterations in the laws affecting the sale of patent medicines so as to meet these objections.

Appointments to the Army Medical Service by Selection.

In the House of Commons last week, Mr. Gibson asked the Secretary of State for War whether, with regard to the Warrant of January, 1880, which directed that "(8) a public and open competition shall be held twice in the year, for the admission of qualified medical candidates as probationers, and that the number of appointments so competed for shall not be less than half of the number of vacancies which shall have arisen in the last completed half-year ending on the 30th June or 31st December," and that "(9) not less than half the number of vacancies shall be filled up by competition," he could state how many medical vacancies occurred in the half-year ending 31st December, 1881; and how many of such vacancies were filled up by competition at the last examination; and whether the terms of the Warrant, and the engagements it held out to candidates, had been satisfied.

Mr. Childers said that, formerly, when the medical service was not so popular as it is now, and it was difficult to fill the ranks by competition, it was considered desirable that the Secretary of State should have the power to allow some of the first appointments to be made by selection from some of the principal medical schools; but it was provided that at last half the vacancies should be filled by competition. The word "vacancies," of course, means the number of appointments which it is requisite to fill up. As a matter of fact, that power of selection has never been exercised. All the vacancies have been filled by competition; so that in the direction of the question we have gone far beyond what the Warrant requires. But I may add that there were in reality no vacancies to be filled in the half-year ending December 31st, thirty medical officers having been thrown upon our hands from India; and the gentlemen who succeeded at the last examination will be appointed to future vacancies as they occur from time to time. Therefore the terms of the Warrant have been more than satisfied.

The highest annual death-rates per 1,000 in the large towns last week from diseases of the zymotic class were:—From whooping-cough 2·5 in Bristol, 2·4 in London, and 2·4 in Brighton; from measles 5·9 in Blackburn, 5·3 in Norwich, 4·9 in Dublin, 4·3 in Preston, 3·5 in Manchester, and 3·3 in Brighton; from scarlet fever, 3·9 in Hull, and 1·8 in Cardiff; and from "fever," 0·8 in Portsmouth. The 36 deaths from diphtheria included 15 in London, 6 in Portsmouth, 5 in Glasgow, and 3 in Manchester. Small-pox caused 22 more deaths in London and its suburban districts, 4 in Nottingham, 1 in Bolton, 1 in Hull, and 1 in Edinburgh.

Recognition of Irish Pharmaceutical Chemists as Dispensary Apothecaries.

At the last meeting of the Irish Pharmaceutical Council Sir George Owens said a vacancy had occurred in the South Dublin Union for a resident apothecary for one of the dispensaries; and the dispensary committee had consented that an advertisement should be inserted for an "apothecary or pharmaceutical chemist." The Local Government Board had approved of the advertisement, which was the first recognition of the suitability of a member of the Pharmaceutical Society for such an office. Some of the members of the dispensary committee wanted to cut down the salary, but he (Sir George Owens) protested against that, and assured them that medical men would prefer a pharmaceutical chemist, because all they wanted was to have their own prescriptions made up. Accordingly, the remuneration for the office would be £125 a year, with house, coals, and candle-light.

THE returns of the Medical Officer of Health for Eastbourne give the exceedingly low death-rate of that town for the twelve months just ended at less than 13 in the 1,000. An analysis of the figures shows that 2 persons died over 90 years of age; 14 over 80; 31 over 70; and 52 over 60. Such a clean bill of health very few seaside towns in the Kingdom can show.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official weekly returns, as follows:—Calcutta 28, Bombay 29, Madras 46; Paris 31; Geneva 34; Brussels 23; Amsterdam 29, Rotterdam 30, The Hague 26; Copenhagen 28; Stockholm 25; Christiania 21; St. Petersburg 53; Berlin 23, Hamburg 29, Dresden 30, Breslau 30, Munich 41; Vienna 35, Prague 36, Budapesth 44, Trieste 37; Turin 29; Venice 34; Alexandria 34; New York 36, Brooklyn 25, Philadelphia 26, and Baltimore 27.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were—Birmingham 16; Oldham, Birkenhead, Plymouth 18; Salford, Nottingham 19; Hull, Portsmouth 20; Edinburgh, Bristol 22; Newcastle-on-Tyne, Liverpool 23; London 24; Glasgow, Sunderland, Sheffield, Cardiff, Huddersfield, Leeds 25; Bradford, Wolverhampton 26; Manchester 27; Leicester, Derby, Bolton 28; Preston 29; Halifax, Brighton 30; Norwich, Blackburn 31; Dublin 37.

Scotland.

(FROM OUR NORTHERN CORRESPONDENTS.)

"HOSPITAL APPOINTMENTS."—In our impression of the 8th inst. there is a paragraph on this subject relating to Glasgow, on which, we think, a strained interpretation has been put, and which, consequently, has caused, in certain quarters, reasonable offence. We repudiate freely the imputation of *personal animadversion*, and beg to state that it was the *system* which we intended to reflect upon. We have to express our regret that our meaning should have been capable of misunderstanding.

FEVER IN LEITH.—A fresh outbreak of typhus fever has occurred in Leith. The cases are not confined to one district of the burgh, but it has been ascertained that those affected have been in communication with the affected in other parts of the town. One of the cases is located at the Back of the vaults. Two patients were admitted to the Fever Hospital on the 16th inst., and orders were given for the removal to the institution of four others on the following day. No special cause has yet been assigned for the outbreak.

THE ABERDEEN MURDER.—James Munn, charged with the wilful murder of his wife at the High Court of Justiciary, Edinburgh, was found "not guilty" on Monday, the 13th inst., and consequently dismissed from the bar! We direct attention to this case as once more painfully illustrating the conflict of medical opinion. It cannot be too strongly insisted upon that when the life of possibly an innocent human being is jeopardised, medical men cannot be too careful in arriving at what they believe to be scientific conclusions. If medical men cannot agree as to whether certain lesions were caused by falling upon an upturned chair, or by a sharp cutting instrument, what value, it may well be asked, will the public attach to their opinions in matters involving more technical and more difficult details? Yet this is the position occupied by the medical witnesses in this case. For the prosecution the two local practitioners were of opinion that "the cause of death was hæmorrhage from wounds which were inflicted by a sharp instrument. . . . The wounds were both incised, clean-cut wounds, such as would have been caused by a knife. The injuries could not have been caused by falling on the chairs produced." For the defence, Dr. Keiller, Edinburgh, "was of opinion that the medical gentlemen who made the *post-mortem* examination had mistaken the supposed cause of the woman's death. So far as he could see from the report, the wounds might have been caused by falling on a chair." Dr. Joseph Bell corroborated, "there was nothing inconsistent with his experience to say that the wounds were not caused by incision, but by falling on a blunt instrument. The description of the wounds given by the medical men who made the examination was absolutely the description of wounds he had seen caused by accident. . . . If he had conducted the *post-mortem* examination he would have been very cautious in saying that the injury had been done by a sharp instrument. In fact, his opinion was that it had not been done by a sharp instrument." Such contradictory evidence as this is totally inexcusable; and it is a matter for congratulation that the prisoner was found "not guilty." Medical men should weigh well the enormous responsibility which attaches, in such cases, to their evidence, and endeavour to arrive at their conclusions in a spirit of caution and becoming gravity.

ROYAL MATERNITY AND SIMPSON MEMORIAL HOSPITAL.—The thirty-seventh annual meeting of the subscribers to, and friends of, the Edinburgh Royal Maternity and Simpson Memorial Hospital was held on the 14th inst. in the Hospital. There was a considerable attendance, largely composed of ladies, and Lord Provost Sir Thomas J. Boyd presided. After the meeting had been opened with prayer by the Rev. J. M'Murtrie, Mr. John Turnbull Smith, C.A., the secretary, read the annual report of the directors. Mr. Smith added that since the report had been written they had had an offer of £10 towards the extinction of the debt of £200 from a good friend of the Hospital, ex-Dean of Guild Craig; and Mr. Barbour, of Bonalrig, having kindly said that if they could raise £150, he would give £50 to make up the £200, the directors had set about it, and from a comparatively limited number of friends of the Hospital, succeeded in making up the

amount to £158 17s., so that with Mr. Barbour's £50 he was glad to say that the Hospital was now not one penny in debt. A vote of thanks was passed to the Ladies' Committee and the various office-bearers; and on the motion of Dr. Sandford, a special vote of thanks was accorded to Mr. Smith for his services as secretary. In moving that a similar compliment be paid to the Lord Provost for presiding, Dr. Moir took occasion to comment on the good work done in the visitation of outdoor patients by the nurses of the institution.

FUNERAL OF SIR C. WYVILLE THOMSON.—On the 14th inst. the remains of Sir C. Wyville Thomson were interred in the churchyard of Linlithgow. The hearse, which was drawn by four horses, left Bonyde House at two o'clock, accompanied by several carriages, reaching the approach to the churchyard about three. The coffin, on being taken from the hearse, was carried shoulder high. The places of business in that part of the town through which the funeral passed were closed, and near the churchyard many spectators had assembled. The town bell was tolled, and the flag hoisted half-mast high.

GLASGOW OPHTHALMIC INSTITUTION.—The thirteenth annual meeting of the donors and subscribers to this institution was held on the 13th inst., in the Religious Institution Rooms. Mr. Jas. White, of Overtoun, presided, and among those present were Sir James Watson, Mr. Archibald Arroll, Mr. J. Guthrie Smith, of Mugdock Castle, Mr. David M'Cowan, Mr. James Miller, Mr. W. M. Clark, Dr. Wolfe, Mr. Barclay, and others.

EDINBURGH.—HEALTH SOCIETY.—At the annual meeting of this society, held in the Freemasons' Hall on the 12th inst., it was reported that 7,000 copies of the past course of lectures had been sold. There was a balance in hand over the year of £30, which brought up the balance of the capital account to £109. The report was adopted.

EDINBURGH.—HEALTH OF THE CITY.—The report of Dr. Littlejohn, the medical officer of health for the city, states that the number of deaths in Edinburgh for the week ending 12th inst. was 98, which is equivalent to an annual mortality of 21 per 1,000 of the population. Of these 12 were from zymotic diseases—2 in the New Town, 7 in the Old Town, and 3 in the Southern Suburbs. During the week 167 births were registered, 11 of these being illegitimate.

LODGING-HOUSE REGULATIONS.—At a recent meeting the Health Committee of the Edinburgh Town Council had under consideration a petition remitted to them by the Board of Supervision from a number of lodging-house keepers against the minimum air space in such houses being raised from 324 feet to 400, as proposed in the new by-laws of the Council. The Committee carefully considered the petition, and answers to the objections mentioned in it were prepared, which the Convener was instructed to lay before the Board of Supervision.

THE NEW FEVER HOSPITAL FOR EDINBURGH.—At a meeting last week of the Health Committee the Edinburgh Town Council, Councillor Baxter, as a manager of the Royal Infirmary, reported that the new fever hospital in the Old Infirmary buildings was now ready for the reception of seventy-four cases of infectious disease—the number agreed to be provided for by the managers of the Royal Infirmary. The alterations necessary for the conversion of the building into a fever hospital had, Mr. Baxter stated, cost the managers upwards of £3,000, and the hospital was in every way admirably adapted for the purpose. At present the fever and other cases of infectious disease are treated in the surgical hospital belonging to the Corporation, but the patients will now be transferred without delay, and it is expected that within the next fortnight the new hospital will be in full operation.

IRISH GRADUATES' ASSOCIATION.

THE Annual Dinner of the above Association was held in London on St. Patrick's Day, the 17th inst. Among those present were—Sir Wm. McCormac, in the chair; Mrs. Garrett Anderson, M.D., Miss Pechey, Mrs. Marshall, Mrs. Atkins, Professor Lister, Dr. Sieveking, Dr. Blandford, Dr. Waters, of Chester, Mr. Saunders, Mr. Norton, Dr. Silver, Dr. Fothergill, and about sixty others, most of whom were decorated with the shamrock.

Sir Wm. McCormac, in proposing the "Health of the Queen," referred to the late dastardly assault upon Her Majesty, and added, amidst cheers, that none were more loyal than Her Majesty's Irish subjects.

The second toast was that of "The Guests," in giving which the President welcomed the lady members present, adding that whatever might be his private opinion with regard to ladies entering the medical profession, yet he could not but admire the earnestness which they had shown, and which had carried with it success.

The toast was coupled with the names of Dr. Sieveking, Mrs. Garrett Anderson, and Mr. McCormac.

Dr. Sieveking replied in a few pleasing remarks, saying that he considered it a honour to be decorated with the shamrock as he was that evening, and he had never before had the honour of returning thanks for the ladies at a meeting of doctors. He further made some flattering remarks upon the Irish gathering, which he then attended for the first time.

Mrs. Garrett Anderson said the President had honoured the guests by giving that toast so early in the evening. She could say for herself, and on the part of the other ladies present, that they had the most cordial feelings for the Irish, and that they were under a debt of gratitude to them for the sense of justice they had displayed in making it possible for ladies to become qualified members of the medical profession.

Mr. McCormac, as a guest, made a lively, witty little speech, stating in a characteristic accent that he was an American of Irish descent and *mixed* relations. He was proud to be considered an Irishman, and also proud of the relationship which Sir William had been good enough to acknowledge towards his American cousin.

Dr. Waters (Chester) proposed "The Elders;" he thought he had been selected to propose this toast because he himself was probably the eldest present. He remembered, when phlebotomy was more in vogue than now, a wicked wag of our cloth, in proposing the toast of the Army and Navy, referred to how gloriously they shed their blood for their country, adding that he had shed more blood than any military man. Perhaps it was in this spirit that he had been selected to give the toast of "The Elders." He did not, however, consider himself old, for the sexagenarian invariably looked forward to become a septuagenarian, and the septuagenarian an octogenarian. He coupled the toast with the names of Mr. Saunders, President of the Metropolitan Branch of the British Medical Association, Professor Lister, who, he said, had gained a greater and more deserved European reputation than any man of the present day, and Dr. Ord, the Dean of St. Thomas's Medical School.

Mr. Saunders regretted that he had never set foot on the Emerald Isle (cries of shame!), and he could not but feel that if the skill now being turned on the Channel tunnel had been employed in a similar undertaking between this and our sister country, the two countries would be brought into closer relationship, and a great deal of discontent and unhappiness would be spared to both nations.

Mr. Lister said he could not but be aware of the fact that he was getting older, but he scarcely felt that he was one of the elders. He could, however, congratulate himself that there was one much younger than himself whose name was mentioned among the elders.

Dr. Ord, in reply, said there were elders and elders; and though he was glad to say he was scarcely one himself, yet as a representative of St. Thomas's School, which

went back to the thirteenth century, he was proud to be considered among that class.

Professor Lister next proposed the toast of the "Members of the Association of Irish Graduates." He spoke of such an Association bringing about strong ties and good fellowship, and added that it was with especial pleasure that he coupled the toast with the name of his excellent friend Sir Wm. McCormac. He then referred to the great labours entailed upon him at the late meeting of the Medical Congress in London, and added that though ladies were not admitted to that meeting, yet he himself was one of those who voted in favour of their admission. Sir Wm., he said, had received the reward of his labours by the estimation to which he had raised himself in the minds of the members of the Congress, of his friends, and lastly, of his Sovereign.

Sir Wm. McCormac, in his reply, stated that it was Professor Lister who proposed that he should become the Secretary of the Congress. He mistrusted his own powers, and besought Mr. Lister to hold that office. It was, however, declined, and he (Sir Wm.) went to the work with all his heart; and he was now glad that he had undertaken it, for it must be confessed that, owing to the meeting of Congress in this city the British nation had come before the world as a great scientific nation, and that the meeting was throughout a great success, of which he had reason to be proud, and by which success he felt himself amply repaid for the part he had taken in it.

Mr. Wallace proposed the "Ladies." He said there was an old Act of Parliament mentioning what Irishmen should and what should not be allowed to come into England, but no Act ever prevented ladies from coming over. He had no doubt that some Englishmen still desired that Act to be in force, for considering the success which the Irish achieved in this country, he could not be surprised at such a wish. Now, in the medical profession the Irish had been the first to admit ladies on a par with men, and ladies now took the high degree of bachelor (of Arts), instead of, as formerly, taking a bachelor of high degree. He did not know how they appreciated it. He for one thought it rather dull, but still there was room in the world for every one, and he saw no reason why women should not take a fair share of the work of the world. The toast was coupled with the name of Miss Pechey.

Miss Pechey said her words should be few. She recollected when in Ireland the respected Dr. Haughton likening her to Calypso. At the moment she could not see how it applied, but she soon ascertained that Calypso was the goddess of silence and she saw at once the great insight of Dr. Haughton, who recognised so readily that she had the attribute of the Saxon, and was not possessed of that gift so common in the country which she was visiting. With considerable feeling Miss Pechey acknowledged that a debt of gratitude was due to Ireland for the impartiality and justice shown by her, and from her heart she exclaimed "May God save Ireland; save her from injustice without, and from all traitors within."

Literature.

SCROFULA AND ITS GLAND DISEASES. (a)

As the author states, this is a work devoted specially to the study of the glands when affected with scrofula; we have read the work with considerable interest, and consider that we may safely recommend it to our readers. The first part is taken

(a) "Scrofula and its Gland Diseases: an Introduction to the General Pathology of Scrofula, with an Account of the History, Diagnosis, and Treatment of its Glandular Affections." By Frederick Treves, F.R.C.S. Eng., Assistant Surgeon to, and Senior Demonstrator of Anatomy at, the London Hospital; late Wilson Professor of Pathology at the Royal College of Surgeons. London: Smith, Elder and Co. 1882. Pp. 202.

up with the general pathology of scrofula. After a short introduction the author enters on the question of the identity of scrofula and tubercle; and we are glad to observe that he does not hesitate to place them in the same category. For ourselves we have often wondered that any doubt on the subject should ever have arisen. But there is a strong tendency at the present time to make divisions in morbid states where in reality there is none. We are inclined to think the use of the microscope is being pushed too far, and that parties trust too much to what appears in the field of the instrument, to the exclusion of what the naked eye sees in the dead room. What, for instance, can be more foolish than to raise the question as to the precise definition of tubercle? Or to say the grey is the only true tubercle, when by its very side will be found the yellow? Who has not seen every variety of tuberculous disease in the one subject—nay, in the one lung?—cavities at the apex and grey tubercles at the base, with all the intermediate grades between the two? To us it appears as clear as noon-day that time, and time alone, causes these differences. Any one of them may exist by itself; but assuredly they may all co-exist, and when they do, it is the one constitution produces them all. Were this the place we could enter at much greater length on this point, but our space forbids, and we can only regret that so much precious time, as it seems to us, has been wasted on a question of the kind.

Another point of which our author treats is on the inoculation of tubercular matter. From some of the experiments made, it would seem as if tubercle could be generated in our frames by this means; and when the first experiments were made, it was at once concluded that tubercle or tuberculous disease must be generated by the inoculation of the same material. This soon came to be questioned—some maintaining that the results were more of the nature of pyæmia than tuberculous disease, and Wilson Fox having meanwhile established the fact that any irritant introduced into the system was capable of leading to the development of tubercle. On this disputed point we are not able to give any definite opinion. We have certainly not been satisfied that it is tuberculous disease which has been set up by the inoculation of even tuberculous matter. That this or any other irritant, such as a seton, may cause serious disease is one question, and may be conceded; but it is quite another to state that tubercle must be the result. We look on the question as still *sub judice*.

In chapter vii. we observe the author speaks of "Scrofula and Acute Miliary Tuberculosis," and goes on to say that "the latter ought to be kept distinct from those other diseases generally described as tuberculous." He then speaks of this same form as being an infective disease, and due to the dissemination through the body of some noxious material, the nature of which is not yet fully known. Now, for reasons already given, we cannot accept any such ideas. We believe acute miliary tuberculosis to be nothing more than one of the forms of tubercle, and that no noxious material, except what is present in all forms of strumous disease, exists. If the party afflicted with miliary tubercle live long enough, the tubercles will pass through all the stages of the most orthodox phthisis. They will become yellow, conglomerate, suppurate, and form cavities; and we must repeat that all these stages may be met in the same being. Why, then, we ask, should they be ascribed to some specific poison—different, we mean, from other forms of tuberculous disease? That they may run a very rapid course is granted. But does not every other organic disease do the same? Cancer may be very chronic or very acute; so may pneumonia; and so of any other affections. We repeat, then, our conviction that acute miliary tuberculosis is but part and parcel of that state of the system which what is known as the strumous diathesis is capable of developing, and it will require the strongest evidence that can be adduced to prove there is anything whatever specific about this variety of the disease.

We had noted down other chapters of this work in which some points for description—as, for example, the connection between inflammation and strumous disease—would have been considered; but we find we must close our remarks here. We can, however, safely say the whole work will repay perusal. It is clearly the work of a man who has given a large attention to the subject of which he treats. It should be added that the chapter on histology is illustrated by some well-executed engravings.

HEALTH RESORTS FOR TROPICAL INVALIDS IN INDIA, AT HOME, AND ABROAD. (a)

THE object of this work is explained in its preface—viz., "to give such cursory accounts of the principal sanatoria at home and abroad as will, if not always enabling the reader to determine on a suitable position, yet indicate that locality concerning which more information is desirable—information only to be procured from more expensive, and often local publications." This being so, the question naturally presents itself—"In what respect will it really aid the invalid in determining, without the aid of his medical adviser, the precise locality to which, with reference to his particular ailment, he should resort?" The reply must be, "In none whatever." In fact, the author himself appears to entertain this view. At page 74 he writes, "A consideration of localities and climates in Great Britain, and *en route* from India to England shows that while there is abundance of choice for an invalid suffering from the diseases of a northern climate, such as lung and bronchial complaints, there is comparatively little choice for the person suffering from tropical maladies, as liver diseases and intestinal disorders." Also at pages 77 and 78 he rather writes against change of climate being so beneficial to the invalid as many persons try to believe that it is. For example, "Many works written on health resorts have a tendency to foster a delusion that such a locality or such a climate is a panacea for a certain class of diseases. The result is, that persons make desperate efforts to reach the desired climate, and then, throwing aside all medical directions, do as they like, and fruitlessly expect to be restored to health by the mysterious influence of climate alone." Just so. And herein lies the whole gist of this very neatly got up little book.

SELECTIONS FROM THE WORKS OF ABRAHAM COLLES. (b)

IT would be a superfluous task on the part of a reviewer to say aught in commendation of the classical work of this illustrious surgeon upon venereal disease, or of his valuable memoirs upon lithotomy, ligature of the subclavian artery, diseases of the anus and rectum, dissection wounds, affections of the great toe, and, last and proudest of all, his description (originally published in the *Edinburgh Medical and Surgical Journal*, vol. 10, 1814) of that fracture of the radius which is in the long part of the condyle and is associated with his name. We have already read all these productions separately, but are well pleased that the liberality of the Sydenham Society enables us to possess them in a collected form. Dr. R. McDonnell has accomplished his congenial task in an admirable manner, he has judiciously dovetailed useful and instructive editorial remarks wherever they are required. This is particularly the case with reference to Mr. Colles's paper on the fracture of the radius, which is supplemented by thirteen closely printed pages containing a luminous *resumé* of the opinions and researches of the two Coopers, of R. W. Smith, of Voilemier, Malgagne, Alexander Gordon, Bennett, and Callender. This *resumé* is most excellent, and in fact gives in a very condensed form almost everything that is to be said on the matter. Prefixed to the volume is an admirable and interesting biographical sketch of the career of this distinguished Irishman to whom Irish surgeons will ever look up as a model and an ornament.

Correspondence.

MODIFIED AND NATURAL SMALL-POX.

THE following additional correspondence on the above subject between Mr. P. A. Taylor, M.P., and Dr. Buchanan has been forwarded to us by the latter gentleman for publication:—

DEAR SIR,—I have duly received the paper containing the published correspondence, and I am much obliged to you for

(a) "Health Resorts for Tropical Invalids in India, at Home, and Abroad." By W. J. Moore, &c., &c. London: J. and A. Churchill.

(b) "Selections from the Works of Abraham Colles," edited with annotations, by Robert McDonnell, M.D., F.R.S. London: The New Sydenham Society. 1881. 8vo., Pp. 431.

sending it. It would have been more complete had you sent me your rejoinder before sending it to the printer, so that I might have had the opportunity of adding my reply.

If I understand your last letter, you take up the position that the real advantage derived from vaccination consists not so much in the diminution of mortality from small-pox, as in rendering the disease much less severe. If, as I understand you to assert, there are a great number of cases so mild that they attract no attention, and are, in fact, never recorded at all, you would, to this extent, diminish the proportion of deaths to cases; but surely this theory is based upon nothing but pure assumption, and with all respect to your judgment, it appears to me not only unfounded, but improbable. Long before vaccination was practised there was every diversity of severity in the type of small-pox epidemics. Sydenham himself writes: "If no mischief be done either by physician or nurse, small-pox is the most slight and safe of all diseases." But I will not trouble you further, and remain,

Yours, &c.,

22 Ashley Place, S. W.,
March 9th, 1882.

P. A. TAYLOR.

A. Buchanan, Esq., M.D., &c.

DEAR SIR,—I did not send you the MS. of my last letter, because I thought you would read it more easily in print than in my handwriting; and that you might have the advantage of seeing it in connection with your own and my previous letter.

You misunderstand me altogether when you say that I "take up the position that the real advantage derived from vaccination consists not so much in the diminution of mortality from small-pox as in rendering the disease much less severe." Vaccination produces both effects. It has converted a very severe disease into a mild one; and it has diminished the mortality to such an extent that, while, according to the Report of Small-pox Hospital, the mortality from natural small-pox is 19 in 100, or nearly 1 in 5, the mortality in modified small-pox is only 1 in 666 cases; in one half there is complete immunity, and in the other a very mild disease. This statement is derived entirely from my own observation, during the last 60 years of cases most of them vaccinated by myself, and of which only one died. This is no theory, but a statement of facts, observed by myself, which you do injustice to me when you characterise it "as a theory based upon nothing but pure assumption, and not only unfounded, but improbable."

Your quotation from the great Sydenham merely shows that, like other epidemic diseases, small-pox varies from one season to another; but that statement has nothing to do with the present discussion, which embraces a period of 60 years, during which the natural small-pox has given nearly the same figure of mortality, viz., from one to three down to one to six.

I shall be glad to give publicity to your letter, and to any other with which you may be pleased to honour me.

I am, yours, &c.,

186 Bath Street, Glasgow,
18th March, 1882.

A. BUCHANAN.

P. A. Taylor, Esq., M.P.

Obituary.

GEORGE BUDD, M.D. CANTAB., F.R.C.P. LOND., F.R.S.

WE have to announce the death, at 74, of this prominent member of the profession, which took place on Tuesday, March 14th, at Ashleigh, Barnstaple, where, for some years, he has lived in retirement. The announcement will be received with deep regret by all who had the pleasure of his personal acquaintance, and by others who remember what sterling work he has accomplished in the past in his scientific investigations of diseases of the liver, fevers, &c. Dr. Budd's illness—an attack of pneumonia—only extended over a few days, previous to which he was in the enjoyment of excellent health. The deceased was the third son of the late Mr. Samuel Budd, surgeon, of Northtawton. In early life he was very delicate, and consequently was never sent to school, but was educated at home until he went to Cambridge in 1827. He graduated in 1831, being 3rd wrangler, notwithstanding that his mathematical studies were interrupted by severe and protracted illnesses. Immediately on taking his degree he was elected a Fellow of his College (Caius), and soon afterwards commenced

the study of medicine. In 1840 he took the degree of M.D. of the University of Cambridge, and in the following year, on settling in London, he became a Fellow of the Royal College of Physicians. He was soon afterwards elected Physician to the Seamen's Hospital, the *Dreadnought*, off Greenwich. It was here that he carried on those researches which led to the publication of his books on diseases of the liver and diseases of the stomach, which soon acquired a world-wide reputation, and made him the leading authority on these diseases in all countries. On leaving the *Dreadnought* he was appointed Physician to King's College Hospital, and Professor of Medicine to King's College. These appointments he held for nearly a quarter of a century. In consequence of his numerous original investigations in medicine and pathology, he was early elected a Fellow of the Royal Society; and two years ago he was elected an Honorary Fellow of Caius College, Cambridge, together with Sir George Burrows, Vice-Chancellor Malins, and the Bishop of Carlisle. This last honour, conferred by the Fellows of his old College, was deeply gratifying to him. On his retirement from King's College, in 1863, he was presented with a testimonial by his late colleagues and old pupils. After his withdrawal from the active and laborious duties of his profession, he took up his residence at Barnstaple, where he spent the last twelve years of his life, and where his courtesy, kindness, and affability, joined to rare ability and marvellous stores of information, greatly endeared him to all who had the privilege of knowing him.

Congratulatory Address to Her Majesty.—The following Address by the Royal College of Physicians of London has been presented to the Queen:—"To the Queen's Most Excellent Majesty.—MOST GRACIOUS SOVEREIGN,—We, your Majesty's most dutiful and loyal subjects, the President and College or Commonalty of the Faculty of Physicians of London, approach your Majesty most respectfully to express our abhorrence of the crime which has been committed against your Majesty's person, and to offer to your Majesty our loyal and fervent congratulations that by the merciful dispensation of the Almighty hand of the assassin has been rendered powerless. We heartily join in the universal feeling of thankfulness to God that your Majesty's life has been spared, and we pray that it may please the Almighty to preserve it for many years still to be a blessing to the millions of your Majesty's subjects."

The Dental Hospital of London.—The annual meeting of this institution was held at the Hospital on Thursday last, under the presidency of Sir Charles McGrigor, Bart., one of the trustees. In the report, which was unanimously adopted, the managing committee were enabled to speak satisfactorily of the progress of the institution as regards the funds, which showed a considerable increase in the income compared with that of last year, which they thought was in a great measure due to the fact that the general public are gradually becoming aware of the great necessity for dental hospitals, and are more disposed to support them; also the great benefits which the Hospital continues to afford upon the suffering poor, 30,799 cases having been treated during the year 1881. The committee thought it a fit subject for congratulation that, for the first time in the history of International Medical Congresses, a section was accorded to dental surgery in the Congress of last year.

Notification of Infectious Diseases.—At a meeting of the Social Science Association, held in the Adelphi on Monday evening, Dr. Cameron, M.P., in the chair, Mr. G. W. Hastings, M.P., opened a discussion on the Notification of Infectious Diseases Bill before Parliament. He urged that the measure was calculated to prevent the spread of zymotic diseases, and if they could do this they would prevent one-sixth of the number of deaths, and, moreover, would deduct very largely from the poverty and suffering of a large proportion of our fellow-creatures. He then described the main features of the Bill.—Mr. Hopwood, Q.C., M.P., opposed the proposal as vexatious to the physician, and not likely to find favour among the working classes.—Mr. F. S. Powell, Dr. Rogers, Mr. Briggs, M.P., Dr. Seaton, Dr. Farquharson, Mr. Findlater, M.P., and other gentlemen took part in the discussion.

A Munificent Gift.—Mr. R. H. Wood, J.P., an inhabitant of Rugby, has intimated that he is about to confer a gift on that town, comprising a freehold site of ten acres, a new hospital for thirty beds, and ample endowment to maintain the Institution in proper working order. The value of this gift to the town is estimated at £30,000.

Cholera Quarantine.—A standing medical board has been constituted at Bombay to report weekly on the amount of cholera in the city. This step has been taken with the view of attempting to procure the removal of the quarantine restrictions now imposed in Egypt on arrivals from Western India.

NOTICES TO CORRESPONDENTS.

M.D. (Exeter).—Entirely superseded. The work was never successful, and has been for many years out of date. Niemeyer.

TIBIALIS ANTIQUS—Your solution is the correct one. The question however, is not one that should have been put to such a class as that of which you are a member. You will do quite right to insist on due credit being given for your answer.

MR. EDMUNDS.—The President of the Royal College of Physicians, London, at the present time is Sir William Jenner, Bart., who succeeded Dr. Bladon Bennett, since knighted for his services to medicine.

H. I.—It is obviously unnecessary to comment on the subject of your letter. The judgment was justice according to law if not according to equity, and opinions differ about the latter.

DR. T. P.—The case is a serious one: we hope to refer to it in our next. Meanwhile, we shall be glad to receive the local paper containing letter. In treating questions of this kind great caution has to be observed, as the most flimsy pretence is seized by these "qualified quacks" for an action for libel, in the issue of which they have nothing to lose and the chance of gain.

DR. HALLIDAY CROOM and **MR. WOODHOUSE BRAINE** will please receive our best thanks.

AN OLD RESIDENT OFFICER OF ST. BART'S.—Letter held over for want of space; will appear in our next.

DR. CULLMORE.—If possible in our next.

DR. B. L.—Communication received too late for present number. Proofs shall be sent you in due course.

CANINE.—The question is one that should be addressed to a veterinary surgeon. Perhaps the Editor of the *Veterinary Journal* may be willing to assist you.

ANTI-HUMBUG.—The idea of counteracting anti-vivisection propaganda by rational scientific tracts written for popular reading is under consideration.

DISQUALIFICATION OF GUARDIANS BY BANKRUPTCY.—A Constant Reader asks whether an *ex officio* guardian who has been declared a bankrupt can vote at the election of a union officer?

[The disqualification law is contained in sec. 22 of 6th and 7th Vic., cap. 92, and it does not set forth bankruptcy as a disqualification.—**ED. M. P. & C.**]

MR. W. STEVENS.—Mr. Berkeley Hill is now making a complete record of all cases of tumour of the bladder which have been reported. The best work upon the subject was published in 1881, by Wood, of New York, entitled, "A Study of the Tumours of the Bladder, with Original Contributions and Drawings," by Alex. W. Stein, M.D., Surgeon to Charity Hospital. It is a very complete little work, and is certainly a book of reference on the subject.

DR. B. K.—We have carefully considered the letter sent to us, and the conclusion we arrive at is thoroughly in agreement with that you express. We shall be glad to give utterance to these views when informed by you that the time to do so has arrived.

MR. SERCOMBE.—The book is not up to date, and, therefore, misleading; you had better get a more modern text-book, as there are several reliable ones.

MR. H. C.—Thanks; we shall be glad to receive the paper for insertion in our columns.

THE SOCIETIES, COLLEGE LECTURES, &c.

BROMPTON CONSUMPTION HOSPITAL.—This day, at 4 p.m., Dr. C. Theodore Williams on "The Treatment of the Temperature of Phthisis."

HUSTERIAN SOCIETY.—This evening (Wednesday), at 8 o'clock, Report of the Committee on Mr. Stevens's Case of Cerebral Tumour.—Dr. H. Part, "On a Case of Hemophilia with Joint Disease."—Mr. E. Clement Lucas, "Double Popliteal Aneurism with Epithelium of Tongue and Palate in the same Subject;" "A Case of Destructive Lupus of the Face."

EDINBURGH OBSTETRICAL SOCIETY.—This evening, at 8 o'clock, Dr. D. Berry Hart, "On Some Points in the Physics of the Rectum and Bladder."—Prof. Simpson, "Report of the Royal Maternity and Simpson Memorial Hospital for Quarter ending January, 1882."

ROYAL INSTITUTION.—Thursday, March 23rd, at 8 p.m., Prof. Tyndall, "On Resemblances of Sound, Light, and Heat."

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—Friday, March 24th, at 5 p.m., Lumsden Lectures: Dr. Burdon Sanderson, "On Pathology of Inflammation."

QUEKETT MICROSCOPICAL CLUB.—Friday, March 24th, at 8 p.m., Mr. E. T. Newton, "On Fishes' Tails."

ROYAL INSTITUTION.—Friday, March 24th, at 8 p.m., Prof. W. E. Ayrton, "On Electric Railways."

CLINICAL SOCIETY OF LONDON.—Friday, March 24th, at 8.30 p.m., Mr. Warrington Hayward, "On a Case of Removal of the Hypertrophied Spleen."—Dr. Goodhart and Mr. Golding Bird, "On a Case of Nephrectomy for Scrofulous Kidney."—Dr. Barlow and Mr. Godlee, "On a Case of Extirpation of the Kidney for Calculous Pyelitis."—Mr. Howard Marsh, "On a Case of Pyelitis; Exploration of the Kidney; Partial Removal; Death from Suppression of Urine."—Mr. Pearce Gould, "On a Case of Spina Bifida cured by Injection of Iodine."

ROYAL INSTITUTION.—Tuesday, March 28th, at 8 p.m., Prof. J. G. McKendrick, "On the Mechanism of the Senses."

Vacancies.

Birmingham Queen's Hospital.—Resident Surgeon. Salary, £50, with board. Applications to the Secretary before April 10th.

British Honduras.—Medical Officer for the Corosal District. Government salary, £150, with extra fees. Free passage to Colony. Applications to the Secretary, Colonial Office, London, S.W. (See Advt.)

Cheltenham General Hospital.—Resident Surgeon. Salary, £180. Applications to the President, at the Hospital, before April 17th.

Hackney Union.—Medical Officer for the Third District. Salary, £80, exclusive of fees. Applications to the Clerk, Union Offices, Homerton, London, E.

Hartlepool Union.—Medical Officer for the District. Salary, £50. Also Medical Officer for the Workhouse. Salary, £65. Applications to the Clerk of the Union by May 17th.

Kent and Canterbury Hospital.—House Surgeon. Salary commencing at £80, with board. Applications to the Board of Management by March 30th.

Loughborough Infirmary.—House Surgeon. Salary, £105. Applications at once to the Secretary.

Mere Union.—Medical Officer to the Workhouse. Salary, £10. Also to the First District of the Union. Salary, £105, inclusive of fees. Applications to the Clerk of the Union, Mere, Wilts, by March 27th.

North Wales County Lunatic Asylum, Denbigh.—Medical Superintendent. Salary £450, with certain allowances. A knowledge of Welsh desirable. Applications to the Chairman of Committee by March 29th.

Seamen's Hospital, Greenwich.—House Physician. Salary, £75, with board. Applications to the Secretary before April 6th.

Appointments.

BURGESS, D. M.A., M.B. Cantab., House Physician to the Royal Hospital for Diseases of the Chest, City Road.

CAPR, J. T., M.R.C.S., Medical Officer to the Halwell District of the Totnes Union.

DREWITT, F. G. D., M.B. Oxon., M.R.C.P., an Assistant Physician to the West London Hospital, Hammersmith

GARLICK, E. W. B., L.R.C.P. Ed., M.R.C.S., Medical Officer of Health for the Chessington Urban Sanitary District.

GARRARD, C. E. O., M.R.C.S., House Surgeon to the Rotherham Hospital.

GROOM, W., M.B. Cantab., M.R.C.S., Medical Officer to the Second, Eighth, and Tenth A Districts of the Wisbeach Union.

HAINS, L. J. C., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer to the Harberton District of the Totnes Union.

HARTRIDGE, G., F.R.C.S.E., L.R.C.P. Lond., Assistant Surgeon to the Central London Ophthalmic Hospital.

JONES, R., L.R.C.P. Ed., L.F.P.S. Glas., House Surgeon to the Anglesey and Carnarvonshire Infirmary.

NOOT, E., L.R.C.P. Ed., M.R.C.S., Medical Officer to the Porlock District of the Williton Union.

PUDDICOMB, F. M., M.R.C.S., L.R.C.P. Lond., House Surgeon to the Teignmouth, Dawlish, and Newton Infirmary and Convalescent Home, Teignmouth, Devon.

ARMY MEDICAL SERVICE.—Staff Surgeons.—Robert H. Moore, to the *Switzerland*; Thomas Bolster, to Plymouth Hospital, vice R. H. More. Surgeons.—Henry L. Crocker and George F. Wales, to the *Switzerland*; Standish T. O'Grady, to Plymouth Hospital, vice H. L. Crocker; Horace F. Browne, to the *Valiant*, vice S. T. O'Grady; James A. Vasey, to the *Excellent*, vice T. Bolster.

Births.

HAMILTON.—March 14, at 6 Herbert Road, Sandymount, co. Dublin, the wife of Stewart F. Hamilton, L.R.C.S.I., L.K.Q.C.P.I., R.N., of a daughter.

Marriages.

MARTIN—MARSHALL.—March 16, at Dromore, co. Tyrone, Thomas Morgan Martin, A.B., L.R.C.P. & L.R.C.S. Ed., of Pittwater, co. Kilkenny, to Mary, third daughter of the late Joseph Marshall, M.R.C.S.E., of Dromore.

Deaths.

BARNARD.—March 13, at Upper Norwood, Deputy Surgeon-General George Barnard, M.R.C.S., H.M. I. M. Service, aged 51.

COULTATE.—March 4, at Bursley, Lancashire, William Miller Coultate, F.R.C.S.E., aged 68.

DALTON.—March 13, at his residence, Cliff Road, Devereport, Deputy Inspector-General William Ruffell Dalton, R.N., aged 69.

FASSON.—March 11, at Aldershot, Surgeon-General Stanhope Hunter Fasson, M.D., A.M.D., aged 58.

GRAHAM.—March 13, at 187 Southgate Road, N., Dr. E. T. Graham, in his 58th year.

MACKINTOSH.—March 11, at Poole, Andrew Wm. Mackintosh, late Surgeon to the R.M.S. *Protector*.

NEALE.—Feb. 19, Charles Neale, M.R.C.S., L.S.A. Lond., late of Westbourne Terrace North, and of Grafton Road, Plaistow, in his 70th year.

TATE.—March 7, at Chequergate, Louth, F. Septimus Tate, M.R.C.S., aged 62.

WHITE.—March 15, at Melville Street, Edinburgh, Surgeon-Major Archibald White, M.D., late H.M. Indian Service, Bengal.

WILLIAMS.—March 20, at his residence, Twickenham, Joseph Williams, M.D., late of 8 Tavistock Square, London, aged 67.

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WEDNESDAY, MARCH 29, 1882.

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Original Communications.

THE PATHOLOGY OF INFLAMMATION.

By J. BURDON SANDERSON, M.D., LL.D., F.R.S.,
Professor of Physiology in University College, London.

Abstract of Lumléian Lectures delivered before the Royal College of Physicians, London.

LECTURE I.

DR. BURDON SANDERSON prefaced the proper subject matter of his first lecture by warning his audience against anticipating the enunciation of any new doctrine or important discovery in connection with inflammation, his object being, he said, to strengthen the position taken up in his former lectures and essays on the subject; to discuss the question of the etiology of inflammation; and to compare and harmonise modern knowledge of this process with the views propounded by observers from Hunter's time to our own.

The definition of inflammation, formulated in nearly the same terms, first by Goodsir, and subsequently by Bowman, that it is "a change wrought in the natural acts of nutrition then existing in the wounded parts," is that which has most influenced modern researches on the process. The conception thus put into words arose out of the introduction of the microscope as an aid to investigation by the two observers named, backed as it was by their own special knowledge of structural anatomy, and discoveries in this latter branch of study. By Virchow the view was incorporated as part of his doctrine of "cellular pathology," which even yet holds some sway; and it may be fairly asked why Mr. Bowman's admirable researches, and the conclusions derived from them, should not continue to be adopted at the present time as explanatory of the process of inflammation? The reason lies in the fact that during the last fifteen years new methods of observation have opened up ways of examining not alone the results, but as well the processes of which those results are consequences. Physiological methods have supplemented anatomical dis-

coveries, and have taught the truth that explanations of many pathological changes, and particularly of those that occur in inflammations, are not exactly what they were concluded to be from consideration of the anatomical data on which they had been founded. Thus the discovery has been made, from actual observation of the effects of injury on a living part, that these are indicative not of disordered function, but of *arrest* of function; not that nutritive elements are diverted to new channels, but that they uselessly accumulate, even if they do not destroy; that restoration of normal conditions of activity will determine repair of the injured tissues, and not that these will be renewed by a continuation of the morbid process itself. The principle involved is the same whether the body or a house be subjected to inflammatory action. A burning dwelling offers no example of a modified normal process; and similarly no extension of that process, even in a milder form, would suffice to repair the damage resulting from it. This illustration, though open to objection, serves to enforce the essential nature of the product of inflammation; that, namely, it is a *damage*, and that repair is related to it no further than follows from the universal physiological law that when part of an organ is destroyed, the defect is made good by new growth proceeding from the old.

The point of departure of "cellular pathology" was keratitis; and hence, to examine afresh the grounds of this doctrine, beginning must be made with the cornea and the teaching of experiments made with it. Though non-vascular in structure, and therefore, according to the classical definition, not subject to inflammation, the cornea is notwithstanding a favourable subject of study in this connection, inasmuch as whenever keratitis occurs the adjoining vascular structures are likewise affected by the injury. A very small degree of reaction follows on incision or puncture of the cornea of a rabbit, when the wound just penetrates sufficiently beneath the surface of the epithelium to injure the corneal tissue proper. To naked eye inspection an evanescent haze of opacity alone appears, and therefore such a wound is incapable of exciting active signs of inflam-

mation. These, however, may be produced with the least disturbance possible by inserting a silk-thread seton into the centre of the cornea, withdrawing it again when the required effect is gained. After some hours the first consequence of the injury appears as a red border surrounding the cornea, and consisting of a wreath of dilated capillary loops of episcleral vessels, whence the cornea derives its principal nutrition. Frequently much more extensive changes ensue, considerable congestion, with copious production of pus covering the conjunctiva, opacity of the cornea, &c.; but these results, which are unnecessary to the object in view, may be avoided by removing the seton as soon as the conjunctivitis commences, when it may be found that the ring of redness is confined to one border only, while a ray of opacity proceeds therefrom to the central opaque region in the path of the seton. The explanation of these appearances is clear. The central opacity corresponds to the effect produced in Mr. Bowman's original experiment of breaking down the cornea with a scalpel point; the other opacity is consequent on surrounding inflammation. According to Mr. Bowman's definition, both these changes would be due to alterations in the normal acts of nutrition having their seat in the wounded part; the central cloud particularly as a result of disturbed nutrition of corneal tissue following introduction of the seton; while the radial opacity would show commencement of analogous changes in contiguous vascular tissues. A much readier explanation, however, is afforded by experiment. The central cloudiness encircling the seton wound is due to passage into the branching corneal-tissue tubes, of leucocytoid cells derived from the conjunctival sac, proof of which is easily to be obtained. Thus, if a dead cornea, previously punctured, be submitted for a few hours to conditions similar to those normally surrounding the living cornea, its transparency is unimpaired, except immediately about the injured region; and again, even very extensive destruction of the cornea, amounting to half its substance, may be effected by suitable agency without producing opacity, so long as the protecting epithelial envelope is preserved intact where immigration of cells from without might ensue. The best means for this purpose is chloride of zinc, which acts on tissues as a caustic without setting up serious changes in their mechanical properties, and, at the same time, kills up to the limit of its application without destroying beyond that limit. Applied to a circumscribed surface of cornea it effectually kills without producing opalescence, and its influence is productive of no recognised signs of inflammatory reaction, opacity and congested zone being alike absent.

On microscopic examination of the cornea, the characteristic branched corpuscles of the cornea will be indistinguishable in the dead portion, shrivelled up in the immediately contiguous region, and elsewhere in every way normal. Quite different results, however, follow cauterisation of the peripheral part of the cornea; the episcleral blood-vessels are influenced and fill with blood; vast numbers of colourless corpuscles invade the cornea at the congested border, and make their way to the dead tissue, and here become especially marked from the absence of the proper corneal corpuscles already referred to. No question of perverted nutrition could be admitted in this case, since the tissue which is the seat of change is *absolutely* dead; in it all natural acts of nutrition have permanently ceased, but nevertheless it is crammed with living cells, which certainly did not originate where they are found, and whose only probable source is the circulating fluid.

The cornea is thus a type or representative of the supporting or binding tissues termed connective; it consists of a network of branched corpuscles communicating by their processes, sheathed in a matrix texturally resembling the non-cellular constituent of ordinary connective tissue; its physical properties only being modified to fit it for the purposes it serves. The matrix is channelled in a form that is the counterpart of

the included protoplasmic network, and hence the cornea is in every respect but one a complete tissue of its kind. If such tissues, therefore, are to be assumed as generally capable of active response to injury, if, that is to say, they can perform their natural nutritive functions in an abnormal manner, then there is no reason inherent in itself or its structure to prevent the cornea from exhibiting the same attribute. This conclusion, justified by the "cellular" doctrine, is, however, very wide of the truth. In the cauterised cornea the chloride of zinc eschar separates, on the one side healthy structures from, on the other, not tissues in which perverted functions are being carried out, but absolutely *dead* material; there is no reaction, no abnormal activity, simply and solely—death. Therefore, as far as can be determined from phenomena exhibited in a non-vascular structure, injury, whether mechanical or chemical, results in purely negative consequences; there is no perversion of function, simply its arrest or annihilation.

Next must be studied what occurs when injury affects a vascular structure. Here, in addition to cells, fibres, ground substance, and nerves, which contribute to the formation of the cornea, there are added blood-vessels; and consequently any symptoms of damage produced in the former over and above those witnessed in the case of the cornea will be fairly attributable to the presence of the blood-vessels. In pursuing the inquiry to this end, it is necessary to employ agents which leave no effect behind them but the damage created by their action, and to compare the results in two cases, *viz.*, one in which the injury equally affects all tissues; the other in which its action is particularly directed to the vessels. To secure the first condition, to equally affect all the tissues, cold and heat are the only available agents. The organ should be plunged in moderately warm water, circulation being first arrested by an Esmarch's bandage. Cohnheim selected the ear of rabbits as the subject of experiment; its results are in the highest degree important. No immediate effect ensued, but the normal temperature of the ear being restored, the ligature removed, and circulation thereby promoted through the organ, signs of true inflammation, not of active congestion merely, set in; and after an hour or two, the ear becomes several degrees hotter than its uninjured fellow, is full of blood, and many times thicker.

Redness, at first due to dilatation of visible blood-vessels and appearance of new ones not before noticed, is, as oedema increases, diffused over the whole organ; and at this stage, coagulable lymph charged with leucocytes (pus corpuscles) may be obtained on puncturing its substance. Microscopical examination of prepared sections taken from the ear of the animal killed at this stage of the experiment, reveals all the features of inflammatory infiltration of the tissue.

In this case an organ is submitted at the same time both to deprivation of blood and to temperature exalted about ten degrees above normal heat of the body. The injury is attributable to the latter cause alone, since arrest of circulation in a part for six or seven minutes is unattended with serious permanent consequences. Identical results to those obtained in the manner above described would follow application of a ligature only, for a time sufficient to partly impair vitality to an extent equivalent to that following immersion in warm water. If retained too long, for twenty-four hours or more, the parts would be permanently killed; but with appropriate management the amount of damage may be easily regulated. In either case the after-phenomena are the same. For a short time the part appears under natural conditions, the blood freely circulating along the vessels. In half-an-hour, however, dilatation of the arteries and veins is noticed, the temperature rises, and the same sequence of events follows as recorded above. Each of these experiments affords obvious proof of the fact that an organ in which the vitality of every tissue is depressed

but not annulled is already virtually in a state of inflammation, although objective signs of it may not be apparent by reason of the absence of circulation, on the condition of which depend all visible characteristics of vital changes. Therefore, in such an organ there can have been no incubation or development of inflammation, which comes at once into existence; while the formation of pus commences immediately on the admission of blood into the vessels, and the distension of the damaged walls of the latter. It is not, in effect, as commonly regarded, a *consequence* of inflammation, but *part* of the process. The rapidity with which young cells, moreover, are produced in this experiment renders it impossible for them to be derived from the working of a bioplastic process in the tissues.

Thus far has been presented a general view of the effects of injury obtained, without observing the actual progress of the process of inflammation as it is revealed when its minuter details are examined into. Heat, redness, and swelling are all obvious phenomena, but the microscope alone enables a nearer insight to be gained into the minuter changes that take place. The mistakes committed by omitting to pursue inquiry by this actual examination of the process in action are exemplified in the history of pathology, from Hunter down to our own time. Research, of whatever kind, is but the getting as close as possible to the action that is being investigated; and in pathology particularly this method is the only fact that leads to valuable results, and is one that has been necessitated by the urgent demand made for *facts*. An illustration of the manner in which such research is carried on is afforded by the plan pursued in microscopical examination of serous membranes under conditions as nearly normal as can be arranged to meet the object in view. By adopting the suggestions of Stricker and the author, originally proposed in 1870, and since improved on, the peritoneum can be examined with comparative ease, both in frogs and small mammals. The arrangements now employed are a modification of the warm stage; by its aid the circulation through the membrane is maintained; at first it proceeds with great rapidity, but begins to flag as signs of damage to the structure appear.

As long as forty years ago Dr. Williams described the series of occurrences which ensue at this point; but Cohnheim was the first who demonstrated in mammals that, with slowing of the circulation in inflammatory processes a migration of leucocytes takes place—a fact for the late recognition of which it is difficult to find an explanation.

The second point observed in watching with the microscope the exposed serous membrane is accumulation of coagulable lymph or inflammatory exudation, which, if not removed by the circulation, may be deposited in quantity sufficient to admit of examination. In other cases it is thrown out less abundantly, the injury to which it is due not being of so severe a character.

Stasis, the third important phenomenon to be noticed, was rightly regarded by Dr. Thompson with special interest; it always occurs in inflammations of considerable intensity, and is also the final stage of the process. For several reasons Mr. Lister regarded the phenomenon as being due to injury of the vessels, and as not being connected with changes in the circulating fluid itself; the special point, however, that demands attention in connection with it is the effect it produces on surrounding tissues.

The slowing of the circulation that ensues in inflammation is a phenomenon of local origin; in the initial stages of the process the current flows with a rapidity which experiment has shown to be four times as great as it is during health; later on, however, dilatation of the channels widens the vessels, while also resistance is opposed to the flow of blood, and diminution of its velocity takes place. The changes in calibre of the capillaries is due, not to the influence of the nervous

system, but to the loss of power to resist pressure brought to bear on their walls by the augmented blood-flow through them. At once, too, on reception of injury, leakage occurs through the vessels, with exudation of liquor sanguinis and leucocytes. There is a difficulty in the way of explaining penetration of the walls by white corpuscles, which is not satisfactorily met by ascribing to it analogy with other equally ill-understood phenomena such as the ability to penetrate matter by all amoeboid bodies. For want of a better elucidation, however, this must for the present be accepted.

Returning once more to stasis, it must be insisted on that it forms no *part* of, but is a *consequence* of inflammation; it is limited to the most damaged part, thereby suggesting that it is the expression of a higher degree of injury than is commonly produced. Recent experiments have shown that by injecting various salts, &c., injuries may be set up, followed not only by leakage, but also by resistance of the spoiled capillary vessel to the passage of fluid through it.

The conclusions arrived at, from consideration of the facts described in this lecture are, 1st, that the only direct after effect of inflammation is necrosis, and that restitution of lost parts is in no respect attributable to the process; 2nd, that inflammation is essentially *terminable*, has no tendency to spread after the removal of its assigned cause, and that the only tendency exhibited by uncomplicated inflammation is to cease when its cause is inoperative.

CLINICAL LECTURES ON SYMPTOMS.

Delivered in the Wards of the Hospital.

By FREDERICK T. ROBERTS, M.D., B.Sc., F.R.C.P.,

Professor of Materia Medica and Therapeutics at University College; Physician and Professor of Clinical Medicine at University College Hospital; Physician to the Brompton Consumption Hospital, &c.

LECTURE XI.—SYMPTOMS CONNECTED WITH THE HEART.—*Continued.*

7. It is very common to meet with symptoms referable to the *digestive organs* in cases of cardiac disease, when this leads to permanent venous congestion. Such a condition may be visible in the tongue, mouth, and throat, as evidenced by the colour of the mucous membrane, and by swelling of the parts. The tongue may be much enlarged, and indented with the teeth, as well as more or less furred, in connection with conditions lower down the alimentary tract. Catarrh of the throat is sometimes troublesome, being attended with the constant formation of tenacious mucus, which, with the swelling of the parts and local irritation, may give rise to much hawking, or even cough. Deglutition is, in exceptional instances, interfered with by a large pericardial effusion, either by direct compression of the œsophagus, or through nervous influence. Associated with the stomach, the usual symptoms of atonic dyspepsia are frequently met with in various degrees, and flatulent distension is often very troublesome, disturbing the cardiac action, and affecting the breathing, the patient endeavouring to obtain relief by frequent eructations. Intestinal digestion is also interfered with in many cases, borborygni being common, while the bowels are seldom regular, constipation being usually present, but occasionally diarrhoea may occur from time to time. I have known an attack of spontaneous diarrhoea materially relieve dropsy due to heart disease. Hæmorrhoids may result in time from cardiac disease. The liver is directly implicated whenever the passage of blood through the right side of the heart is impeded, the inferior vena cava being thus constantly filled, and this condition immediately affects the hepatic vein, and consequently the circulation through the liver. Therefore, it might be anticipated that this organ would speedily suffer as regards its own special functions, and as regards the portal

circulation; and in time it is very liable to become the seat of considerable and important organic changes, which may terminate in a form of cirrhosis. The slighter disturbances merely contribute to the symptoms associated with the alimentary canal, especially the intestines, where any biliary derangement is likely to produce immediate and obvious effects. These are not only dependent upon defects in the bile as originally secreted, but the gall-bladder and ducts being also the seat of catarrh, the bile becomes mixed with the products of this condition. A more or less marked jaundiced tint may appear from time to time, due to hepatic congestion or catarrh of the ducts, and consequent retention and absorption of bile. It is when organic changes take place in the liver, materially interfering with the portal circulation, that ascites to any great extent usually supervenes, and then it may become one of the most prominent symptoms. In some instances, however, it is considerable when such changes do not exist; and there are exceptional cases of certain cardiac affections, in which ascites is an early phenomenon, developing rapidly, becoming so marked as to demand removal of the fluid by operation, and subsequently returning again and again. We have had an example of such a case recently under our observation, which ultimately proved fatal, and although the liver was altered, the changes were certainly not such as to account for the ascites. After the occurrence of peritoneal dropsy the superficial veins of the abdomen may become more or less dilated and visible. The morbid changes which affect the liver can usually be recognised by physical examination of the organ, it being almost always more or less obviously enlarged. The pancreas is liable to be affected, either functionally or structurally, after the portal circulation is impeded, and this may add to the digestive disorders, but the condition cannot be directly recognised. It may also be noticed here that temporary or permanent enlargement of the spleen may arise from the same cause. This is one of the organs in which embolism may be expected in heart diseases, but the occurrence of such an event is seldom indicated by positive and reliable clinical signs.

8. The *urinary organs* are frequently affected in cardiac complaints of a certain class. This is generally evidenced by changes in the quantity and characters of the urine. Any condition of the heart which leads to general venous congestion tends materially to influence the secretion of this fluid, and the effect is liable to be increased from time to time by exaggerated feebleness or imperfection of the action of the heart. Owing to the peculiarities of the renal circulation, any condition which weakens and retards the flow of blood in the renal arteries, adds considerably to the difficulties resulting from existing venous congestion, and thus it is that modifications in the cardiac action produce such striking effects. One of the most obvious changes in the urine associated with these conditions is diminution in its quantity, the amount being temporarily greatly reduced in some instances, so much so in exceptional cases that the excretion is almost totally suppressed. Such urine as may be passed is highly concentrated, of deep colour, and strong urinous odour; its specific gravity is more or less raised; and its acidity is relatively increased, so that it deposits coloured urates abundantly on cooling. Very often a trace of albumen is present, and temporarily this may be increased until it amounts to one-sixth or more. It may even happen that blood is present in small quantity; and epithelial casts may be observed under the microscope from time to time. These changes in the urine may or may not be accompanied with a sense of uneasiness and weight, or some degree of dull pain over the loin; but this must not be looked upon as a necessary symptom of renal congestion, while pain in the lumbar regions may be present in cardiac cases quite apart from any kidney disturbance, and should not be regarded as indicating any such disorder, unless other signs exist. The urinary derangement is often attended with an increase of any dropsy present, or it may seem to initiate it. The influence of the cardiac action is seen, frequently in a remarkable degree,

in the effects produced upon the urinary excretion by the administration of digitalis, which strengthens and controls the heart, and so increases the force of the circulation through the kidneys. And this leads me to observe that the urine sometimes becomes increased in quantity, and more or less watery and diluted, in cases where the arterial pressure in the kidneys is increased, owing to excessive cardiac action in cases of hypertrophy or palpitation. Especially is this noticed when at the same time there is a condition of vaso-motor paralysis, so that the arterial walls are relaxed and yielding. This combination of cardiac and vascular disorder is met with in certain nervous cases.

It must never be forgotten that actual renal disease is often associated with cardiac mischief, either as its cause, its effect, or as a coincident condition, the two organs being affected by the same causes. The symptoms of the renal complaint will then necessarily vary according to its nature, but the urine is mainly to be relied upon. Even under such circumstances this excretion may be influenced by the heart, either temporarily or permanently.

A certain degree of catarrh of the bladder may result from the venous congestion of cardiac disease, but in my experience I cannot call to mind any case in which the symptoms of such an affection were prominent or troublesome. It may probably happen, not infrequently, that an undue admixture of mucus of an unhealthy character, coming from the vesical mucous membrane, hastens the decomposition of the urine, and tends to render it speedily alkaline. Enlargement of the prostate has been attributed to cardiac disease in some cases, perhaps with reason, and this condition might interfere with the escape of the urine. (Edema of the prepuce may produce a similar effect.

9. In connection with the *generative organs*, symptoms may be noticed as the result of prolonged venous congestion from cardiac disease. In males these are manifested by impairment or complete loss of sexual desire or power, and I have known patients make a prominent complaint of such symptoms. It is said that hydrocele may be caused by disease of the heart. In females the sexual feelings may also be enfeebled, and the procreative power impaired. The menstrual functions are often disordered, there being a tendency to menorrhagia, which may be considerable. Uterine and vaginal catarrh frequently originate leucorrhœa. It is supposed that the congestion may lead to chronic inflammation and enlargement of the uterus. The labia are liable to be involved in general dropsy. In certain cases, where there is marked functional disorder of the heart, undue sexual excitement and inclination may be met with, but these phenomena are probably merely manifestations of the same general morbid condition of the patient.

10. The *pulse* must be mentioned as affording clinical signs of great importance in many cardiac complaints. It is manifest that the pulse is directly affected by the manner in which the heart is acting, while it is also influenced by mechanical disarrangements involving certain valves and orifices. This subject, however, can hardly be fully discussed under symptoms, as the phenomena belong more particularly to the group of "physical signs." I will, therefore, not enter further into its consideration on the present occasion.

Such is a concise analysis of the symptoms which have to be recognised in relation to the heart. In individual cases they have to be studied more or less carefully according to circumstances; and let me again remind you that such study is often of the greatest consequence. A very little consideration of the individual diseases of the heart will indicate the effects which they are likely to produce.

In concluding this subject, I would call your special attention to certain symptoms which ought to lead you to suspect the heart, especially in persons advanced in years, and which may be significant of early disease, or of such mischief as cannot be positively determined by physical examination. These symptoms are:—

1. Curious and unpleasant sensations about the præ-

cordial region, occurring spontaneously or from slight causes.

2. Evident disturbance of cardiac action under similar circumstances, as after a little exertion, or on going to sleep.

3. Marked shortness of breath, without any obvious cause, the breathing becoming easily hurried and deep.

4. Slight œdema about the ankles; observed towards evening, but disappearing with the night's rest.

5. A tendency to faintness, marked giddiness, or apoplectic attacks, especially if they come on spontaneously.

6. Liability to bronchial catarrh and pulmonary congestion from slight causes.

Clinical Records.

EAST LONDON CHILDREN'S HOSPITAL.

A Case of Reflex Convulsions with Venous Congestion of the Brain—Death—Autopsy.

Under the care of Dr. EUSTACE SMITH.

Reported by Mr. SIDNEY DAVIES, B.A., M.R.C.S., Clinical Assistant.

LOUISA RIORDAN, æt. 12 months, was admitted into the hospital on Jan. 16th, 1882. The mother, who brought her, gave the following history:—

The parents were healthy; they had had two children, both living, and the mother had miscarried once with twins. The mother's father died of phthisis. The child had had a fit two hours after birth, otherwise it had had good health till a week before. It had been lately weaned, but had only two teeth. A week before admission the child had an eruption of small red spots on the arms and face, and two days after their appearance it had two fits, in which the muscles became stiff, and the arms were moved spasmodically. Two days later there was a third fit, and the child began to squint. Since it began to be ill the child had vomited after its food. The bowels had been moved about twice a day. The child had been very fretful.

On admission, the child was crying lustily and kicking about in its mother's arms. Both pupils were dilated and equal, and there was internal strabismus of the right eye. The cheeks were flushed, the fontanelle tense, and the abdominal wall inelastic.

The following notes were taken of its condition in the hospital until death supervened:—

Jan. 17th.—Child lying with eyes closed. Internal strabismus of right eye. Pupils equally dilated. No discharge from the ears. Thumbs not twisted in. Toes not flexed. On touching the abdomen the child makes uneasy movements. She is evidently not unconscious, but seems drowsy. Oculogygomatic line well marked. Abdomen very flaccid. Liver and spleen large, firm, and with sharp edges. Child is reported to have clasped more firmly with the right hand than the left. Lungs and heart normal. Gums very full for upper incisors. Ends of long bones enlarged. Ribs beaded. Deep flush on cheek after firm pressure. Ordered—

Hyd. c. cret., gr. ij.;
Pulv. jalapæ, gr. vi. Statim.
Pot. iod.;
Pot. brom. ℥ss gr. iv.;
Glycerini, ℥xx;
Aq. ad., ℥j. 4tis. horis.

Midnight.—Child sleeping. Respiration, about 40, intermittent—viz., one deep drawn forcible inspiration, followed by a gradually diminishing series of six or seven respirations, and then a pause, followed by a similar series. Pulse, 160, regular.

18th.—Breathing still intermittent, though not with the same rhythm as in last note. Child lies in a semi-conscious state, frequently throwing her hands up to his head and whirling her arms round.

19th, 7.30 a.m.—Child lying unconscious, breathing rapidly and regularly, with loud tracheal râles. Limbs quite warm. Died at 10.30 a.m.

Post-mortem at 1.45 p.m.: Rigor mortis not set in. Body fairly nourished. Skin rather baggy and loose. Post-mortem congestion on posterior aspect of trunk and limbs. On raising scalp, blood extravasated through the anterior fontanelle. On removing the cranium the dura mater was found tense, and the brain bulged through certain slits in the dura mater. There was great venous congestion of the pia mater and flattening of the convolutions. Nearly two ounces of serous blood-coloured fluid were left in the base of the cranium after removing the brain. Slight congestion of the pia mater at the base of the brain. Small dark-coloured clots in each choroid plexus. A considerable amount of fluid was seen to run out of the lateral ventricles, and they still contained a little on being laid open. The puncta cruenta were rather large on making a section of the cerebrum; but there was no other sign of arterial congestion, no inflammatory thickening of the membranes, nor deposit of lymph; no tubercles were seen. Lungs natural. Heart natural. A mass of enlarged bronchial glands were found above and round the roots of the lungs. The superior vena cava passed through the mass. One gland was about as large as a walnut. Liver natural. Other organs not examined.

Remarks.—There were three possible existing causes of the convulsions in this case—viz., abdominal derangement consequent on weaning, dentition, and the subsidence of the cutaneous eruption. The gums were markedly swollen for the upper incisors, which would account for convulsions by itself; but most probably, the dentition and digestive derangement from weaning co-operated. The occurrence of the eruption was probably accidental. The congestion and effusion may well have resulted from the convulsions, combined with the impediment to the return of venous blood caused by the enlarged bronchial glands. Further, rickets is a well-known predisposing cause of convulsions. The flaccidity of the abdominal wall raised a suspicion of tubercular meningitis, but the occurrence of convulsions and squinting in a child vigorous enough to scream and kick, almost precluded such a diagnosis.

Department of Lunacy.

LUNACY LAW REFORM.

DR. McDOWALL, like most men practically acquainted with the subject, is dissatisfied with the Lunacy Law Amendment Bill submitted to Parliament by Mr. Dillwyn last session, and likely to be reintroduced this year, and gives expression to his views regarding it in his Report on the Northumberland Pauper Lunatic Asylum, presented to the Quarter Sessions of the county on the 4th of January last. Considering the obvious and numerous defects of Mr. Dillwyn's Bill, Dr. McDowall is surprised that it should have reached a second reading. He is opposed to the extinction of private asylums, believing that they have a useful part to play, but he advocates the establishment of public institutions for lunatics belonging to the poorer middle classes, on whom mental derangement falls as a crushing calamity, and for whom there is at present but very inadequate accommodation.

THE WATERFORD DISTRICT LUNATIC ASYLUM.

THE Inspectors who visited the Waterford District Asylum three times during 1881 speak in laudatory terms of its condition and management, and the entries made by the Governors at their frequent visitations are uniformly of a favourable description, and remark on various improvements and ameliorations in the lot of the inmates introduced by Dr. Ringrose Atkins, the talented medical superintendent, such as the adoption of precautions against fire, the abandonment of the use of canvas dresses, the construction of new baths, and the adoption of extended exercise as a means of treatment in the least tractable of cases. As an indication of the reaction

against the non-restraint system which is undoubtedly going on in Great Britain and Ireland at present, and which will require to be carefully watched by public officials and all interested in the welfare of the insane, it may be mentioned that the Hon. D. F. Fortescue, on going round the wards on the 3rd of October last, found six male patients in restraints, and two of these with their arms fastened. The Asylum contained 286 patients on the 31st of December last. The death rate for 1881 was 4.37, calculated on the average number of patients daily resident, and the recovery rate was 45.20, calculated on the admissions. General paralysis is not mentioned amongst the forms of mental disease from which patients in the asylum were suffering, and of the whole population at the end of last year only 18 were epileptics.

COLNEY HATCH ASYLUM.

COLNEY HATCH is, if one might without irreverence say so, the "Jumbo" of lunatic asylums—the largest existing specimen, and perhaps other points of resemblance to the pet of the Zoological Gardens might be discovered by some critics in the unwieldiness of its movements, and its pachydermatous indifference to outside impressions. It contained on the 31st December last 2,173 lunatics, and to supervise and treat this vast hospital population two medical superintendents and three medical assistants were considered sufficient. It is clear that either the County lunatic asylums of England are much over-officered in their medical department, or that Colney Hatch is much under-officered. If any doubt existed as to which of these views ought to be adopted, it will be set at rest by a perusal of the Report of the Visiting Commissioners in Lunacy, who inspected the Asylum on the 6th of May last. It is there recorded that generally the dress and personal appearance of the patients were not open to favourable comment, that in the lavatories of two wards an offensive smell, arising either from the presence of sewer gas or from the foul state of the pipes, probably the latter, was detected; that of the whole population of the Asylum, only 827 were occupied in any way, leaving 1,328 patients in miserable insalubrious idleness; that a considerable number of patients of both sexes never go beyond the airing courts for exercise; and that there is not any system of continuous night watching of epileptic patients in the male division.

Dr. Edgar Sheppard, medical superintendent of the male department, very recently resigned his appointment after having held office for 20 years, and the Committee of Visitors have gratefully acknowledged the value of his services in a resolution of some length acknowledging the improvements which he has carried out, and the zeal he has manifested in promoting the comfort and welfare of the patients.

BROKEN RIBS IN LUNATIC ASYLUMS.

IN the recently published Annual Report of the Joint Counties Lunatic Asylum, at Carmarthen, Dr. Header, the medical superintendent, directs attention to the very unsatisfactory state in which insane patients often are when sent to an asylum. Some, he says, are so exhausted that they only survive a short time, and others are labouring under serious injuries, which, if not detected during life, may lead to grave blame being thrown on the officers of the asylum. Dr. Header then describes a case in point. A woman, *æt.* 67, was admitted into the asylum under his charge in February, 1881, suffering from acute mania, and so violent that no satisfactory examination of her chest could be made. The day after her admission she was still so violent that the combined

efforts of several nurses were required to restrain her, and all attempts at physical exploration were again frustrated. On the third day she was calmer and more amenable to treatment, and it was then found that at least one rib was fractured, but even then, four persons had to hold her while a fifth applied the necessary bandage. She fortunately improved mentally, and was able to state repeatedly to many witnesses that she had fallen down stairs about a week before her removal to the asylum and hurt her side. She died when she had been two months in the asylum, and at the autopsy it was demonstrated that the eighth and ninth ribs on the left side had been broken across. Had her death occurred before she could explain how the injury she suffered from had been sustained, the nurses in charge of her and with whom she had struggled on the day after her admission would in all probability have been held responsible for the fractures and accused of using unnecessary violence. The case is, as Dr. Header remarks, an instructive one to medical men engaged in lunatic asylum practice.

Transactions of Societies.

THE OBSTETRICAL SOCIETY OF EDINBURGH.
MONDAY, MARCH 6, 1882.

Professor SIMPSON, President, in the chair.

DR. L. R. HUXTABLE, of Melrose, was elected an Ordinary Fellow.

PATHOLOGICAL SPECIMENS.

MR. THATCHER exhibited a pathological specimen of a uterus and appendages in a case of tubular pregnancy. The sac had burst into the abdominal cavity. The patient was in great agony, and sent for Mr. Thatcher, but was dead before his arrival. On making a post-mortem the true nature of the case was discovered—a fetus of large size, with the brain protruding, and quite uncovered by any tissue. The child was dead when born.

An interesting specimen of exomphalos, with the liver and intestines protruding, was also exhibited. The child was large, and lived thirty-six hours.

THE PRESIDENT then read a letter from Dr. Ogilvie Grant, at present studying in Vienna, relating an interesting case of instrumental labour occurring in the practice of Professor Braune, of Vienna. It was a case in which forceps had been tried by several practitioners, including Professor Braune, but failed, and before resorting to craniotomy the Professor resolved to try Professor Simpson's modification of Tarnier's forceps, and succeeded easily in effecting the delivery of a living child. Both mother and child did well. Professor Braune expressed himself as highly pleased with Professor Simpson's forceps, which are known in Vienna as "Alexander Simpson's Forceps."

DR. HALLIDAY CROOM then read his paper on "Clinical and Experimental Observations on the Bladder during Parturition."

Prof. SIMPSON said that Dr. Croom's paper was a most elaborate and valuable contribution, many of the statements being quite original, there being no previous observations of the kind. The ring in the vagina formed during parturition by the distended bladder, and to which Dr. Croom had referred, he had frequently noticed, but had never considered it as of any importance. He hoped that the contribution of Dr. Croom, which was by far the best presented to the Society for some years, would influence others in the path of investigation pointed out by Dr. Croom.

DR. HART also bore witness to the originality of the researches made by Dr. Croom, and also to the care with which the various problems were worked out and elaborated.

DR. PETER YOUNG asked if he was right in the impression conveyed to his mind that the pressure excited by the uterus on the moderately full bladder during labour amounted to 3.2 lbs., but that no investigation had been made as to the effect on an over-distended bladder by Dr. Croom.

DR. CROOM then returned thanks.

The hour being late, Dr. Croom's paper having taken more than an hour to read, Dr. Hart's paper on "Some Points in the Physics of the Rectum and Bladder" was postponed.

Dr. HART then related the following case of an interesting and unique cause of delay at the third stage of labour. He was called by Dr. Wylie to a case of hydrocephalus, in which the body of the child was born, but the head could be distinctly felt through the abdominal cavity at the pelvic brim. He punctured the head, and the fœtus was easily removed. The placenta, however remained, and after trying to cause the uterus to expel it by external manipulation, Dr. Wylie administered chloroform, and he (Dr. Hart) then passed his hand up into the uterus, where he found the placenta detached, but resting in a pouch formed by a dilated part of the uterus, close to the cervix, just as a stone may become hid in a pouch in the bladder.

Professor SIMPSON stated that he had never seen such a case, and, therefore, the record of Dr. Wylie's case was most important.

Dr. PETER YOUNG had not seen a similar case, but he had seen cases where pessaries had become encysted.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN. MONDAY, MARCH 6TH, 1882.

Mr. S. LEE RYMER, President, in the Chair.

MR. ALFRED COLEMAN related a case illustrating the danger of the not uncommon practice amongst dental practitioners of giving an anæsthetic and operating single-handed. Nitrous oxide was administered to a little girl for the purpose of removing two molar teeth. Just as he had extracted one of them, the gag slipped, and whilst he was engaged in opening the child's mouth and attempting to grasp the second tooth, the gentleman who was giving the anæsthetic called out that the patient was not breathing. Artificial respiration was at once resorted to, and she soon came round; but at the critical moment he was himself too much occupied to notice the sudden stoppage of respiration, and he felt that had he been operating without assistance he should almost certainly have lost his patient.

Mr. HENRY MOON related a case of

EPILEPSY, CURED BY THE REMOVAL OF DENTAL IRRITATION.

The patient, a girl, *æt.* 21, was brought as an out-patient to Dr. Fagge at Gny's Hospital, and he, finding that her teeth were in a very bad state, sent her to Mr. Moon. She had suffered from fits since she was 14, and lately they had become so frequent as to reduce her almost to a condition of imbecility. On examining her mouth, Mr. Moon found a third molar in process of eruption; this he lanced freely. Some of the other teeth were extracted, and others stopped at the Dental Hospital; treatment by bromide of potassium was ordered at the same time. The result was that the fits entirely ceased from the day of her first visit to the hospital, the girl soon regained her intellect, and, although she was kept under observation for several months, no recurrence took place.

Mr. WALTER COFFIN read the paper of the evening on

THE USE OF GUTTA-PERCHA FOR TAKING IMPRESSIONS IN REGULATION CASES.

Gutta-percha possessed many advantages over plaster for this purpose, not the least of which was the fact that it was much less disagreeable to the patient, but partly owing to the use of inferior samples, and partly to improper methods of working, it had been generally abandoned as unreliable. The directions given in text-books, and sent out by the dépôts, would inevitably ruin the best gutta-percha, so far as its fitness for impressions was concerned. The proper method was as follows:—A cup or tray was fitted to the dental arch; then gutta-percha in tolerably thin sheets was placed in boiling water, when it immediately softens. It is then taken out on a glass rod, just dipped into cold water, and fitted into the cup. The filled cup is then placed in the hot water for half a minute, just dipped into the cold, then placed in the mouth, and the patient is told slowly and steadily to close the jaws upon it. It should be kept in the mouth for a minute and a half, or two minutes;

then carefully released from the bite, and at once placed in a basin of cold water, where it should be left until it is convenient to take a cast of it. Mr. Coffin then described the tests for good gutta-percha, and mentioned some other purposes connected with dental surgery for which it was useful.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

CHLOROFORM.—At the Académie de Médecine the discussion upon chloroform was continued by M. Verneuil, who believed that the accidents that have been observed should be attributed more to the method in which the anæsthetic was administered than to the quality of the agent. During thirty years he has administered it with the same care and the same precautions, and when an accident occurred he had recourse to the means well known to-day, artificial respiration, traction of the tongue, and dependent position of the head. During all those years this practice invariably succeeded, except in one case, the fatal result of which could not be attributed to mismanagement. He knew very well what would be the verdict of his learned friend M. Gosselin on the case, *viz.*, that the anæsthetic was improperly administered, in that it was not given according to the method adopted by him, which consisted in suspending from time to time the chloroform and allowing the patient to breathe the pure air. M. Gosselin believed that in giving chloroform in the ordinary way a too great quantity of the anæsthetic was introduced into the blood, and accidents resulted. His method gave time for the chloroform in excess to pass off by the kidneys, the intestines, and the skin. But he (M. Verneuil) would like to know what was the exact dose of the agent. In anæsthesia by chloroform death was due to syncope or asphyxia, but the same cause cannot be always admitted. In London, since the beginning of the present year, nine deaths are attributed to chloroform, four to ether, and one to bichloride of methylene. The autopsy of several of these patients showed that they had a fatty heart, impossible to be recognised during life. M. Rochard considered that chloroform should not be abandoned; it was by a long way superior to ether, which was too slow in its action, and often produced a state of intoxication which was very troublesome. Chloroform will always give a case of death now and again, but for that it should not be expunged from surgical practice. He regarded the handkerchief or the pad which were generally used as dangerous, for the vapours of chloroform in an undiluted state enter the blood, and that too rapidly. The anæsthetic should be mixed with air. For the last thirty-five years he had been in the habit of using a sort of cone made of cloth and pierced at the end by a hole the size of the trachea, which gave free access to the air. He never had a fatal case.

AMPUTATIONS OF THE THIGH AND LEG.—M. Nicaise, before the Société de Chirurgie communicated the results of six amputations he had practised in the Hôpital Laennec during the past year; five were of the thigh and the remaining one of the leg. All these operations were for white swelling, and were done according to the most recent methods, such as Esmarch's bandage, catgut or silk ligatures steeped in antiseptic fluid (phenic acid), and the antiseptic spray. Besides, he resected each time the nerves after the amputation, and preserved by dissection a flap of the periosteum. The preservation of the periosteum M. Nicaise considered as very important. There were two kinds of subperiosteal amputation, that of Houzé de l'Anouit, which consisted in forming a

simple periosteal flap, and that of Trélat who detached the membrane all around for a certain distance with an instrument specially made for the purpose. When the bone thus denuded was sawn through, the periosteum hung down in the form of a sleeve. It was this latter method M. Nicaise adopted, and from the results obtained he was determined to repeat it on every future occasion. M. Trélat reminded his colleagues that already in 1866, when the question of the regenerating properties of the periosteum was being discussed, he had emitted the proposition of interposing a flap of the periosteum between the opposing surfaces of the jaw in Eschsch's operation. Besides, he endeavoured to prove the advantages of this method in amputation of the extremities. Since then he has put this idea into practice, and with great success. M. Desprès was not so sanguine as to the possibility of obtaining a periosteal flap such as M. Nicaise spoke of. In young persons attacked with white swelling, the periosteum was thickened, and although it might be easily detached, the flap obtained consisted of a diseased periosteum.

IODOFORM DRESSING AND ITS DANGERS.—This is the title of a lecture given by M. Le Dentu in the Hôpital St. Louis, and which was published in *La France Médicale*. According to the learned professor, the origin of this agent is to be found as far back as 1836, when Bouchardat, for the first time, advised its employment internally for gottre, scrofula, amenorrhœa, &c. In 1853, Martin and others recommended iodoform in fissures and fistulae of the anus, and soon its employment as a local application became general in France. His esteemed colleague, M. Laillet, recommended its use in fistula, cancerous ulceration, soft chancres, onychia, &c., and M. Haillieret ordered it for indurated hæmorrhoids. Its properties of hastening the cicatrization of wounds were fully recognised, but in France, at least, its employment was sufficiently and righteously restrained, old ulcers and those in which the wound was slow in being cicatrised were alone brought under the influence of this antiseptic. It was not so in other countries, for at Vienna iodoform dressing was used for every kind of wound. The German surgeons outstripped their Austrian *confrères* in their affection for this agent, and according to Schede, of 430 surgical cases that occurred in the hospitals of Hamburg during the past year, not once was Lister's dressing used. This assertion fully explained the accidents that were soon observed. M. Le Dentu was far from underrating the value of this therapeutic agent; on the contrary, he believed it capable of rendering great services when properly used. Crystallised iodoform is daily used, although some prefer it in the powdered (porphyrised) form, but this latter is more dangerous, on account of its being easily absorbed. A very good method is that of its employment in the form of gauze. A certain quantity of gauze is rubbed up with iodoform in a mortar; the pieces or bandages of gauze thus prepared are preserved from the contact of the air. The action of iodoform would be as follows:—After the application of the agent, suppuration becomes less abundant; the pus slowly secreted forms with the iodoform a layer which protects the ulcer, beneath which it soon cicatrises. There is also a slight quantity of iodine evolved which might act as an antiseptic. As to the disadvantages of this mode of dressing, besides the price, which was very high, and the odour, which was to some persons absolutely insupportable, it has produced certain irritations of the skin, such as eczema, erythema, &c. However, these phenomena only appeared after a long and continued employment of the iodoform.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, MARCH 29, 1882.

THE PROVINCES AND MEDICAL JOURNALS.

WE referred in a recent number of the *Medical Press and Circular* to a subject which possesses the deepest interest for every provincial member of the profession, and which is also at the present time, we are much gratified to learn, occupying a considerable amount of attention in extra-metropolitan districts; we allude to the inadequate representation of country contributors in the pages of medical journals. There are several legitimate and weighty reasons why the existing state of affairs should be remedied; there is nothing, moreover, to hinder the speedy fulfilment of so desirable an end; and as far as we can be of service in securing it we shall endeavour to do our best. In London itself there are eight principal associations of medical men, the meetings of which are held at short intervals of a week or a fortnight, throughout two-thirds of the year. At these meetings papers are read and discussions take place on cases and observations tending to advance and illustrate various branches of medical science. The excellence of these essays and speeches is proverbially considerable, and it is now customary to anticipate the first publication of all improvements and discoveries in medicine, before one or other of the medical societies. It cannot be denied that most, if not all, of the benefits thus conferred on the profession are obtained through the publicity given to society proceedings by medical journals; but equally certain also is it that a vast amount of valuable information that would be essentially serviceable if it could be made generally accessible to professional readers, is permanently lost to all but a favoured few through being buried

in the manuscript treasures of a provincial societies or at best, published in the pages of a meagrely-circulated volume of provincial reports. Experience has proved, on those occasions when reports of these meetings have been published in weekly journals, that papers contributed to them lack neither the interest nor the importance which lend value to metropolitan society proceedings; but in spite of this obvious fact, it nevertheless remains as true to-day as it was a dozen years since, that by far the majority of papers included in each year's issues of medical newspapers are written by authors resident or practising in London. It will, naturally, always be the case that London will lead the way in this branch of literature, as, from its exceptional surroundings would be expected; but none the less is it certain that more than an equivalent of London intellectual activity is to be found in a combination of all other centres of work in the United Kingdom.

Scarcely a day passes, certainly no single week elapses, during which one practitioner at least does not come across a case, or cases presenting features of interest and importance that should be communicated to his brethren for their instruction. We need only reflect for a moment how closely dependent the progress of scientific medicine has been on the collection and interpretation of chance cases, and it will not be difficult to realise what infinitely useful data are being constantly lost because they are not at once recorded. It is a matter for congratulation, however, that a general awakening to this truth is being evidenced and to us especially it is satisfactory that the *Medical Press and Circular* has been the means of calling forth at least one feasible suggestion for future amendment.

At a dinner recently given at Halifax in honour of Mr. T. M. Dolan, Fothergillian Gold Medallist for 1882, the whole subject which had been broached, as we have said, in our own columns but shortly before, came under discussion. On this occasion, while admitting and deploring the truths above insisted on, several speakers urged that steps should be taken to prevent so grievous a loss of invaluable material; and it was suggested that the *Medical Press and Circular* might lend assistance thereto by opening its columns especially to contributions from country sources. We cannot, perhaps, better demonstrate the hearty sincerity with which this proposal is accepted by us than by calling attention to a lengthy report which appeared in our last issue of the Bradford Medico-Chirurgical Society's most recent meeting. It, too, serves admirably to illustrate the justice of lamenting the loss sustained by non-publication of such valuable matter, and we earnestly ask every provincial medical society to accept the invitation we offer it to furnish us with reports and abstracts of its meetings, to be recorded alongside with those of their better-known London prototypes.

REINSTATEMENT OF DR. KENNY AS MEDICAL OFFICER OF THE NORTH DUBLIN UNION.

THE return of Dr. Kenny to his duty on reappointment to the office from which he had been dismissed, and with the sanction of the Local Government Board for Ireland, afford, we think, an occasion for congratulation to the Poor-law medical officers of Ireland as to Dr.

Kenny himself. The Local Government Board has shown that it feels that its action in dismissing Dr. Kenny was at least precipitate and unwise, if not illegal and unjustifiable, and it has with becoming prudence made the *amende*. Thus the Poor-law medical officers of Ireland have gained two points of vantage. They have escaped the establishment of a precedent for future dismissals on the mere motion of the Board without sufficient cause shown and without prior investigation of the accusations against the medical officer, and they have established a contra-precedent for the reinstating of a medical officer who had vacated his appointment, not by resignation, but by actual dismissal. We congratulate our *confrères* of the Workhouse Hospital and Dispensary on these two substantial points gained, and we think that much credit is due to Dr. Lyons, M.P., and those who have brought public opinion to bear so effectually upon the hasty action of the Local Government Board. When the announcement of Dr. Kenny's peremptory dismissal was made public we hastened to enter our most emphatic protest against the principle of that dismissal. We contended that the legality of his removal in this way was more than doubtful, and that its injustice and impropriety was manifest, and we asserted our view of the law that the Local Government Board had no power to "deem unfit" a medical officer or to remove him from office except for incapacity or unwillingness to perform his duty efficiently. The accuracy of this view of the law has not been decided, inasmuch as Dr. Kenny has not found it necessary to proceed with his suit against the L.G.B. to compel them to reinstate him, but, so far as the concession made by the Board is to be taken as an admission that their reading of the law was wrong, the result of the transaction has been to confirm our interpretation, and *pro tanto* to establish the principle that a medical officer cannot be dismissed for causes outside his official duties.

The reinstating of Dr. Kenny is, if not the only, at least the only prominent instance in which a Poor-law medical officer has been allowed, after dismissal, to hold office again in the service, and the precedent thus asserted may be of use at some future time. We hope that occasion will seldom arise for the application of such a precedent, and we think that the instances are but few where a medical officer expelled for negligence, incapacity, or contumaciousness, would deserve to be restored to office.

As to whether or not the Local Government Board had good practical reasons for dismissing Dr. Kenny, it is not our province to express any opinion, and we confine our support of him and our censure of the proceedings of the Local Government Board to the question solely of departmental principle and of law.

We have endeavoured to assert and maintain the rights of Irish Poor-law medical officers without implying sympathy with either the Government or Dr. Kenny in their political antagonism, and in this sense alone we congratulate our readers on the fact that the contest has resulted, if not in a victory for them, at least in a drawn battle, with a favourable strategic position available for the next engagement.

THE LAW AS BETWEEN PRINCIPAL AND ASSISTANT.

MR. JUSTICE KAY was occupied the greater part of two days last week, in one of the Chancery Courts, with the case of Andrew v. Lindsay, which presents some points of medico-legal importance to principals and assistants.

The plaintiff in the case, Dr. Edwyn Andrew, is a Doctor of Medicine and Master in Surgery of the University of London; also a Fellow of the Royal College of Surgeons of England, and Licentiate of the Apothecaries' Company. The defendant, Francis Woodley Lindsay, held the diplomas of the College of Physicians and the College of Surgeons, Edinburgh, and was introduced to Dr. Andrew by a medical agent in London, and engaged as assistant at a salary of £70 a year, with board and residence. This was afterwards raised from time to time to £200 a year. At the time of each advance the question was raised as to the signing of the usual bond, and although Mr. Lindsay denied this, he admitted that he knew it to be the almost universal rule that such agreements containing restrictive clauses as to practice were signed by assistants.

Now it so happened that a long time elapsed between the engagement first made with Mr. Lindsay and the signing of the agreement, and the defence alleged that when Mr. Lindsay was called upon to sign the document it was "a surprise equivalent to a fraud." This the judge refused to accept as accurate, and rather indignantly hinted that such an allegation ought not to have been made, because Mr. Lindsay in his cross-examination admitted that it was customary to sign a bond, but that he objected to *the* bond on the ground that the damages set down were excessive, and that the area of prohibition was unfairly extensive. The judge, in giving his decision, was of opinion that the area was not more than reasonable to protect the practitioner, and that it would be better for the Court to grant an injunction to restrain Mr. Lindsay from practising than to allow the penalties to be sued for by repeated actions. The area of prohibition was twenty-five miles from the residence of the practitioner, and the damages agreed upon were £100 a month so long as Mr. Lindsay continued to practise therein.

The agreement having been signed by Mr. Lindsay, things went on as before for some time; then disagreements occurred, and finally Mr. Lindsay gave notice to Dr. Andrew that the contract of service should be ended at a certain time, and that he should thereafter immediately commence practice in the town where the plaintiff resided. A brass plate appeared on the defendant's residence, and this was followed by a public advertisement in one of the local papers.

Amongst other important points settled in this case, was the decision of the judge that the putting up of a brass plate, "Mr. Lindsay, Surgeon," was an overt act of practice, and that although the agreement was not signed at once, the consideration contained in the agreement was a *continuing* consideration sufficient to render valid the prohibitory condition. In reviewing the case generally, it may be noted that all contracts "in restraint of trade" are held to be illegal unless

they fulfill two conditions.—first, they must be reasonable; and secondly, they must be for a consideration. The reasonableness of the contract is supposed to be expressed by the general condition. For example, if a prohibitory clause shut an assistant out from practising in any area at a distance from the principal, and where the principal had an interest, the law holds that to be reasonable which so protects an employer. If a practitioner engages an assistant, and, in good-natured confidence in his honour, introduces him to the patients in his connection, the law holds it to be reasonable that the assistant afterwards shall not abuse such confidence by endeavouring to get such patients for himself, and by taking them away from his former employer. Yet this is what many assistants claim to do. Now it cannot be too clearly set forth that, whether an agreement be signed or not, a medical assistant cannot in honour avail himself of the introductions given to him in the course of his employment to set up in practice against his employer in the place; but that where such agreements *are* signed, they will be upheld by the courts.

Notes on Current Topics.

The Government Reports on the London Water.

Does not the answer given by the President of the Local Government Board to the question of Mr. Firth, on Friday last, in the House, as to who is responsible for the publication of the reports of the paid analysts of water companies, in the monthly reports of the Government water examiner, closely border upon dishonesty? Does not Mr. Dodson's disavowal of responsibility show a disregard of public interests second only to that exhibited by the President of the Board of Trade, who knowingly sanctions the wide-spread adulteration of coffee, and whereby dandelion root and other abominations, with 10 or 20 per cent. of the coffee berry, is allowed to be retailed to the public under various disguises, well known to the officers of the Inland Revenue Department? The prominent place assigned by Colonel Bolton, the water examiner of the Local Government Board, to the reports made by certain chemists, and paid for by the water companies, has been the means of shamefully misleading public opinion as to the actual condition of the Thames water, and in a matter of vital importance to four millions of people, who live on the banks of the river, upwards to Oxford, and downwards to the sea. Five of the water companies draw their supplies from its stream; and whether that is pure or impure is a question of the deepest interest, for no care in filtration can eliminate the poisons that may perchance lurk within it. It is well known that no measures have as yet been taken to divert the sewage and drainage of numerous considerable-sized towns above the intake of the companies; and the consequence is that pollution of Thames water is almost as rife as ever it was. At every few yards, night and day, an immense amount of feculent matter is poured into the river. Nevertheless, there are chemists who would have us believe that London water "is a limpid and luxurious beverage." It

is not to be endured that the water companies should, month by month, be permitted to foist upon the public, at the expense of a public department, statements so dangerous, mischievous, and thoroughly misleading with reference to the purity and wholesomeness of the London water supply.

A Pregnant Septuagenarian.

L'Union Médicale of Dec. 3rd contains an account of a woman, 70 years of age, who has been admitted to the clinic of the School of Medicine, Paris, in an interesting condition (for the Faculty). This woman, a widow, and a native of Garches, is strongly imbued with the principle "that wine is the milk of the aged," and for about six months had been in the habit of drinking freely. After a libation more prolonged than usual she was sitting on the roadside waiting until she could go into her house. A young man, 24 years of age, who knew her, seeing her in this state, proposed to take her home. The widow was willing. Night was coming on, and as the woods were not safe, she offered in return to her gallant knight hospitality for the night. It was not one night he stopped, but four. Finally, to her great surprise, the septuagenarian Venus discovered one day that she was obliged to loosen her belt. A midwife whom she went to consult, and also the doctor of Garches, who was called in in his turn, could only confirm the affair, and now she is in the clinic, where they make much of her, as the case is curious, and the inhabitants of Garches are waiting the result with impatience; they are even disposed, as the case is interesting, to contribute towards the expense of the christening; and who knows but they may to the wedding also!

Sensational Deaths.

ANOTHER victim has been added to the list of those who have met death by pandering to the vulgar craving for sensational exhibitions. The scene of this latest catastrophe was a music-hall in Dublin, where a gymnast, named Artois, had been engaged to perform a series of daring flights across the hall, from one trapeze to another; his final feat being to spring from a bar in motion to a horizontal rod fixed immediately over the stage. On the occasion of his last appearance, he failed to obtain secure hold of the latter fixed bar, fell to the wooden flooring of the stage, sustained a terrible fracture of the base of the skull, and died ten minutes after admission into hospital. It is expressly stated that provision of a net for breaking the fall in case of accident to the acrobat during his performances, was purposely omitted, in order to add thereby to the dangerous character of the exhibition; and, as the event has shown, the desired end was only too surely gained. It might have been supposed that after so many previous experiences of a similar kind, such open courting of danger by professional gymnasts would be no longer permitted. The interests of public morality, to say nothing of common humanity, demand that steps shall be taken in the proper quarters to prevent such shocking disasters in the future. It cannot be a healthy feeling that animates a crowd ravening to behold acts of skill fraught with almost certain danger to the artist; and the sooner official prohibition puts a stop to

all these disgraceful performances, the better it will be for all concerned.

Unusual Effects caused by the Administration of Sulphate of Quinine.

In the *Recueil de Mem. de Med. Militaire*, Surgeon-Major Rivet describes the cases of three patients who were treated with quinine, one for remittent fever and the other two for neuralgia. In the first case, two hours after taking the quinine patient was seized with vomiting, dyspnoea, and scarlatinal eruption. After some hours these symptoms disappeared, but returned each time the dose was repeated. In the second case there was vesica tenesmus, with hæmaturia and eruption of nettle-rash. The third had an eruption after taking valerianate of quinine. When the sulphate was substituted an alarming state of syncope came on, with vomiting, dyspnoea, and præcordial anxiety, and eruption of urticaria, followed by an attack of diarrhoea. This patient had been previously treated, when in Africa, ineffectually, for malaria, by quinine. Although these effects have been remarked by several writers, they are nevertheless rare. Dr. Rivet, who had treated a great number of patients in Africa by quinine, had never seen any similar cases. Subcutaneous injections of morphia appeared to be the best treatment in these cases.

The Government and Vaccination.

IN consequence of a recommendation from the Medical Department of the Privy Council the Registrar-General, acting under the instructions of the Local Government Board, has caused printed notices to be issued to all the registrars of births and deaths throughout the metropolis, to be followed by a similar distribution in every registration district of the Kingdom, to be handed by each registrar to every informant upon registration of a birth one of such notices regarding new regulations with respect to vaccination. By these notices the parents of children registered are informed that, instead of being compelled to have their children vaccinated in the ordinary manner, they can now have them vaccinated at their option with animal lymph if they choose to go to the stations assigned to the public vaccinators acting under the instruction of the Local Government Board, the addresses of which are given, with the names of the vaccinators appointed for the purpose.

Unhealthy Dwellings.

DURING the past week Mr. Collier has been engaged in investigating the circumstances attending the death of two children at Bromley-by-Bow, and which were of a nature to expose the dangers arising from imperfect drainage in the houses of the poor. From evidence tendered before the coroner, it was found that in each case death had been caused by enteric fever under the influence of sewer-gas escaping from defective drains. It was shown, moreover, that attention had been previously drawn to the dangerous condition of the dwelling, and an appeal made to the landlord to remedy the defects; but that repairs amounting to fifteen shillings were for a long time refused to be done; and when, finally, permission was accorded for the expenditure of twelve shillings in this

way, the deceased children were already attacked by fatal illness. It is impossible to avoid the conclusion that these young lives have been needlessly sacrificed, and that far from adequate attention is paid by the authorities to remedying the evils arising in crowded quarters from inappropriate arrangements for disposing of house-sewage. An attempt made in the case referred to to attach blame to the Board of Works for permitting the state of things revealed to exist, was met by a reply from Dr. Talbot, medical officer of health, to the effect that the Board of Works had no concern with the internal drainage of a house. It is difficult, indeed, to ascertain who is directly responsible in such matters, for until a gross exposure is brought about by circumstances like those referred to above, the landlord's obligation seems to be inoperative.

Rupture of the Heart through Cold Bathing.

MR. ST. CLARE BEDFORD, Coroner for Westminster, held an inquest on Wednesday last on the body of a gentleman considerably over seventy years of age, who had died from shock produced by a cold-water bath, the immediate cause of death having been rupture of the heart. Dr. F. H. Leighton, who made the post-mortem examination, took occasion to add to his evidence a caution to the public against indulgence in cold bathing, which he described as most dangerous, for old people especially, and as likely, at any time, to produce such consequences as were noticed in the deceased. These remarks were endorsed by the coroner, who described them as very opportune, and a verdict in accordance with the medical testimony was returned. While admitting the justice of these conclusions in very many cases, we still consider that, in numerous instances, morning "tubbing" is attended with good results. The great mistake that is usually committed in regard to it is, the error of never raising the temperature of the water from that of the surrounding air. In very cold weather the bath, even when exposed overnight in the bedroom, will often be lower than forty-five degrees, and where water is brought straight from the main or well, it may be even ten or fifteen degrees lower. Only the strongest constitutions can derive benefit from shock produced by application of a liquid sixty to seventy degrees colder than the body to its surface, and it is very questionable if it ever is attended with permanently good results. Reaction may be afterwards complete, but there is always the risk of sudden danger from the condition of the body being temporarily such as to prevent immediate reaction. In such cases very serious accidents are possible, and this last instance of death may perhaps be regarded as an example in point. A temperature of from forty to fifty degrees is quite cold enough for any person to submit himself to; this allows for a difference of between forty and fifty degrees in the heat of the body and that of the bath—amply sufficient to produce all the benefits desirable from it—and it would be well for all if these extremes were never exceeded.

H. R. H. THE PRINCE OF WALES has consented to preside at the annual festival of the Victoria Hospital for Sick Children, Chelsea, to-day. The Lord Mayor and Sheriffs of London are also expected to be present.

Massage in Eye Diseases.

At a recent meeting of the Imperial Medical Association of Vienna, Dr. S. Klein gave an interesting address on "Massage in Diseases of the Eye," claiming the honour of its introduction for the younger Pagenstecher. He showed it to be an eminently rational procedure in all kinds of chronic inflammation and their sequelæ, especially in episcleritis and scleritis in all their forms, in pannus, as well as in inveterate pearly opacities of the cornea, in chronic forms of conjunctivitis and particularly in that form called after Sämilsca, "early life" catarrh, which, however, is better designated by Pagenstecher as conjunctivitis marginalis hypertrophica.

Massage consists in a gentle rubbing of the eye by the thumb or index-finger, by quickly pushing the upper eyelid over the ball of the eye. The rubbing is performed in either a radial or circular direction. The explanation of the action of massage is as follows: By it the blood and lymph vessels are temporarily emptied, and are then placed in a better condition for the reabsorption of accumulated exudation. As a matter of fact, any one may convince himself that intra-ocular pressure is diminished—a proof that actually a certain quantity of fluid has been expelled from the eye. On the other hand, the vaso-motor nervous system is excited, whereby, in torpid conditions, the interchange of material is increased.

The manipulation is continued from two to five minutes at a time, and may be made use of twice a day. A slight congestion of blood-vessels follows, which, however, disappears in from half-an-hour to an hour. When it remains longer, and is associated with biliary irritation, the treatment should be desisted from. The author had treated in this manner a case of episcleritis, one of conjunctivitis phlyctenulosa, one of keratitis parenchymatosa diffusa, and one of "early life" catarrh. In all the cases the disease affected both sides. In the last case the treatment was productive of marked improvement: the patient withdrew himself from further observation by leaving the place. The effect was very striking, for on the days on which no treatment was made use of, the case made no progress towards recovery, but the days on which massage was employed an undoubted advance could be verified. There were no drawbacks. In none of the patients was there anything of a disagreeable, to say nothing of a painful, feeling whilst the treatment was being carried out. In view of the fact that massage diminishes intra-ocular pressure, and that it has been proved by Gradenigo to relieve pain, Dr. Klein believes that this method of treatment will be indicated in many affections, particularly in painful glaucoma, as well as in substantive ciliar neuralgias.

According to the *Centralbl. für prakt. Augenheilk.*, Dr. Just has succeeded, by gentle and regulated friction on the globe of the eye, in scattering purulent collection in the anterior chamber, and in mixing it with the aqueous humour. In many cases of hypopyon treated in this way, absorption has taken place in a rapid and exceptional manner. Hirschberg adds a note to this observation, to the effect that, by making patients with this affection lie first on one side and then on the other, changing position every hour, absorption has been equally rapid.

The Notification of Infectious Disease System.

A RESOLUTION, moved by Sir W. Harcourt, was recently agreed to in the House of Commons for the appointment of a special committee, to whom shall be referred all private Bills promoted by municipal and other local authorities, by which it is proposed to create powers relating to police or sanitary regulations which deviate from, or are in extension of, or repugnant to, the general law. This move, though it may appear to affect only local interests, is of extreme importance to the profession. All the existing pains, penalties, liabilities, responsibilities, restrictions, and coercion which have been imposed upon physicians in connection with the notification of infectious disease, have been legalised by means of private Bills, such as Sir William Harcourt has now placed under *surveillance*. No public Bill for the notification of infectious diseases has ever been submitted to Parliament, but clauses have been schemed into gas, water, and street improvement local Bills, by means of which the profession has been coerced without any opportunity of objecting to the *incubus* imposed on it. It is a gross abuse of the authority of Parliament that it should be used to legalise the granting of most oppressive powers to a conclave of upper-class vestrymen who are invested with the local authority of a town council. Henceforth, we shall, we hope, have no further extension of the "notification" system until Parliament sees fit to make special law for the purpose. The following gentlemen have been nominated as the Select Committee:—Mr. Blennerhasset, Mr. H. H. Fowler, Mr. Garnier, Sir G. Goldney, Mr. Hastings, Mr. M'Laren, and Mr. Sclater Booth.

Vivisection.

LAST spring the naturalist, Carl Vogt, met at the Algerian Congress an English physiologist, Dr. Martin Lister, who informed him that because of the English law against vivisection he was obliged to leave that country whenever he wished to make experiments on animals. "Can you believe," said he, "that I was forced to leave my practice there, and start again professionally in France, so as to be able to make some experiments on horses necessary for the completion of a work already commenced? I applied to the English authorities, and they informed me that they would willingly close their eyes to the fact that I was practising vivisection, but if it pleased some clergyman or old woman to prosecute me, no one could prevent me from being heavily fined, or even imprisoned. I have, therefore, come to Toulouse, where I have kindly been supplied by the authorities with all necessaries." Carl Vogt accompanied this statement with the following remarks: "In the case of a human being the doctor has the whole control, he practises the most dangerous operations, and administers the most violent medicines on his own responsibility. Why is it then more dangerous for animals than human beings? Why do we find it abominable to try the effects of a new remedy on an animal before using it for man?" M. Carl Vogt declares that there exists in Germany a movement analogous to that which led to the law against vivisection in England. And if one is to believe M. Virchow

the leaders of the anti-vivisection campaign do not despair of obtaining from the German parliament a law conforming to their views.

The Mark of Oane.

THE way in which walking-sticks and umbrellas are flourished and swung about in the crowded thoroughfares of London at the present day is highly reprehensible. The pedestrian who walks down Regent Street in the afternoon without having his eye put out, his face scratched, or his clothing marked by revolving canes and probing Sangsters ought to feel inexpressibly thankful. Either intense mental preoccupation or inconsiderate vulgarity is at the bottom of this walking-stick and umbrella nuisance, which, besides inflicting some positive injuries, is the cause of much trepidation and irascibility. Our excellent colleague *Dr. Punch*, a physician of great physiological and psychological acumen, has treated with good effect the galloping cad of the parks; and it is to be hoped he will turn his attention one of these days to the scarcely less urgent case of the cane-swinging cad of the streets.

Nitrite of Amyl in Ocular Therapeutics.

DEUTSCHMANN has published in the "Archives" of Graefe (Band xxvii., Heft I.) three cases in which an affection of the optic nerve was improved by the use of this medicament. Samelsohn reports a similar experience. A married woman, aged 36, had a sudden attack of amblyopia of the right eye. This took place 3 months after a normal accouchement, on the return of her menses. Nine days later there was complete amaurosis. The right pupil no longer reacted under the influence of light, did not contract in efforts of accommodation; the papilla was paler on left side, but there was no atrophy. The usually large vessels of the retina were smaller than on the other side. She inhaled six drops of nitrite of amyl. Congestion of the face was rapidly produced, and at the same time a manifest injection of the pupil was observed by Dr. Samelsohn, and verified by Professor Rothmund. Improvement followed on successive inhalations, and after the administration of strychnine the pupil became mobile and the field of vision resumed its normal integrity.

The Murchison Scholarship in Clinical Medicine.

THE first examination for this scholarship, which has been instituted as a memorial of the late Dr. Charles Murchison, will be held at the Royal College of Physicians, London, on Friday, April 21st, at 4 o'clock. The scholarship will be competed for alternately in London and Edinburgh, and is intended to attract such candidates as have already distinguished themselves in clinical medicine in their respective schools. It is hoped that the title of "Murchison Scholar" will indicate very exceptional merit in the possessor of it. All particulars relating to the examination are given in the advertisement which will be found in this number; and it may be noted that candidates are required to have studied either in London or Edinburgh, and only in such schools as are recognised by the Royal College of Physicians of London, or by the University of Edinburgh.

Filtration of Gases through Water in Sewer-traps.

IN our recent review of the second edition of Mr. Pridgin Teale's excellent book on "Dangers to Health" we referred to the necessity for sewer ventilation and to the fact that a much greater quantity of miasmatic gases might be transmitted through water, sealed traps then were generally supposed, even though the traps were in perfect working order. We pointed out that one cubic inch of water absorbs two and a-half cubic inches of sulphuretted hydrogen; of ammoniacal gases, six hundred cubic inches; of sulphurous acid, forty to fifty cubic inches, &c. And when the water becomes impregnated, even to a small extent, it begins to smell—i.e., gives off gases at the house side, and this must go on all night. This idea was brought to our mind by the following quotation made by the author of the book under review, from a paper by Dr. Fergus in the *Edinburgh Medical Journal*, July, 1878:—"A much more important factor in the admission of sewer gas into houses is the diffusion of gases through water." Dr. Fergus detected ammonia in fifteen minutes, sulphurous acid in one hour, sulphuretted hydrogen in three to four hours, chlorine in four hours, &c. The last report of the New York Academy of Medicine affords us corroborative evidence of the reality of our apprehensions that too much trust was usually put in water-traps. At the Academy a paper was read by Mr. Wingate on "Practical Points in Plumbing" and a series of illustrative experiments were shown by Professor Doremus—the first authority in New York on such a subject. On the table was a block of brown sandstone, four and three-fourth inches in thickness. On each side iron plates had been inserted, and to each iron plate an iron tube was fixed. The whole surface of the stone, except that covered by the iron, had been coated with many layers of varnish. Professor Doremus fastened a flexible tube to a gas jet at one end, and, at the other, to one of the iron tubes, the other extremity of which, as has been explained, rested against the sandstone. After waiting a minute or two he applied a lighted taper to the end of the other iron tube connecting with the sandstone, and a small flame sprang up, showing that the gas had passed through the solid stone. Professor Doremus then took a block of brickwork eight inches in thickness, made of Philadelphia brick, with plates and tubes attached in the same manner as to the sandstone. By blowing through one of the tubes, a candle-light placed at the end of the other was deflected. And this deflection lasted for some time after the blowing had ceased, showing that it took some time for the air to go through the brick. Professor Doremus added that hydrogen or street gas could be passed through stone in the same way, and that the pressure necessary to accomplish it was very small. He then made one or two more experiments to show how readily some gases passed through water, and continued as follows:—"What must we do, he said, if we have the gases in our sewers? If these are cut off from our houses by water-traps, it does no good; the gases will pass through the water. We must have chemicals in the trap that will decompose the gases. Chlorine is the great agent, the "ring breaker," that will decompose hydrogen gas and every form of poison. The learned professor did not say how—in practice—chlorine is

to be kept in sewer-traps, and it seems to us that a simpler method of preventing the filtration of foul gases through traps is to so dilute the gases by ventilation that no pernicious infiltration can take place even if the trap be dry.

The "Lancet" on the Infectious Disease Legislation.

IT is to be regretted that our contemporary does not depute some member of its staff to "get up" the subjects on which it writes. The absence of such preliminary precaution causes our contemporary to appear to disadvantage in the eyes of those who understand the matters which it attempts to elucidate. A fortnight since the "leading journal" published a paragraph with reference to the Bills on infectious disease notification now pending in the House of Commons, but in doing so displayed its entire ignorance of the Irish Bill, which, if it had been awake, it might have known all about three months ago. Being instructed that such a Bill had been on the notice paper of the House for weeks, and that it could be bought for a penny of any Parliamentary stationer, the *Lancet* seems to have made the tardy investment with the object of informing itself, but to have completely failed in the effort. Our contemporary cavils at the fact that varicella is included in the schedule of infectious diseases in this Bill. If inquiry had been made it would have been learned that the disease was so grouped, not because it needed notification because of its importance, but because, if it were omitted, all persons might escape the duty of notifying the occurrence of small-pox by saying that it was only chicken-pox. It was, therefore, included in the list by those who know a great deal more of the propagation of infection in Ireland than the *Lancet* appears to be aware of.

Elections in the Irish College of Surgeons.

THE recent decision of the Council of the College to dispense with certificates of study in ophthalmology, and to appoint a special examiner on this subject, whose duty it will be to ensure in the student a competent knowledge of this speciality, has been inoperative up to the present time, in consequence of the hindrances which the circumlocutory departments of the Home Office have interposed to the formal alteration of bye-law which was necessary to legalise the appointment of an ophthalmic examiner. The assent of the Home Secretary having been at last obtained, the Council of the College has advertised for Monday, the 3rd of April, the election of that officer. In order to become a candidate for the office, Mr. Swanzy, Professor of Ophthalmology in the College, has resigned, as required by the Charter, his position as Councillor of the College, and an election in his stead will take place to-morrow (Thursday). Mr. Wharton, Surgeon to the Meath Hospital, and for many years a former much-esteemed member of the Council, has announced his candidature, and as we hear of no other competitor, we anticipate that he will receive the vacant chair at the College Council without a contest. For the Examinership in Ophthalmology, besides Mr. Swanzy, there are two candidates, Mr. Story and Mr. Arthur Benson, Senior and Junior Surgeons of St. Mark's Ophthalmic Hospital. The choice will be made, in accordance with the Charter arrangements, by seven

Councillors chosen by lot from the entire Council of twenty-one.

The Rapid Digestion of an Oyster.

THE oyster is one of those rare animals which we eat preferably raw. Why is it so? Dr. W. Roberts, in *L'Art Médical* of Belgium, gives us a plausible physiological reason for this preference. It is that the solid portion, the most delicate part of the oyster, is the liver, which consists of little else than a mass of glycogen; the breaking up of this substance between the teeth brings it into contact with the saliva, and the glycogen is thus digested without the aid of its diastase. Thus the raw oyster becomes digested of itself. When cooked it loses this natural property; the heat destroys immediately the ferment which it contains, and thus, when cooked, it must be digested in the ordinary way.

The Lucan Spa.

At a meeting of the Physical and Experimental Science and Applied Science Sections of the Royal Dublin Society, Professor J. Emerson Reynolds read a communication on "A New Analysis of Lucan Spa Water, and the Advantages of the District as a Healthful Resort." He had been led, he said, to make the analysis of the Lucan Spa water at the request of the medical officer of the district. He then described the results of his analyses, which he said showed that the Lucan Spa water was much stronger than the water at Lisdoonvarna. It was right it should be known that water of double the strength of Lisdoonvarna Spa could be had much nearer home. Lucan was at one time a prosperous district, and its future prosperity would depend pretty much on the efforts of the people residing there. When once they got the Dublin and Lucan steam tramway completed it could hardly be doubted that a great many of the inhabitants of Dublin and the districts surrounding would visit Lucan.

Statistics on Resection of the Stomach.

THE results of this operation have been praised by some, and condemned by others. Some consider it a brilliant proof of the power of modern surgery; others regard it as an instance of the daring of modern times. Seven cases recorded in contemporary journals afford the following results:—

1st.—*Extirpation of Cancerous Pylorus by Rydygier, on 16th November, 1881.*—A man, *æt.* 60, mobile tumour; ablation of tumour; stomach sewn to duodenum by aid of sutures of Gussenbauer and Czerny, 60 sutures; duration of operation four hours; death through exhaustion in twelve hours.

2nd.—*Resection of Stomach by Billroth, 29th January, 1881.*—A woman, *æt.* 43, tumour the size of an apple; transverse incision of abdominal walls over tumour; separation of tumour; resection of stomach to duodenum; duration of operation one hour and a-half. One month afterwards patient began to take solid nutriment. About four months after operation, died from peritonitis.

3rd.—*Resection of Stomach by Billroth, 28th February, 1881.*—A woman, *æt.* 39, operation difficult; multiple

adhesions; no peritonitis after operation, but vomiting with dilatation of stomach. Wound re-opened seven days' after operation to search for cause of obstruction; death in thirty hours after second operation.

4th.—*Resection of the Stomach by Billroth, 12th March, 1881.*—Man, *æt.* 38, extensive adhesions; operation very difficult; death in ten hours from collapse.

5th.—*Resection of Stomach by Wolfen, 8th April, 1881.*—Tumour size of an apple; method of Billroth; patient pretty well six weeks after operation.

6th.—*Resection of Pylorus, by Burdenheuer.*—Woman, *æt.* 57, tumour above umbilicus; considerable dilatation of stomach; adhesions; death, twenty-six hours after operation from secondary hæmorrhage.

7th.—*Resection of Stomach, by Czerny.*—Successful.

From the above list, it appears that there have been seven cases with four deaths. The mortality may compare with that of the early ovariectomy operations. There are not sufficient data, as yet, on which to pronounce as to the justifiable nature of the operation, but looking at the above figures we may say there is reason to hope that in well selected cases the operation is one likely to prolong life.

MR. J. SHUTER, B.M., M.A. Cantab., was on Thursday last elected an assistant surgeon to St. Bartholomew's Hospital, by 127 votes to 48 given to the other candidate.

THE new statutes for the University of Cambridge which have just been approved by the Queen in Council provide for a degree of Bachelor of Surgery in the University.

DR. J. D. THOMAS, of Adelaide, is engaged in researches, in which he is assisted by the Governments of South Australia and Victoria, with the object of proving the truth of his theory that the prevalence of hydatid disease in human beings and the lower animals is proportionate to the number of dogs kept in a community.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official weekly returns, as follows:—Calcutta 31, Bombay 34, Madras 44; Paris 28; Geneva 23; Brussels 29; Amsterdam 27, Rotterdam 27, The Hague 27; Copenhagen 26; Stockholm 26; Christiania 18; St. Petersburg 56; Berlin 24, Hamburg 30, Dresden 27, Breslau 39, Munich 44; Vienna 35, Prague 42, Budapest 43, Trieste 32; Turin 31; Venice 35; Alexandria 34; New York 38, Brooklyn 24, Philadelphia 23, and Baltimore 22.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were—Portsmouth, Halifax 13; Salford, Leicester 17; Edinburgh, Sheffield, Hull, Birkenhead 18; Birmingham 19; Derby, Huddersfield, Bradford 20; Leeds, Newcastle-on-Tyne 21; Plymouth, London, Sunderland 22; Bristol, Wolverhampton, Norwich, Oldham 23; Glasgow 24; Cardiff 25; Liverpool 26; Brighton, Preston 27; Blackburn 28; Bolton, Manchester 30; Dublin 31; Nottingham 33.

THE Royal National Hospital for Consumption, Ventnor, Isle of Wight, will shortly receive the enormous legacy of £200,000, under the will of the late Mr. John Jones, of Piccadilly.

THE highest annual death-rates per 1,000 in the large towns last week from diseases of the zymotic class were:—From whooping-cough 2·9 in Brighton, and 2·1 in London; from measles, 4·4 in Bolton and Blackburn, 4·3 in Preston and Brighton, and 4·2 in Dublin; from scarlet fever, 3·3 in Hull and 3·0 in Nottingham; and from "fever," 1·5 in Bristol, 1·3 in Derby, and 1·2 in Cardiff. The 31 deaths from diphtheria included 13 in London, 6 in Glasgow, 2 in Portsmouth, and 2 in Leeds. Small-pox caused 10 more deaths in London and its suburban districts, one in Bolton, one in Manchester, and one in Leeds.

A COMPLIMENTARY dinner was given by the medical practitioners of Halifax and suburbs to Mr. T. Dolan, F.R.C.S., on the 16th inst. The banquet was held at the White Swan, and was attended by the principal medical gentlemen of the town. The toast of the evening was proposed by Mr. Charles Smith, and was feelingly responded to by Mr. Dolan. One result of the meeting has been the appointment of a committee, consisting of Dr. Britton, Dr. Symes, Mr. Dolan, Mr. Gascoigne, Mr. S. Charles Smith, Mr. Atkinson, and Mr. Scholefield, to perpetuate the dinner by forming a Medico-Chirurgical Society, and, if possible, a medical library connected with the infirmary.

Scotland.

(FROM OUR NORTHERN CORRESPONDENTS.)

DR. GRAINGER STEWART AND A LATE APPOINTMENT IN EDINBURGH.—We regret to find that in our issue of March 8th we stated that Professor Grainger Stewart was a candidate for a post recently vacant in Edinburgh. We have now the best authority for stating that we were misinformed, and that Dr. Stewart never was or ever intended to be a candidate for the appointment in question.

ASSISTANT-PHYSICIANCY TO THE ROYAL INFIRMARY, EDINBURGH.—The canvass for this appointment, rendered vacant by the perforce resignation in his prime of Dr. Balfour, and the advance of Dr. John Wyllie, is most keen. Amongst the candidates is Dr. Byrom Bramwell, a successful lecturer on the Practice of Medicine in the Extra-Mural School. Dr. Bramwell's claims are of a high order, and his recent work on Diseases of the Nervous System ought to carry weight with the electors.

THE CHAIR OF PATHOLOGY, ABERDEEN.—We congratulate Dr. D. J. Hamilton on his appointment to the Chair of Pathology in the University of Aberdeen, and the University on having acquired the services of a gentleman so fully competent to increase the teaching power of the Medical School. The appointment comes as a fitting reward to Dr. Hamilton's labours to increase the sum of pathological knowledge, and is an honour to the Extra-Mural School of Edinburgh in which Dr. Hamilton was a lecturer.

PATHOLOGIST TO THE ROYAL INFIRMARY, EDINBURGH.—This post has just become vacant by the appointment of Professor Hamilton to Aberdeen. There are several candidates in the field, the chief of whom are Dr. Bryan C. Waller, Dr. Woodhead, and Dr. Buist. Both Drs. Waller and Buist are lecturers in the Extra-Mural School, whilst Dr. Woodhead is the Assistant to the Professor of Pathology, and is therefore the nominee of the University. Dr. Waller has certainly the prior claim. He is a gold medallist of the University, his thesis being on the Pathology of Nephritis, but so strong is the University interest, and so great is the good feeling that exists among the individual lecturers of the Extra-Mural School, that Dr. Woodhead will in all probability be appointed. The object of the University has of late been to acquire every post that becomes vacant, and although this is admitted by the Extra-Mural lecturers, yet they would support any one in preference to one of their own body. Where principle is sacrificed to personal feeling the Extra-Mural School must continue, although the oldest medical school in Edinburgh, to subsist on the crumbs thrown to it by the University.

NEW LECTURERS ON MIDWIFERY IN EDINBURGH.—Dr. Berry Hart and Peter Young, having passed the necessary examinations before the Colleges, have received their licences to lecture on the above subjects, and will accordingly commence lecturing during the summer session. Dr. Hart is a gold medallist, and is also the assistant to the Professor of Midwifery, a post which he will doubtless have to resign, as it is against the rules of the University for a professor to have as an assistant an Extra-Mural lecturer.

THE ROYAL MEDICAL SOCIETY.—We learn that Mr. Alfred Daniel has been requested to deliver the opening address at the beginning of the session in November.

THE CHAIR OF NATURAL HISTORY, EDINBURGH.—Although sympathising with Professor Nicholson, we have to congratulate Mr. Edwin Ray Lankester on his appointment to the Chair of Natural History in the University. To many in Edinburgh the probable advent of Mr. Ray Lankester has been looked forward to with unmingled pleasure, and he will therefore meet with a warm welcome by those who appreciate a more liberal tone of thought than at present characterizes the University.

MISS CLUGSTON'S BAZAAR.—This large bazaar promoted by Miss Clugston on behalf of the Broomhill and Danoon Convalescent Homes, closed on Tuesday, the 21st inst., after having lasted for eight days. Miss Clugston's enterprise and power of organisation are truly marvellous. During the eight days close upon £16,000 were drawn. This is a form of charity to which no objection can be urged providing care be taken that it does not overlap other organisations, and that it be not converted into a premium on improvidence.

AN AMERICAN QUACK DOCTOR.—In the course of an action recently before the Court of Session in Edinburgh it transpired that a "Professor Hale," hailing from America, the prolific land of invention and quackery of all sorts, was netting his £3,000 per annum in Modern Athens by imposing on the credulity of the public by cunningly-devised advertisements. In connection with this and similar cases we are tempted to ask if it is not the bounden duty of the Procurator Fiscal in Scotland to protect the lieges from rapacity of this nature? If not, it certainly ought to be an instruction from the Crown that he do so.

Correspondence.

ANIMAL INOCULATION IN RUMINANTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As this subject has, besides its intrinsic importance, a certain collateral bearing on the question of vaccino-tuberculosis, lately discussed in your columns, perhaps you will give me a little corner to draw attention to the report just published of Dr. Von Raszahigji, of the Hungarian Health Department, "On Experiments on M. Pasteur's Inoculation against Anthrax."

"Everything considered," says this gentleman, "I entirely concur in the opinion of the committee that the immediate general application of Pasteur's method would be precipitate, that it should least of all be disseminated under the authority of the State, and that with regard to other possible sanitary evils, its performance by private individuals should be forbidden or allowed under the condition of the operation being performed under the guidance of a Government official."

The reasons for this conclusion are, in substance, as follows:—

1st. The possibility of the milk and flesh of inoculated animals communicating the disease to man; for although such communication has not been proved, the protective inoculation develops or calls into activity other latent affections; and it has been shown that the inoculative material contains attenuated anthrax microzymes in colossal quantities, and that these multiply to an enormous degree in the organism of the inoculated animal. Hence, in the event of the death of these animals, it is feared that infective germs would be disseminated throughout the country, having regained, in all probability, their pristine vigour, and thus, after the expense incurred, become the intensified channels for a repropagation of the disease.

The second reason is, because, although the mortality from anthrax is in the ratio of 94 per cent. for the uninoculated against 14·27 for the inoculated, it is found that the deaths from other diseases—such as catarrh, pneumonia, and pericarditis—occur exclusively among the inoculated, and that from 3½ to 10 per cent. of the inoculated die from anthrax alone. Thus, although the anthrax mortality is diminished, the fatal issue from other latent diseases is accumulated. Moreover, it is stated that, in practice, the anthrax mortality would probably be higher than given above, while, on the other hand, to arrive at a fair conclusion, we ought to set against this mortality, "not the experimental mortality of 94 per cent. of the uninoculated animals, but the rate which occurs among cattle in districts affected with anthrax, which is considerably less." In fact, the dangers incident to the practice, together with the false security which a supposed immunity would engender, are believed to more than counterbalance the greatly reduced mortality from anthrax alone, particularly as it is of no importance to the agriculturist whether his flocks are destroyed by anthrax or other fatal affections. We should also remember the force of time in lessening the protective power. This obviously has had no opportunity as yet to be estimated, as the practice itself is only of recent origin; but reasoning from analogy, we are justified in thinking that the rate of mortality would increase with the lapse of time.

Yours, &c.,

54 Welbeck Street, London, W. D. H. CULLIMORE.
March 19th.

RESIDENT HOSPITAL APPOINTMENTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your correspondent, "An Old Bart.'s Man," deserves the thanks of all senior hospital students for calling attention, in your issue of March 1, to the unsatisfactory way in which appointments are at present made in most of the London hospitals; and more especially, I presume, he refers to his *alma mater*, to which his remarks are especially applicable.

I heartily endorse his opinion—and in this I am sure that most senior students would agree with me—that when more than one candidate offers himself for an appointment, this should be given to the one who acquits himself best at a fair competitive examination—written and clinical—in which a

comparatively unknown or friendless man has a chance of showing what he is made of. The examiners I would suggest should be the hospital physicians for a medical appointment, and the surgeons for the corresponding surgical one.

I am free to admit that under the present system of simple nomination by a member of the staff under whom the "resident" works, a certain proportion of appointments are given to the acknowledged "good men," and these receive the sanction of the general mass of students; but there are instances, at each fresh so-called "election" of the resident staff, where very inferior students are put in office, and other first-rate ones left out in the cold, not only to the great injustice to the latter, and to the disappointment of all those men who are far enough advanced in hospital life to see behind the scenes, but also to the detriment of the profession at large.

The suggestion here advocated is not a new one, for it was that adopted by a recently-elected and extremely just member of the staff of St. Bartholomew's, when several apparently equally deserving candidates applied for the resident appointment in his special department. The result was that a competitive examination was held, and the post was secured by the successful candidate, to the satisfaction of all concerned. Since then, however, this member of the staff, probably out of deference to his colleagues, has fallen into the old traditions of St. Bart.'s, and makes his appointment simply a matter of personal nomination, which to any unbiassed mind, it must be evident, is open to grave objections, and is a constant source of discontent to rejected candidates.

The advantages of making the resident appointments at hospitals on a plan such as that above proposed, I would suggest, are:—

1st. That no inferior student, for family or private reasons, will then be likely to be appointed to what is an extremely responsible post, to the exclusion of other and better men, and probably then also we shall hear of fewer house-surgeons' "mistakes"; and

2ndly. A really "good man" will not, solely from personal motives, be prevented from obtaining what to him for the time being is the greatest of all honours, namely, a resident appointment at the hospital to which he is attached.

Trusting that others will air their opinions on this subject, and take those expressed above in good faith,

I am, Sir, yours, &c.,

AN OLD RESIDENT OFFICER OF ST. BART.'S.

March 18, 1882.

Literary Notes and Gossip.

WE are much pleased with Dr. Byrom Bramwell's new book "On Diseases of the Spinal Cord"; it is the most original piece of literary work that has come under our notice during the present month. We shall refer to it more fully anon.

* *

AN old friend with a new face has made its appearance during the last few days in the ninth edition of "Ringer's Therapeutics." This work has been out of print for some months, and the new and revised edition will be welcomed as cordially as its predecessors as a standard authority.

* *

"Chemical Notes and Equations," by Dr. R. Milne Murray (Maclachlan & Stewart, Edinburgh), will be found useful by students who have made themselves acquainted with the larger text-books of chemistry, and as this is its second edition it has evidently met the wants of those for whom it is intended.

* *

"The Report of the Port Sanitary Committee of London," by Mr. W. Collingridge, the medical officer of health, is interesting as showing that the condition of the Thames as far as sewage pollution is concerned, is not all that could be wished, and that further legislation is necessary to rectify the present state of things.

* *

"The Possibility of Avoiding Old Age" by S. E. J.

Smith, is a pamphlet that transcends all the laws of criticism, for it is next to impossible to arrive at any conclusion as to the meaning of the author. Instead of showing the possibility of avoiding old age, the author might have pointed out the means of procuring a healthy old age in a way more in accord with the common-sense view of mankind. As it stands it may amuse the reader, but he will derive little instruction from its perusal.

THE paper read before the Victoria Institute last week by Surgeon-General Gordon, "On Climate in Relation to Organic Nature," is one of considerable literary merit, evidencing a mastery of the subject, great experience, and considerable research into the writings of other authorities; and we shall be much surprised if the paper be not in constant reference for some time to come. We have the paper in hand, and hope to place the same before our readers shortly.

DURING the present month two important prizes have been awarded for essays on medical subjects, viz., The Fothergillian Gold Medal of the Medical Society of London to Mr. T. M. Dolan, F.R.C.S. Ed., of Halifax, for his essay on "Whooping-Cough, its Pathology and Treatment;" and the Wyatt-Edgell Prize of £200 to Mr. George Gaskoin, M.R.C.S., of London, for an essay on "The Range of Hereditary Tendencies in Health and Disease." There were several competitors in each case, and we offer our congratulations to both authors on their success.

"The Student's Guide to the Practice of Medicine," by Professor Charteris (Churchill), is now in its third edition. In a volume which professes to treat of the practice of medicine in 361 small pages, the space allotted to the different diseases must be necessarily brief; thus we find that acute Bright's disease is treated in two pages, and typhus in five. The arrangement might be improved by adopting that of the College of Physicians, which certainly does not place diabetes among diseases of the kidney. Taken as a whole, the book will be found useful by students to refresh their memories before appearing for examination.

"The Hunterian Oration for 1881," by Luther Holden (Churchill), is an attempt to correct some of the errors which have been crystallised round the name of John Hunter. In this endeavour Mr. Holden has, with much delicacy, succeeded, the oration bearing the marks of much careful and patient research. Mr. Holden has also a word to say on the teaching of anatomy, and on the necessity for a classical training before entering the profession of Medicine. On the former subject Mr. Holden holds strong views as to there being some defect in a system which produces candidates who gaze at the beautiful preparations of the Museum as if they were "objects imported from another world, the like of which they had never so much as dreamt of." On the latter he is in favour of the somewhat unpopular classical training. The oration will well repay perusal.

By the appointment of Mr. E. Ray Lankester, F.R.S., to the Chair of Natural History in the University of Edinburgh, that august institution has added another link to the chain of scientific investigators and writers which it delights to honour. Although only a young man of thirty-five, he has already done much good work. At the age of twenty-seven he was appointed Fellow and Lecturer of Exeter College, Oxford, and for the last seven years has occupied the post of Professor of Zoology and Comparative Anatomy in University College, London. He has written several monographs on scientific subjects, and has contributed several original papers to the Transactions of the Royal Society, of which he was elected Fellow in 1875. Probably few have attained to such scientific eminence so early in life as Professor Ray Lankester.

THE negotiations between Mr. Secretary Frelinghuysen and the British Minister, Mr. Sackville West, for an International Copyright Treaty with the United States, continue. Each Government, states a Philadelphia telegram, submits a plan radically different. While the subject has not been abandoned, doubts exist as to whether the varying ideas of

the publishers and authors of the two countries, on which the respective plans are based, can be reconciled. For ourselves, we despair of any satisfactory arrangement with America; when authors and publishers can pirate the brains and property of others without let or hindrance, they are hardly likely to pay for the luxury, unless, indeed, there should dawn upon them some day the idea of a human, as well as a divine, right.

As every medical man is supposed to be as familiar with the *Religio Medici* as every Englishman is with his Shakespeare, we may assume that all our medical libraries have a copy of the learned works of Sir T. Browne. Many too are the non-medical lovers of literature who delight in Browne's *Religio Medici*. Numerous then are the editions of this work, but Messrs. Macmillan have added another to their Golden Treasury series. This compact new edition is edited with the greatest care by Dr. W. A. Greenhill, to whom the work has evidently been a labour of love. It contains also a letter to a friend, and other works of Sir T. Browne, and a classical index, so that any reader who is unacquainted with that classic should at once get a copy of this new edition.

We have had proofs submitted to us of the forthcoming commemorative picture of the late International Congress, which has been designed by Mr. Barraud, and will be published by Messrs. Baillière, Tindall, and Cox, in the course of a few days. The effort is a happy one, and we have seen nothing so good in the way of grouping as in this picture, there being an utter absence of stiffness, and the portraits are mostly, speaking likenesses for which we are informed, special sittings were given. There are doubtless some notable omissions, but, taken as a whole, the representative men from all countries who attended the Congress are here, and if a few who cannot be fairly so classed are in this great group, for them it may be said they were members of the Congress and as much entitled to be in the picture as the president. We shall refer more fully to the work when published.

"Our Homes, and How to make them Healthy," edited by Mr. Shirley Foster Murphy, medical officer of health to the parish of St. Pancras, is the title of a new work, the first part of which has just been published by Messrs. Cassell, Petter, Galpin, and Co. The opening chapters are devoted to architecture, sites, the nature of various soils, &c. The attempt to educate the public in the common rules of health is of course commendable, but to drag a book of this nature out to encyclopedic lengths, in monthly parts, is, in our way of thinking, the surest method that can be adopted to defeat its own ends. The public care too little for set rules in this direction to be induced to pay for monthly padding. "To be continued in our next," doubtless answers very well in romances, but we fancy that Messrs. Cassell will have found out with the last part of "Our Homes," as well as with their other medical monthly, "The Family Physician," that the balance is on the wrong side of their ledger.

WE learn with much satisfaction that the reception accorded to Mr. Sampson Gamgee's forcible essay on the benefits conferred on human surgery by vivisection has been so considerable as to necessitate the issue of a second edition of the pamphlet. Several additions have been made to the work, and it has been recast here and there to make it still more useful as a weapon of defence against the ignorant ravings of antivivisection-mongers. In reducing the price of the address from one shilling to sixpence, Mr. Gamgee has acted wisely, and in its present form it ought to be widely circulated with a view to instructing those who do not believe that "any good ever yet arose out of experimenting on live animals." Most probably one part of the work to be done by the Scientific Defence Committee, inaugurated yesterday (Tuesday), at the meeting held at the Royal College of Physicians, will be to disseminate a knowledge of the claims that science undoubtedly possesses to exercise freedom in its mode of working: in this case Mr. Gamgee's eloquent vindication should be forthwith adopted by the committee and spread widely throughout the country.

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list, Feb. 22nd:—*The Practice of Commercial Organic Analysis*, Vol. II., by A. Hallen, F.C.S. *A Study of Tumours of the Bladder*, by A. W. Stein, M.D. *Trance and Muscle Reading*, by G. M. Beard, M.D. *Nitro-Glycerine in Angina Pectoris*, by W. Murrell, M.D. *The Diseases of the Eye*, by W. Williams, M.D. *The Student's Handbook of the Practice of Medicine* (3rd edition), by H. Aubrey Husband, M.B. *The Diseases of the Spinal Cord*, by Byrom Bramwell, M.D. *A Visit to Madeira in the Winter of 1880-81*, by Dennis Embleton, M.D., F.R.C.P. *On the Morbid Conditions of the Urine dependent upon Derangements of Digestion*, by C. H. Ralfe, M.D.

THE FELLOWSHIP OF THE ROYAL IRISH UNIVERSITY.

It is rumoured in Dublin amongst those who ought to know that not a single one of the Fellowships of this University provided by its Charter for distribution amongst eminent teachers in Science and Arts will be conferred on any member of the medical profession. The report has not yet been sufficiently authenticated to make it worth our while to discuss it, but we take the earliest opportunity to declare that any such exclusion of the medical profession from the honours of the University would be not only a gross insult to the profession, but a gross abuse of the selective prerogative of the Senate. Medical men form a large section of the University Convocation—the work of the institution which is now merged in it has been chiefly medical education, and the business of the University is likely to be, in a great measure, of the same character. Moreover, science in Ireland is chiefly represented by medical men, and our profession cannot be thus ignored without curtailing the due representation of Science in the administration of the University.

We believe that the selection of Fellows of the Senate is liable to be reviewed by the Lord Lieutenant, and we venture to warn the lay members of the Senate against a step which will certainly be resented by the profession and contested in the higher tribunal which is entrusted with the revision of their acts.

Obituary.

SIR EDWARD B. SINCLAIR.

We deeply regret to announce the death of this distinguished obstetrician and gynaecologist, which took place at his official residence, 45 Upper Sackville Street, Dublin, on the 24th inst., at the comparatively early age of 57 years. The son of an eminent and well-known Dublin clergyman, he was educated in Trinity College, where he graduated as a Master of Arts in 1859, and as a Doctor of Medicine in 1861. He entered the army as assistant-surgeon in H.M. Royal Scots Regiment, and remained therein some years, but saw no active service. Returning to his native city, he adopted the speciality in which he was so successful, by becoming assistant in the Rotunda Lying-in Hospital, under the mastership of Dr. George Johnston, the present respected President of the King and Queen's College of Physicians. Subsequently he became assistant, and latterly chief, of the Vaccine Department of the Local Government Board. On the death of the illustrious Fleetwood Churchill he was appointed King's Professor of Midwifery, which he held up to the period of his demise. He was an author of celebrity, and, in addition to a work on Practical Midwifery, published numerous papers, in recognition of which the University of Dublin conferred upon him the honorary degree of Master of Obstetric Art. As Physician to Sir Patrick Dun's

Hospital he took part in the establishment of their Maternity, into which he introduced the novel feature of a school for the training of army nurses and midwives. His services in this way proved so useful in all parts of the world that the matter was brought under the notice of Her Majesty, who was graciously pleased to confer on Dr. Sinclair the unsought honour of knighthood. The lamented deceased was a Fellow of the College of Physicians, of which distinguished body he has been Vice-President, and for four years Censor; he has also acted as Examiner in Midwifery to the Queen's University. Sir Edward was a man of liberal views and of much talent and culture. He had an innate genial flowing courtesy of disposition and manner, and had hosts of friends and not a single enemy. For the last twelve months it was evident that his constitution was breaking up, and he suffered from attacks of paralysis, which at last proved fatal. He will be deeply and sincerely regretted, both by the profession and by the public.

DR. RANKIN, OF CARLUKE.

DR. DANIEL REID RANKIN died at Carluke on the 21st inst. He was born on the 8th April, 1805, and was a native of Carluke, at which place he practised for upwards of half a century. Dr. Rankin was a corresponding member of the Glasgow Geological Society, and was one of the most eminent Scottish geologists. About two years ago he presented his collection of geological specimens to the Hunterian Museum of Glasgow. The fish remains were examined by Agassiz while on a visit to Scotland, and some of the specimens were named in honour of Dr. Rankin. In 1843 a sketch of the Geology of Carluke, by Dr. Rankin, was published in the Transactions of the Highland and Agricultural Society.

PASS LISTS.

Royal College of Surgeons of England.—At the last meeting of the Council the following Members were elected Fellows of the College:—

Coates, William Martin, L.S.A., Salisbury; diploma of Membership dated July, 1882.

Harkin, Alexander, M.D. King's Coll. Aberd., Belfast; June, 1840.

College of Physicians in Ireland.—At the March Examinations the following obtained the Licences in Medicine and Midwifery of the College:—

MEDICINE.—John Edward Snow Barnes, Charles Granville Clarke, John Bryce Dunlop, Arthur Kennedy, George Cardwell Porter, William Christopher Thompson.

MIDWIFERY.—Charles Granville Clarke, John Bryce Dunlop.

The undermentioned was admitted a Member of the College:—
Francis Edward Clarke.

Naval Medical Department.—The following is a list of the successful candidates for appointments as Surgeons in the Royal Navy at the competitive examination at Burlington Gardens on February 20th last, and the following days:—

	Marks		Marks
Barnes, W. G. K.	.. .. 1,260	Farmer, S.	.. .. 1,925
M'Cormack, E. J.	.. .. 2,075	Peyton, A. D.	.. .. 1,925
Smith, W. G. C.	.. .. 1,985	Wray, J. S.	.. .. 1,875

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.

READING CASES.—Cloth board cases, gilt-lettered, containing 25 strings for holding each volume of the *Medical Press and Circular*, can now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

B. A. (Cambridge).—It is a difficult matter to give such advice as you ask for. We cannot name any hospital as being the "best;" but since you will take rank as a third year's student, and have done the preliminary physiological and anatomical work, you will perhaps be wiser to enter at one of the busier hospitals. There are many advantages, however, to be derived from the smaller schools, which you will not so readily secure at more crowded ones. We shall be happy to give you assistance in the matter when you are next in town.

T. E. C.—Upon inquiry we find there are numerous methods of pan-

creatising cod-liver oil; but as each manufacturer has his own process, he naturally objects to give it for publication. We can, therefore, only counsel you to do as others have done—elaborate a series of experiments and select the one that gives the most satisfactory results. For this purpose you will probably find the pancreatine prepared by Messrs. Savory and Moore the most reliable.

MR. H. WEATHERHEAD.—Having already dealt so exhaustively with the subject of smoke in our Reports upon the "Smoke and Fog Abatement Exhibition" at Kensington in three recent numbers of this Journal, we are unable to devote any more space to the subject.

INDIGNANT.—Our attention has previously been drawn to that quack publication the *Medical Review*. Your indignation is perfectly natural, but the doctor of pill notoriety who so considerably mixes his name in "The Strangers' Guide to Medical London" is well known, and there is little chance of mistaking him for any one else.

MR. E. I. BILLING.—We fall to see of what service the article can be to our readers; we cannot, therefore, notice it in these columns.

DR. D. C. B. is thanked for kindly forwarding the enclosure of Dr. J. S.

A MEMBER OF THE CONGRESS.—We do not know whether your portrait is in the picture; we have merely had a passing glance at the proof: write to the publishers. Of course it would be an impossibility to get 4,000 members in a group.

DR. P. (Roscommon).—We insert below your string of queries in the order of receipt, with our replies at foot. 1. What books would you recommend a practitioner recently qualified to use as a reference on: (a) Surgery? Gant's "Science and Practice of Surgery." (b) Practice of Medicine? Bristowe's, Roberts', or Aitken's. 2. Can you tell me of a small book which would be useful to a practitioner by a well-known author on prescriptions and therapeutics? Handiel Griffith's "Lessons on Prescribing." 3. Can you tell me of a small hand-book on dentistry that you would recommend? Sewill's "Dental Anatomy and Surgery." 4. Why were not the names of the successful candidates in Her Majesty's Naval Service (a) published in the *Medical Press* or other leading paper? (b) How many vacancies were given last examination (February)? (c) Could you give an idea of how many vacancies there will be next August in the Navy and Army Medical Department? (d) The names of the successful candidates are given in the present number. (e) The numbers were not published. (c) If you will renew this question later on we shall be able to inform you; at the last examination there were more vacancies than candidates.—ED.

STUDENT.—Somatic death is the term applied to death of the whole body. It is derived from the Greek, *soma*, a body. Soma'totomy is a pedantic synonym for anatomy.

J. K. LEEK.—We do not agree with the extreme views of anti-tobacconists. Like all fad-hunters, these people imagine horrors that have no real existence. Nevertheless, excessive indulgence in smoking is undoubtedly hurtful; and before adult life is reached no one should commence the practice.

MR. MORRIS.—Yes, the "Granville" is thoroughly reliable and comfortable; it is one of the few hotels which affords all the accommodation it professes. The system of baths is the best we have seen in any hotel, and, on the whole, you may send your convalescent patient there with confidence.

LUXOR.—Our correspondent will probably get what he requires on application to a reliable medical agent.

F.R.C.S. will find an answer to his inquiry on reference to our "Literary Notes and Gossip" column, present number.

SURGEON-MAJOR LONGHURST'S paper, "On the Treatment of Cancer," is marked for early insertion.

THE DISCUSSION ON THE VALUE OF LISTERISM IN ABDOMINAL SURGERY AT THE SURGICAL SOCIETY OF IRELAND.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Your report of this discussion is, on the whole, accurate, but there are a few errors which have crept in, and, as I did not see a proof of my speech, may I allude to two which are of some importance. I did not use the word "butchery" in connection with ovariotomy. I did not mean to imply that oteotomy was given up in Birmingham, nor that the patients so operated on were dying here in spite of Listerism, but I said that I had heard of such cases dying in spite of Listerism without specifying the locality.

I am, &c,

LAWSON TAIT.

Birmingham, March 24th.

J. G. H. (Glasgow).—In answer to your queries we would recommend for your purpose—1. Day or Ellis on "Diseases of Children." 2. Nettleship "On the Eye." 3. Lelahman's "Diseases of Women" And 4. Naphey's "Modern Medical Therapeutics" (7th Edit.).

M. D. (Scarborough).—We cordially approve of your views on "Medical Men as Drug Dispensers." Nothing can be more undignified than the association in the public mind of an educated professional man with the shop-keeping interests, which association has perpetuated the idea that a medical man's fees are based on the number of bottles of medicine supplied, and not on his skill or advice. We fear, however, that the struggle for existence in the poor neighbourhoods of towns, and the difficulties of supply in out of the way country places are so great and so real that it is next to impossible that all should give up dispensing medicines. Where, however, it can be done, the medical man will undoubtedly raise the dignity of his calling, and lose nothing, even in a pecuniary sense.

DR. L.—It shall be carefully investigated.

A FATHER.—Combat the evil by moral means: put the dangers and the disgusting character of the act plainly before your son, and leave the rest to his own good sense.

THE SOCIETIES, COLLEGE LECTURES, &c.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—This day (Wednesday), at 5 p.m., Lumleian Lectures: Dr. Burdon Sanderson, "On Pathology of Inflammation."

BROMPTON CONSUMPTION HOSPITAL.—This day, at 4 p.m., Dr. T. Hy. Green, "On the Diagnosis of Phthisis."

ROYAL INSTITUTION.—Thursday, March 30th, at 3 p.m., Prof. Tyndall, "On Resemblances of Sound, Light, and Heat."

HARVEIAN SOCIETY.—Thursday, March 30th, at 8.30 p.m., Dr. Morton, "On Two Cases of Meningitis."—Dr. Ferrier, "On the Pathology of Lead Palsy."

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—Friday, March 31st, at 5 p.m., Lumleian Lectures: Dr. Burdon Sanderson, "On Pathology of Inflammation."

ROYAL INSTITUTION.—Friday, March 31st, at 8 p.m., Mr. W. Spotiswoode, "On the Electric Discharge in a Magnetic Field."

ROYAL INSTITUTION.—Saturday, April 1st, at 3 p.m., Prof. H. G. Seeley, "On Volcanoes."

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—Monday, April 3rd, at 8 p.m., Communications from Messrs. Hutchinson. Canton, Cory, and Ferrier.

Vacancies.

Birmingham Queen's Hospital.—Resident Surgeon. Salary, £50, with board. Applications to the Secretary before April 10th.

Boyle Union, Gurteen Dispensary.—Medical Officer. Salary, £120, and £10 as Medical Officer of Health. Election, April 8th.

British Honduras.—Medical Officer for the Corozal District. Government salary, £150, with extra fees. Free passage to Colony. Applications to the Secretary, Colonial Office, London, S.W. (See Advt.)

Cheltenham General Hospital.—Resident Surgeon. Salary, £180. Applications to the President, at the Hospital, before April 17th.

Colony of Natal.—Resident Surgeon to Pietermaritzburg Lunatic Asylum. Salary, £400. Private practice allowed. Applications to the Crown Agents for the Colonies, London.

Cyprus.—Assistant Surgeon to Government Medical Establishment. Salary, £150, rising to £300. Private practice allowed. Applications to Assistant Private Secretary, Colonial Office, London.

Fiji.—Assistant Surgeon to Government Medical Establishment. Salary, £300. Private practice allowed. Applications to Assistant Private Secretary, Colonial Office, London.

Hartlepool Union.—Medical Officer for the District. Salary, £50. Also Medical Officer for the Workhouse. Salary, £65. Applications to the Clerk of the Union by May 17th.

Royal College of Surgeons, Ireland.—Examiner in Ophthalmic Surgery. Immediate application to the Registrar. (See Advt.)

Seamen's Hospital, Greenwich.—House Physician. Salary, £75, with board. Applications to the Secretary before April 6th.

Appointments.

BARRON, G. E., M.B.T.C.D., L.R.C.S.I., Medical Officer to the Winkfield District of the Easthampton Union.

BERRY, G. A., M.B., F.R.C.S. Ed., Assistant Surgeon to the Edinburgh Eye Dispensary.

STOCKER, J. R., M.B. Lond., M.R.C.P., Sanitary Surveyor and Assistant Emigration Officer to the Marine Department of the Board of Trade at Queenstown.

THOMPSON, L. G., M.B., C.M. Aber., L.R.C.P. Ed., House Surgeon to the General Hospital, Launceston, Tasmania.

THORP, B., L.R.C.P. Ed., M.R.C.S., Medical Officer to the Deanhouse Workhouse of the Huddersfield Union.

WEARING, R., M.D., C.M. Ed., Medical Officer to the Wavertree District of the West Derby Union.

WILSON, J., M.D. St. And., M.R.C.S., Medical Officer to the Monkwearmouth West District of the Sunderland Union.

WOOD, J., M.A., M.B. Oxon., &c., Medical Officer of Health to the Walsall Rural Sanitary District.

NAVY MEDICAL SERVICE.—The following were gazetted on Friday, March 24th:—Staff-Surgeon Joseph Wood, M.D., to the *Encounter*; Surgeons Samuel C. Browne and Charles H. Wheeler to the *Impregnable*; Edgar G. Swain to the *Lion*; Arthur W. E. B. Barrett to the *St. Vincent*; Charles W. Sharples to the *Boscawen*; and Robert W. Anderson to the *Ganges*, all additional for service during the cruising season.

Births.

HEFFERNAN.—March 10, at Lismortagh House, Killeenale, the wife of W. K. Heffernan, M.D., of a daughter.

SALL.—March 24, at 52 St. George's Square, Portsea, the wife of E. W. H. Sall, M.R.C.S., of a daughter.

WILLS.—March 22, at Benham Lodge, West Croydon, the wife of Charles Wills, M.D., of a daughter.

Deaths.

ANDERSON.—March 15, at the Royal Marine Depot, Walmer, William Anderson, Fleet Surgeon, Royal Navy.

GREENE.—March 22, at 66 Upper Leeson Street, Dublin, the residence of his son-in-law, Michael Greene, M.D., of Ennis.

HOOD.—Feb. 15, at The Fort, Agra, Bengal, Surgeon Francis E. C. Hood, A.M.D., third surviving son of the late Sir William Charles Hood, aged 28.

LANGLEY.—March 15, at Syngue Street, Dublin, after a few days' illness, Harley Edward Scott Langley, Surgeon-Major, Presidency surgeons, Bombay, aged 32.

MOORE.—March 24, at his residence, 2 Bessborough Street, London, S.W., Alfred W. Moore, M.R.C.S.

ROWLAND.—March 8, at Argoed, Cardiganhire, Roland Rowland, F.R.C.S. Eng., aged 70.

SINCLAIR.—March 24, at 45 Upper Sackville Street, Dublin, Sir Edward Burrowes Sinclair, M.D., King's Professor of Midwifery, T.C.D. aged 57.

TAYLOR.—March 19, at Pulborough, Wm. Eeles Taylor, M.D., aged 67.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 5, 1882.

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Lumléian Lectures

ON

THE PATHOLOGY OF INFLAMMATION. (a)

Delivered before the Royal College of Physicians, London,

By J. BURDON SANDERSON, M.D., LL.D., F.R.S.,
Professor of Physiology in University College, London.

LECTURE II.

AFTER briefly epitomising the previous lecture, Dr. Burdon Sanderson proceeded to discuss the etiology of inflammation, that being the subject set down for consideration in the second of the series of discourses. The following is an outline of the demonstration presented:—

The very simplicity of the conception of inflammatory processes, which it was the object of the first lecture to convey, creates a difficulty in the mind when its rationale is attempted to be understood, such difficulty being especially associated with the effort to reconcile the observed phenomena as expressions merely of loss and failure. Local damage, as already shown, is the immediate effect of inflammation; and it might not unnaturally be assumed, therefore, that it acted also as the producing cause of the condition, while it would, at first sight, appear almost in the light of quibbling to insist that another agency is at work to produce the effect. A goodly number of pathologists assert that the reaction set up is of a circumstantial kind, its true cause being the introduction of atmospheric germs to the region where the signs of inflammation are manifested. In this connection, therefore, consideration will have to be given to the question how minute organisms do co-operate in the production of those changes which together constitute the inflammatory condition.

Once more selecting as starting point the cornea, and dealing with such changes as result in it after severing of the fifth nerve—on account of the simplicity of the

proceeding, and also because, being transparent, all that ensues can be easily observed—it will be found that alterations in the state of the eye take place in the following order: In the first place, the power of winking is annulled, and the lachrymal secretion is suspended immediately after section of the nerve; and in the absence of both these operations the cornea is at once exposed to injury from without, there being no means remaining of protecting its surface from the irritation of surrounding influences. Two hours after infliction of the injury the cornea is seen to be dulled, while at the end of twenty four hours distinct turbidity of the structure has set in; and if the animal be now killed, and the cornea examined, the surface epithelium will be found detached from it. There is no inflammation of the part, but if sections of it be cut and submitted to microscopic inspection, the corneal corpuscles will be seen to have undergone wasting; there is no proliferation; the surface layer has died. In from thirty-six to forty-eight hours the cornea is surrounded by a ring of inflammation; is decidedly opaque, and pervaded by leucocytes derived from the episcleral vessels and conjunctiva. At later stages, further progress in the same direction takes place; pus accumulates in considerable quantities in the globe of the eye, &c. It might at first seem, and be suggested, that the damage set up was the result of depriving the structure of trophic influences passing to it through the fifth nerve, which has been divided. That this is not so, however, can be readily shown by experiment; for if, after section of the nerve, the lid of the eye is drawn down and secured in place by means of adhesive plaster, no injury will be sustained by the cornea. Or, if both eyes be so secured in an animal in which the nerve has been divided on one side only, then the eye of the paralysed side will be no more affected than its sound, uninjured fellow. These facts, therefore, sufficiently dispose of the possibility that corneal inflammation, subsequent to section of the fifth nerve, is attributable to loss of nerve power; in other words, they demonstrate the essentially traumatic origin of the changes, which are due primarily to

(a) Abstract of Lecture II., delivered March 29th, 1882.

injury of the cornea by mechanical irritation of foreign bodies. Moreover, precisely the same series of changes can be initiated by direct mechanical violence, provided that is, the conjunctival membrane is left intact; so that the question which still presses for solution is how the damage that is created leads on to inflammation. No less than twelve years ago the explanation would have been found in contiguity of the structures concerned, but at the present time such an assignment of relations between cause and effect would be eminently unsatisfactory. Modern pathologists would ascribe the changes produced in surrounding vascular structures to the presence of micrococci in the injured part, and the radiation of these minute organisms therefrom. A few years ago these organisms still remained an unrecognised factor in the production of the changes under consideration; but now the information we have about them is both definite, and founded on methods of examination which yield as certain results as in the case of white blood corpuscles themselves.

Thus far the demonstration above set forth exhibits micrococci only in the guise of agents at work during the actual process of inflammation. The real origin of the condition has still to be accounted for. Similar in nature is the problem of how acute abscesses are originated; and in connection with this subject the researches of Dr. Ogston possess great value. This observer has found that micrococci are intimately associated with these morbid collections. Such abscesses are always preceded by other conditions of depraved health, &c., so that once more the question recurs—What are the preliminary changes to which these states are attributable? It can be shown that micrococci are not *creators* of inflammation, but merely *spreaders* of it when once excited—that is, they are secondary causes of the inflammatory condition. This truth was demonstrated in 1873 by Dr. Sanderson, but since that time the developments of science have brought with them the germ theory in all its fulness, the universal acceptance of which even makes it necessary to raise a protest against its being applied with too free a hand in explanation of doubtful phenomena. Thus there is danger of error being perpetuated now by the extreme readiness exhibited to attribute functions to germs which they cannot properly be considered to discharge; and particularly in relation to the phenomena of inflammation is this the case.

Knowledge possessed by pathological inquirers at the present day justifies the four following conclusions:—

1. That exudation of a normal secretion is not infectious.
2. That neither air nor water contains phlogogenic particles.
3. That inflammatory exudation is infective because of chemical changes in the infective liquid.
4. That inflammation results from the growth of microzymes.

One of the first consequences of acute inflammation of any vascular tissue is that very considerable leakage occurs from the veins enclosed in it, and this draining into the lymphatics, the latter become greatly distended by the increase of their contents. The degree to which all this takes place has been carefully estimated at different stages of the process, and though the amount varies, it is always considerable. The effused material is absorbed in the early stages in the same way as occurs under healthy and normal conditions, this being the case even when the amount of exudation is as much as eight times that which usually takes place—in uninjured states that is. No serious consequences follow the admixture of large quantities of such fluid with the blood in this way; and provided the process extends no farther, it need not be attended with the evidences of inflammation beyond such stage. Later on, however, as the exudation progresses, the actual amount of it will be less, but th

presence of corpuscles and of larger quantities of solid material bring about changes of higher significance pathologically.

Neither air nor water contains phlogogenic particles; this truth will require to be discussed in connection with the doctrine of specific contagia; and its proof will be dependent on demonstration by the experimental method. This consists in testing the effects produced by the presence for days of air injected into the subcutaneous tissue of an animal, *e.g.*, a rabbit. No injury is thereby initiated, thus proving that air is a comparatively harmless agent when acting on a sound structure. Water has been employed with similar results. Moreover, water charged with bacteria when injected into the peritoneal cavity of rabbits in quantities of less than two ounces, produces no ill effects; it is rapidly and completely *absorbed*; when no inflammation exists in the parts the organisms are discoverable a little later in the lymphatics and the blood, the important deduction from observation being that neither in the lymphatics nor in the peritoneum does their presence occasion inflammation. Again, if a solution of common salt, $\frac{1}{2}$ per cent., be led through the cavity in a continuous stream for many hours, no inflammatory reaction is set up; but this straightway follows if the liquid is allowed to accumulate in *non-absorbable* quantities; whence the conclusion is unavoidable that peritonitis is not a necessary consequence of accumulation of a liquid such as water in a serous cavity, provided it is not present in amounts exceeding the capacity of the structure to absorb it.

Neither exudation products, nor minute organisms, are capable, singly, of exciting infection; neither that is, is infective alone; but combinations of the two are invariably productive of infection. Experiments on rabbits have shown that irritant liquids are capable of setting up infective processes in the parts they are applied to, and it is a legitimate conclusion from experimental researches that the agents of infection processes are, 1st, exudation into the cavity; and 2nd, migration of organisms from the alimentary canal. Similarly, water collected in non absorbable quantities would become charged by organisms derived from the intestinal canal, the operation of diffusion sufficing to explain their passage from the one region to the other. These in turn, arrived at the place of accumulation, act phlogogenically, and fatal inflammation sets in. Hence, the conclusion is arrived at, that small quantities of an actually infective liquid may be absorbed without the occurrence of any ill effects; but that large amounts always create inflammatory reaction; the result is primarily dependent on the nature of the soil in which the infection agent is sown.

The operation, termed *bistournage*, regularly adopted in some countries as a means of castrating domestic animals, has important bearings on the study of inflammation. The organ, having been freed from the dartos, is twisted on its cord and quickly rotated four or five times. The result is degeneration of the testes without other ill results in normal cases, but by modifying the conditions under which the process takes place a quite different sequel may be excited. Thus, if infective material is injected into a vein, inflammation is set up in the damaged organ, and death from septicæmia is to be expected. In the uncomplicated operation absence of septic influence and freedom of surrounding parts both conduce to limitation of injury to the particular organ dealt with; and hence the small degree of ill set up. Cohen has shown by experiment also, that when infective material enters the system by normal channels, that is, through the absorbent vessels, it exerts a similar influence as when introduced abnormally; it extends infection. In proof of this he produced an osteo-myelitis in a dog, which animal was then fed on putrid food at the end of a week, the food consisting of partially digested material which had been

exposed until it acquired putrescent properties. As a consequence of thus feeding the dog its blood became impregnated with poisonous matter absorbed through the intestines, with the further result that the bone tumour assumed all the characters of infective osteomyelitis, and death occurred shortly afterwards.

Absorption of material injected into the peritoneal cavity proceeds irrespective of the properties of such material as regards its infective or non-infective character. The results, however, that follow the introduction are dependent entirely on the condition of the organisms and of its parts.

As bearing on the subject in hand, Dr. Sanderson described certain cylindrical bodies which are found as a secondary lesion during the development of small-pox, in different organs of the body. They are in reality small capillaries plugged with micrococci, which at a later stage become surrounded by devitalised tissue, this undergoing infiltration and limitation by a congested border. The active agents of these changes are plainly micrococci, which find their way into the circulation, and lodge in the internal organs; but there is no evidence to show that each nucleus becomes a centre of suppuration.

At the conclusion of the lecture there were shown in the library several microscopic preparations in illustration, such as bacilli and micrococci mingled with pus; lymphatics of the diaphragm, &c., &c.

Original Communications.

SPINAL CARIES: SOME OF ITS MOST COMMON RESULTS, AND THEIR TREATMENT. (a)

By R. L. SWAN,

Fellow and Member of Surgical Court of Examiners, E.C.S.I.; Surgeon to the Dublin Orthopaedic Hospital.

A CONSIDERABLE amount of attention has of late years been paid to the management of this disease, and no small enthusiasm evoked by the application of special means of treatment. The time has perhaps arrived when, by a careful estimate, founded on observation and experience, a somewhat more accurate judgment of the value of those means may be arrived at. It is curious to witness the grooved lines of thinking to which individuals seem to limit themselves in the consideration of caries of the vertebral column. Disregarding site, stage, extent, or complication, some will be found to pin their faith still on the issue, on the success of which (in the words of Pott) the cripple for years placed his hopes. This man will select one, that another course, which only leads us from the want of unanimity to argue the want of completeness, which is only too well borne out by the melancholy fact that, while still deformity ranges through our streets, we too often see the disease in its dread and unchecked career—paralysis—abscess—hectic—death.

In spinal caries we have two conditions to contend with—the local disease and the constitutional predisposing state. Although the opinion of some surgeons, that spinal and hip-joint caries are superventions on traumatic lesions, is borne out by the fact that many children at their onset are apparently strong and healthy, the great majority present the well-known characteristics which accompany the development of tabes, pulmonary phthisis, and those diseases generally denominated strumous. The recognition of the disease as it falls under the notice of the surgeon is not usually difficult, but even if it were, this is not the audience before which to recapitulate signs already set forth amply in the literature of the subject. Having established the presence of the disease, a number of questions present themselves, which I shall briefly consider in the following order:—

1. The liability to be followed by paralysis.
2. The liability to the development of abscess.
3. The liability to deform.
4. The principles of treatment.

The paralysis of Potts' disease forms one of its most-to-be dreaded results. How, then, in our minds, may we estimate the probabilities of such an occurrence? All other circumstances being equal, we can only refer to statistics to afford us a basis for judgment. In 128 cases which I have noted since 1876 there were 23 paralytics, 19 presented caries in the cervical region, 61 in the upper dorsal, the remaining 48 in the lower dorsal and lumbar. Thirteen cases of paralysis were seen to occur in the cervical series, and 9 in the number enumerated as upper dorsal. The remaining instance of paralysis was accompanied by lumbar caries, of more than two years' standing, in a delicate boy, aged seven years, and I was unable entirely to satisfy myself that it was not of the essential variety. In the hospital for the ruptured and crippled, New York, from the records of 295 cases of Potts' disease, 62 evinced paralysis more or less complete. The number wherein the disease was situated above the middle dorsal region was 189, and in this group about 60 of the paralytics were included, only 2 being associated with caries involving the lumbar vertebræ. It will be seen, then, that about a third of the patients affected with caries in the cervical or upper dorsal regions will be likely to become paralytic, while nearly one-fifth, irrespective of locality, will probably be thus afflicted. The liability to paraplegia as a sequel to caries of the upper part of the spinal column can be readily estimated when reviewing the anatomical conditions there existing. They not alone invite the extension of disease, but preclude the chance of repair. We observe the small size of the vertebral bodies, and their free motion in the cervical region, and in the upper dorsal the tendency to the rapid assumption of an acute angle, from the weight of the head while in the erect posture being transmitted through the crumbling fabric of the carious bodies of those bones, and so directly inducing pressure on the cord, before it has accommodated itself to the altered course of its canal. Anatomical observations will also show us (as was pointed out by Ollivier) that the anterior portion of the cord is held in close relation to the posterior face of the vertebræ by the spinal roots, while the posterior portion is five or six lines from the corresponding face of the canal. The theory of the direct extension of the morbid process producing a peri-meningitis, a meningitis and subsequently a localised myelitis of the motor tracts thus appears feasible, and accounts for the frequency of interference with the motor functions. The recoveries from partial or complete paraplegia (even of some duration) would appear to show that such a condition may not only depend on temporary and removable circumstances, but that there is a possibility of the re-establishment of the damaged integrity of the cord. A careful clinical study of those cases has led me to recognise a division of the causes of paraplegia, which I have endeavoured to use as a guide to treatment and also as a method of estimating probable results. The factors of this condition are three:—1. A distortion of the cord, accompanied by more or less pressure of the bony angle on that structure. 2. A deprivation of the blood supply, producing a reflex paraplegia, from the pressure of effused abnormal products external to the spinal membranes. 3. A series of changes, involving the dura mater (*pachymeningite externe* of Micham), followed by a myelitis and consequent disorganisation of the cord.

The influence of direct pressure in producing paraplegia may occasionally be recognised with some facility: treatment, if followed by good results, will form the best proof of the accuracy of the diagnosis. The following cases illustrate such a juncture:—

J. M., æt. 13, had caries in the lower cervical region, and wore a jury-mast for fourteen months. During this time post-pharyngeal abscesses formed on three occasions, producing difficulty in breathing and deglutition. They were evacuated from the sides of the neck. As Christmas

(a) Read before the Surgical Society of Ireland. The discussion will be found on page 291.

approached he became desirous of spending that festive season at home. Being wearied of the apparatus, his mother removed it. Two days afterwards he was brought to the Orthopædic Hospital. I found him with incomplete motor paralysis of both upper and lower extremities. He was unable to support with his hands the weight of his head, which heretofore, while removing the jury-mast for the purpose of re-application, he was able to effect. The salient angle of deformity was perceptibly increased. There were choreic movements in the extremities, and he complained of some pain at the seat of disease. The recumbent posture on a water-bed was adopted for some days. A well-fitting jury-mast was then applied. In five weeks he had quite lost the paralysis. The boy died several months afterwards from exhaustion. He had contraction of the flexor group of thigh muscles, and inability to stand upright, but no recurrence of the paralysis.

A. G., æt. 11, was admitted into the Orthopædic Hospital with caries of dorsal vertebræ, great gibbosity, with centre at 5th dorsal. He wore a Sayre's jacket for thirteen months, re-applied as necessary. During the latter six months he was an out-patient. The weather becoming warm, he left off the jacket, and while one day in the act of lifting a window, it slipped from his grasp, and in the effort to maintain his footing, he felt a jerk in the back. On admission next morning he had incomplete paraplegia of both lower extremities. He could stand, but could not advance either leg without falling. There was some hyperæsthesia, and increased reflex sensibility. He was placed on a water-bed for some days, and allowed to lie in the prone position, which he preferred. At the end of a fortnight an appliance with jury-mast was adapted. In three months he had regained his original condition. I have this boy still under observation, now over two years since the above occurrence. There has been no relapse.

A careful observation of the following case led me to the belief that paraplegia was the result of deprivation of the blood-supply:—

S. B., male, æt. 10, was brought to me from the co. Kildare, slightly lame of right leg. There was no spinal angle, and an examination showed none of the usual definite signs of spinal caries. On pressing the fifth rib at right angles to its vertebral articulation a reflex opisthotonic spasm of the right erector spinæ group of muscles was produced. This was very remarkable, and recurred at each successive pressure. I diagnosed caries of the lateral parts of the bodies of the vertebræ articulating with the rib above mentioned, and recommended and applied a Sayre's jacket, with a view of fixing the ribs. On the removal of the third jacket, after an interval of about ten weeks, an abscess was seen pointing in the right ileo-costal space. A jacket was applied, with a fenestra over swelling. Three weeks later partial paraplegia supervened. On the eleventh day afterwards the abscess burst into a soft mass of antiseptic cotton with which the fenestra had been padded in anticipation of that event, a drainage tube was introduced, and the abscess was daily dressed antiseptically. Seven days after the bursting of the abscess it was found that the limbs were no longer paraplegic. This case made a tedious recovery with combined angular and lateral deformity. There was no return of the paralysis. There are few circumstances more remarkable than the power of recovery manifested in paraplegia. A statement as to what combination of circumstances would preclude the hope of regeneration of powers from some members of this Society would be extremely acceptable. I exclude, of course, the conditions resulting from acute inflammatory myelitis, or where definite signs lead us to infer that a change in the cells of the anterior horns has taken place, constituting a true spinal paralysis.

I have seen the following sufficiently discouraging conditions recovered from:—

Complete paraplegia, occurring at a remote period (2½ years) after the apparent cure of the spinal disease.

From the ensuing condition:—An incomplete paralysis of upper extremities, with a complete paraplegia; loss of power over the sphincter ani, with alkaline urine. The process by which the cord undergoes repair when extensive changes have been undergone must remain enigmatical, but it is probable that, in spite of such changes, functional usefulness may be maintained or regained. Thus, as has been expressed by Dr. Gibney (*Journal of Mental and Nervous Disease*, April, 1878), "it must be remembered that the sclerosis involves the neuroglia, and that the secondary degeneration takes the place of the white fasciculi involving the nerve tubes. Even should the envelope of myelins be destroyed, impulses can be transmitted through the axis cylinder, and should this be destroyed, the degeneration existing in tracts or bundles, other nerve tubes which remain intact may serve for the transmission of impulses." The phenomenon of the lower extremities preserving their sensation and motion while the arms are paralysed, is explained by Dr. Maryon by the disease having selected those groups of ganglionic cells which determine the action of certain sets of muscles, while the conductors of the will for the movement of the legs pass by unscathed. Ollivier has placed a case on record illustrating this condition.

It is not impossible to confound a descending sclerosis of the anterior columns, producing incomplete paraplegia, supervening on spinal caries, with the progressive locomotor ataxy, the sequence of degeneration of the posterior tracts. The sex may afford an immediate clue—but if the subject be a male, an attention to the reflex phenomena will efficiently distinguish them. The cremaster reflex of Jastrowitz, or the sinew reflex of Westphal are convenient methods of estimating the exaggeration of reflex sensibility where the posterior columns are not engaged. These signs are constantly suppressed in locomotor ataxy.

A true spinal paralysis may supervene, or a descending sclerosis of the anterior columns, and may be distinguished by increasing, and at last complete anæsthesia, an equable degree of paralysis in all the muscles implicated, and loss of electro-muscular contractility.

The condition of the muscular structures of the paraplegic limbs appears to be tolerably uniform, except when the subject of spasm (of the relative frequency of the occurrence of which I have no exact information). A flaccidity at first exists, and in the upper extremities especially a paresis is usually seen to precede the paralysis.

The liability to the visible development of spinal abscess.—When we observe that the majority of the fatal cases of spinal caries owe their termination to constitutional fever, exhaustion, or visceral changes supervening on abscess, we cannot over-estimate the importance of this event. I have used the term "visible" development because, that a case is fortunate enough to terminate without such a sign, is not sufficient to justify our assumption that no pus has been formed. It is more reasonable to suppose that if caries be established, a suppuration will ensue, which being limited or controlled in its course by Nature's efforts, or in a lesser degree by the surgeon's aid, may not become developed, but terminate by a resolution, or by an alteration of the effused product.

(Here is a specimen in which abscess never was visible during life.)

There can be no doubt that in a constitution prone to suppurative action, motion will hasten the development of this process; but the possibility of rest at the immediate situation of the disease has a direct relation to its extent, rapidity of onset, and to its situation. Thus, if the degeneration be restricted to a part only of the cancellous structure of one or two vertebræ not involving the cartilage or lateral surfaces, and if, moreover, the lesion be so restricted that the solidity of the buttress be not altogether impaired, we may look for a termination by resolution; but if a rapid liquefaction ensues, which leaves a gap intervening between the sound structures

above and below, before Nature's resources have been put forth to limit the abnormal increase in the mobility of the column, circumstances favourable to the production of abscess exist.

Bearing in mind the differences in the result dependent on a greater or lesser degree of depraved idiosyncrasy, we may regard movement as the chief factor of suppuration, and, putting aside situation and surrounding circumstances, this may be influenced by a disproportion between destruction and attempt at conservation. If we examine the spines of the diseased vertebræ we observe one constant diagnostic sign—an immobility of those processes. This is in part due to the muscular watchfulness, but more especially to the agglutination of those, and to some extent of the surrounding structures, by the results of adhesive inflammation. As the bodies of the vertebræ collapse, a posterior splint thus follows them; and as ankylosis is being accomplished, sudden disruptions and injuries of the tender bonds of junction are prevented. But this truly conservative process becomes a source of weakness, and not of strength, if the gradual bending of the column be not allowed. The gap left by disease is filled by a weak and degenerate tissue, unsupported on its anterior and lateral aspects; a certain amount of movement may be supposed probable, and a sudden and disastrous lesion imminent. As the development of abscesses will depend on the combination of a variety of circumstances, or in the exciting influence of one cause in an intense degree, it must of necessity be a difficult matter to arrive at any certainty as to its probable origin from disease in any special situation. I do not possess any facts as to its relative frequency in caries of the cervical, dorsal, or lumbar regions. I am disposed to think that it occurs in proportion less frequently in lumbar caries. Extensive gibbosity does not seem to influence its production, as it will frequently be seen that the development of abscess (psaos or lumbar) has directed the attention of the unwary for the first time to the vertebral column as the true seat of mischief, where the slight deformity had been unobserved.

There is one aspect of spinal caries which I have invariably observed to be followed by abscess, and this so constantly, that in such a case I would anticipate its production even from a very early period of recognition of the disease—that is, where caries of the bodies of the dorsal vertebræ is found to exist at the costo-vertebral articular facets. It is not difficult to find an explanation for this in the existence of the muscular movements incident to respiration.

Deformity.—This result of spinal caries, the most prominent and repellent feature in the disease to the un-instructed, introduces very different sentiments in the mind of the sufferer and in that of the surgeon. So repugnant is the distortion to the former that it renders him an easy prey to the unscrupulous and ignorant, who, by unskilled violence, seek to destroy the effects of the beneficial agency of nature. But he who has investigated the pathological conditions that exist looks upon the inevitable with complacency, and devotes himself, not to the restoration of what is lost, but to the preservation of what yet remains.

In the normal state of the spinal column the tendency towards a bending forward of the structure is observable, especially if the erector muscular structures be relaxed. In disease from the disintegration, in part or whole of one or more of the bases of support, this disposition is increased. Other circumstances—sequences of the ordinary lesion—magnify and promote the evil. The weight of the head at certain periods thrown in front of the line of its vertical axis. That of the upper extremities. The mechanical shortening of the psaos muscles at one or both sides; if the site of abscess. The spastic condition of the abdominal muscles, more especially of the rectus.

There can then be no means taken to lessen the amount of angularity resulting from special caries without risk of grave and immediate consequences. Extension for such a purpose is useless, and may be disastrous; the apparent

improvement that supervenes on the efforts of the empiric being due to the obliteration of the compensating curves, which very soon return to the same condition as before. As might be expected from anatomical considerations, the gibbosity is liable to be greatest in the dorsal region, but the general deformity may be most extreme if the disease exist at the lower lumbar region, from the impossibility of the formation of the inferior compensating curve.

I can obtain no record of this disease having occurred amongst quadrupeds, but have seen a perfect example of caries in the Siamang (*Hylobates syndactylus*). This animal was first noticed to be unwell during a cruise to Norway in the yacht of its owner. He constantly assumed the prone posture when lying, and when walking grasped his lower extremities with the paws of his upper, in a manner painful, though ludicrous to behold, and in faithful imitation of a child similarly affected. When destroyed the bodies of the 5th, 6th, and 7th dorsal were found to be almost obliterated, a collection of cheesy pus occupying the situation.

The principles of treatment.—Having seen that the development of abscess is hastened and encouraged by motion at the site of disease, that sudden paraplegia may result from the same cause, and that the general symptoms are lessened or increased by the observance or non-observance of rest, and that if we look to other facts it will be noticed that while rest of a diseased structure will admit of its repairs, the reverse will hasten its degeneration, we are driven to a similar conclusion in the selection of a principle on which to treat spinal caries.

We find little or no difficulty in obtaining the co-operation of the patient in the progressing stage of the disease. A young child will recognise the inconvenience of motion, and submit easily to enforced rest. But in addition to the local disease, we have a constitutional depraved diathesis to combat, and numerous endeavours have been made to combine the advantages of air and exercise (so beneficial to the general health) with an immobility of the diseased structures and their surroundings. It would far outstep the limits of time were I to consider in detail those contrivances. I do not place methods of which I make no mention behind the first rank in merit, and I aim at brevity and not assumption when I state the treatment I now adopt myself, and consider the advantage to be derived from some of the more recent appliances in use for this affection.

In caries of the cervical vertebræ I know of no plan of treatment so beneficial as to place the patient on a water-bed, with the head depending over the edge, so as, in fact, to exaggerate the natural curve (convex forwards) of the cervical vertebræ. This will invariably be found the most comfortable position, and can be maintained for any length of time while repair goes on. I may here observe that, although the tissues are not dissimilar, there seems to be a greater capacity for regeneration in disease of the bodies of the cervical than of those of the dorsal or lumbar vertebræ. It would then appear frequently to be a necrosis rather than a molecular death.

In caries of the dorsal and lumbar vertebræ, I keep the patient in a horizontal position until I am satisfied that the disease has ceased to advance. I do not think if such a posture be strictly maintained, that (except under the circumstances about to be mentioned) any appliance is necessary, nor will any appliance—in its absence—replace its advantages. If the disease involves the costo-vertebral articular facets, I am in the habit of applying a thoracic splint, to render the ribs immovable, and for this purpose I consider that the principle upon which the plaster of Paris jacket of Dr. Sayre is applied is superior to any others with which I am acquainted. The fact that it can be pressed into the intervals between the ribs, and thus prevent vertical as well as expansile movements, and its unyielding structure, impart special characters to it. The questions will now arise: At what period may it be considered prudent to allow the patient to assume the erect posture, and what further treatment is necessary? To answer the first of these, it must be said, that there is no

definite single symptom to afford information. The completion of the compensatory curves, on which so much stress has been laid, as indicating the completion of ankylosis, will here afford no information, as they are not formed so long as the patient remains in the lying posture. We must be guided then by the evidence afforded by a variety of signs. The absence of pain on motion, or pressure, or concussion—if such at any time existed; the increased elasticity in locomotion; the respiration resuming its natural and losing its grunting character; the return of a cheerful facial expression; the general improvement in health; in short, putting aside the deformity should it unluckily be there, the freedom from evidences diagnostic of the disease.

As for the second, inasmuch as the recurrence of the disease, or paraplegia, or other consequences are frequently traceable to accident, it is essential to adopt precautionary measures to obviate injury, whether from outward violence or from excessive muscular contractions, and as various appliances are admissible in this stage, it is well to consider the relative value of a few of those in general use. If an upright column be partially broken at any fixed point in its extent, a splint, to be efficient in its repair, must obtain attachment to the upper part at a distance above the fracture. The nearer that attachment be to the weakened part, the greater the leverage excited by the segment above. It will thus be seen that any appliance reaching to a level with the axillæ (save from the benefit derived from a support to the anterior thoracic wall) is useless as a stay to the vertebral column from any point above the sixth dorsal vertebra, and as the upper segment of the vertebral column is so long and weighty, it can readily be concluded that even if the weakened part be lower down, such will still form an imperfect support. Amongst such we may include the ordinary spinal apparatus in general use, Sayre's plaster of Paris jacket, supports made of leather, poroplastic felt or other material. These are, I believe, of no advantage as protectives in disease. Above the three or four inferior dorsal vertebrae, and the lower the disease, the greater will be their value. For the poor, from its combining cheapness with merit, I consider the plaster of Paris jacket the best appliance in disease at the lower part of the vertebral column. I do not think the use of crutches in combination with a spinal support of any value here, where the ankylosis is advanced, and they will, as a rule, be found a source of irritation and discomfort. Violent muscular efforts with the arms have been found hurtful, but the weight of the upper extremities slung partly from the thoracic wall can exercise no harmful effect. A support made after this pattern (example shown), is I think, on the whole, to those to whom expense is no object, the best apparatus in cases of the lower dorsal or lumbar regions. It is accurately fitted to the pelvis. Two uprights of soft steel are closely applied on either side of the spinous processes; if a knuckle projects a half circle in each, uprights must be adapted to it. Two lateral uprights are in connection which afford attachment to a corset laced in front. Thus, while a certain amount of pliancy is afforded, excessive motion is not permitted.

In cases of the cervical or upper dorsal vertebrae in a similar condition, our resources are limited to an endeavour to fix the vertebral column by a stay firmly attached to its base and summit. A well-fitting and carefully-applied juremast is the only apparatus which will obtain this result. I must here state that I have satisfied myself that no stem affixed to a plaster, or to a Cocking's, or other felt jacket, frequently seen in the instrument maker's, and often recommended, is at all reliable. The weight and movements of the head and body will always have an effect on the lower attachments of the stem, the whole affair goes out of gear, and a false sense of security is engendered. This juremast, made many times for me by Mr. Corcoran, of 22 Bachelor's Walk, is extremely simple, and fulfils every object to be desired. In the case of any individual over nine or ten years of age requiring it, I use for the sake of strength a double stem. The adaptation

of this should not be left to an inexperienced person. It should be fitted in the morning while the patient is lying, and it will usually be somewhat uncomfortably tight towards night. A spring to the occipital band, grasping the mastoid processes, is an advantage, rendering the patient independent of chin strap, which impedes mastication.

In the treatment of the paralysis of Potts' disease I have not yet arrived at any definite belief in the value of any one remedy, and hold the opinion that if we direct our attention to the limitation of the disease, and bring the blood by general measures into a healthy condition, we do better than by groping in the obscurity which invests the therapeutics of this subject. I have tried ergot, counter-irritation, iodide and bromide of potassium, belladonna, without any modification of the symptoms that I could perceive. As before stated, if the conditions indicate direct pressure or interruption of blood supply, it may rest in our power to apply measures of relief. I shall refer to electricity only to condemn its use in this affection. It is improper in theory, and I believe I have seen it effect pernicious results in practice.

The treatment of psoas, or lumbar abscesses, must still exercise the minds of surgeons. If rapid distension and destruction of the soft structures occur, we are tempted to relieve tension by one of the various methods recommended.

But we all are familiar with the unfortunate results. Hunter, Abernethy, Brodie, and a host of surgeons since their day, as well as in these days, dreaded and dread them. I have seen and adopted Callenderising of the sac, with, I regret to say, unfavourable results. The theory of Listerism (for which this affords a crucial test) has, we have no doubt, made many bold; but (judging from my own experience, as well as from the knowledge I have gained from hearsay) it has not enabled those to score successes more brilliant than their predecessors. What is the general course of such cases? They progress favourably for a period varying in duration from two or three days to a week; then the rigors, furred tongue, high temperature, bed-sores, œdem of the extremities, diarrhoea, and exhaustion usher in death.

The following quotation from Huxley's translation from Billroth, 4th edition, page 474, succinctly states a view of the subject I have long held:—

"If the abscess come from a bone on which an operation is impossible or undesirable—as the vertebrae, sacrum, pelvis, ribs, knee-joints, &c.—do not meddle with it, but be thankful for every day that it remains closed, and wait quietly till it opens, for thus there will be relatively the least danger. When I have departed from this principle I have always regretted it." Again, page 476:—"Of very many cases of large congestive abscesses along the spinal column, artificially opened, I know very few that ran a favourable course; the others were only hastened to their end. I again repeat that they are a '*noli me tangere*.'" The same views are entertained by Pirogoff, Virgil Gibney of New York, Velin of Paris, and the great majority of surgeons of large experience in this subject with whom I have spoken.

Of any treatment for rectification of angular deformity of the vertebrae I shall only say that, while furnishing a fruitful field for the pretender, it merits the contempt of the surgeon. We are here confronted by an obstacle which shows us our impotence; but in the knowledge of that weakness lies our power, and our resolution "not to tread where fools rush in."

SIR ERASMUS WILSON, F.R.S., President of the Royal College of Surgeons of England, in addition to the £100 subscribed by him at the Mansion House meeting for founding the Royal College of Music, has just promised the munificent sum of £2,500 to found a scholarship in the College, with education and maintenance,

Clinical Records.

BALTINGLASS INFIRMARY.

Case of Fibrous Tumour growing from Sacrum.

Under the care of Mr. FRANCIS V. McDOWELL.

M. B., *æt.* 45, presented herself at this Infirmary, suffering from a large tumour growing from the region of the sacrum, which caused her much pain and inconvenience, as, owing to its peculiar situation, she was unable to sit or lie down.

On admission I made a careful examination of the tumour, and found that it sprang from the external surface of the sacrum, opposite to the promontory of that bone. There was no evidence of fluctuation in the tumour, and it seemed to be hard and solid throughout; it had a broad base, and appeared to be deeply attached to the bone.

The growth had been increasing in size very rapidly, and as the woman was most anxious to get rid of it, I decided to accede to her request, and endeavour to remove it. The patient, however, would not submit to an operation without the aid of an anæsthetic, and as I hesitated to administer chloroform single-handed, I determined to use ether, believing it to be much safer. I therefore procured the ether inhaler invented by Mr. Ormsby, of the Meath Hospital, Dublin, and made by Coxeter, of London. Having poured one ounce of ether into the inhaler, I placed the patient rapidly under its influence with the greatest ease, and was able to perform the operation without any pain being experienced by the woman, or any other unpleasant consequence arising at the time or afterwards.

I believe Ormsby's inhaler to be a great boon to infirmary surgeons like myself, located in country practices, both for alleviating the sufferings of patients under operation (without the risk always incurred in the use of chloroform), and the ease of mind the surgeon experiences, particularly when operating alone.

A long incision made over the summit exposed the fibrous nature of the tumour. The only difficulty I met with was in dissecting it from its base, owing to the firm and dense attachment to the bone. Having completely removed the growth, I brought the parts together and dressed it with carbolic oil. Some pain and numbness was complained of in the lower limbs for some days, but this entirely passed away with the healing of the wound. The woman made a rapid recovery, and was discharged from the Infirmary three weeks after the operation.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

A MEETING of the Society was held on Friday evening, March 10th, in the Albert Hall, Royal College of Surgeons,

Dr. BARTON, Vice President of the College, in the chair.

Mr. THOMSON, Hon. Sec., read the minutes of the previous meeting, which were confirmed.

Mr. CROLY exhibited

FRAGMENTS OF THE END OF THE FEMUR, THE UPPER PART OF THE TIBIA AND THE PATELLA,

removed by him from a boy in the City of Dublin Hospital on the previous Tuesday in the operation of resection. The boy, *æt.* 7, had been admitted first in 1880, suffering from a bent knee. At the time he endeavoured to remove the deformity by tenotomy and extension. The patient left the hospital with an apparently useful limb. But the joint contracted again, and he had considerable displacement of the femur forwards and of the tibia backwards, with acute pain on pressure over the head of the tibia. There was pulpy thickening of the synovial membrane surrounding the patella, and also corresponding on the inner head of the tibia. The cartilage was almost completely eroded, and the semi-lunar cartilages were destroyed. There was also erosion of the cartilages on the end of the femur.

Mr. WHEELER showed a tumour which occupied the situation of the 7th, 8th, and 9th ribs on the left side of a patient. The tumour bulged out about the size of a Seville orange toward the surface of the body. From his own record, the

patient hurt the cartilage of the ribs by slipping on the handle of a riding-whip. On cutting down into the tumour a quantity of fluid, 1½ ozs., came from it. The most internal portion of the tumour was firmly attached to the covering of the ribs, three of which were diseased, and portions of the ribs came away with the tumour. Dr. Abraham had pronounced the texture of the tumour to be fibrous.

THYROID TUMOUR.

Mr. W. THORNLEY STOKER presented part of a thyroid tumour which he had removed in the morning from a boy, *æt.* 14, in the Richmond Hospital. The boy appeared to have been subject to goitrous disease from his birth, at any rate, for the last nine years. He was almost a cretin. Lately it interfered with his respiration, producing laryngeal troubles, loss of voice, &c. The tumour measured in its greatest diameter 7½ inches transversely, and consisted of three masses—two lateral and a central one, which were apparently enlargements of the lateral lobes and the isthmus of the thyroid glands respectively. The largest of the lobes was to the right and the smallest to the centre, and he purposed removing the right and largest portion of the mass along with the central, but he did not hope to remove, at one sitting, the third or left part of it. He succeeded in getting away the two portions he intended after a tedious and prolonged, though not difficult, operation. A number of enormous veins, varying in size from his little finger and his thumb, entered the mass, requiring the application of twenty or twenty-four ligatures. The tumour was solid all through. In the centre of the central one a cartilaginous mass existed.

Dr. ABRAHAM said he had been requested by Mr. Lawson Tait to show the ovaries of a patient upon whom he operated on the 27th ult. In his note presenting the specimen to the College, Mr. Tait stated: "I send you another specimen for the Museum of a pair of ovaries with occluded and distended tubes which I have just removed from a woman, *æt.* 37. Since a confinement, seven years ago, her life had been a burden to her from menstrual pain. It is a double hydrosalpinx." About a week afterwards he received a second note saying the case had done well.

Mr. R. L. SWAN exhibited a fibroid tumour which he had removed from the verge of the anus of a middle-aged female. Dr. Abraham had informed him that it consisted of a cell-growth with gland structure intermixed.

Mr. R. L. SWAN read a communication on

SPINAL CARIES: SOME OF ITS MOST COMMON RESULTS, AND THEIR TREATMENT,

which will be found on page 287.

The CHAIRMAN asked Mr. Swan to state his experience of the causation of the disease, as he had not recorded whether, in the majority of the cases, accident had occurred or not. His own opinion was, that to an accident was generally due the commencement of caries of the spine; and he confirmed Mr. Swan's experience as to the melancholy result of opening abscesses.

Dr. ELLIOTT inquired whether or not Mr. Swan was in the habit of using the extension process in treating caries of the spine?

Mr. W. THORNLEY STOKER, in taking exception to one or two points in the exhaustive paper, said it was unfortunate that remarks generally took the form of exceptions, members being content with silence to express acquiescence. He did not agree with Mr. Swan that it was impossible or difficult to fix a jury mast satisfactorily in a Sayre's jacket, having seen it very well done, and having done it very well himself. If the jury mast was properly constructed with crosspieces riveted firmly to the enclosed part, it could be fixed so as to give perfect satisfaction. That was, however, a minor point to the other exception which he took. He should enter his strong protest against the opinion Mr. Swan had expressed about the non-use or ill-use of Listerism in opening abscesses connected with diseased bone. For his own part, he had seen results gained by opening abscesses consequent on spinal disease since the introduction of the Listerian system that he had never witnessed before, and he opened abscesses himself without any of the hesitation or dread that formerly affected him when such a question arose in his practice.

Dr. ELLIOTT endorsed fully what Mr. Thornley Stoker had said respecting the opening of abscesses connected with disease of the spine. He had himself been opening them for a great number of years, and, without wishing to prove too

much, he never lost a patient by the procedure. He always opened the abscess by valvular opening, was not inquisitive to obtain the last drop, but merely to let out the matter and then dress the part and bandage the patient round. In that procedure he had had the sanction of Crampton and Cusack and Adams. The valvular opening was less risky than applying a tube. He had never tried the drainage-tube himself, but he had known of its trial with failure. As to the jury-mast, he was not a good sailor, and he did not exactly understand the term; but he had treated a vast number of cases of caries of the spine and in the cervical region, several of which he published fifteen years ago in the *Dublin Journal*, and the appliance he used was a leather support invented by himself. Having seen the jury-masts, he thought they were shaky and apt to change position no matter what was done. How a patient with caries in the cervical region was to profit by the water-bed he was at a loss to know, because the water would press upwards at all sides. He had a successful case which he did not publish until eleven years after the patient's perfect recovery, and the means he adopted was the simple support of the neck and a proper appliance to the shoulders. The plaster of Paris he had never tried, but he had seen it applied, and the result had not changed his opinion of what he adopted for twenty-five years—namely, the ordinary leather appliance made by the surgeon himself, as he would set a bad fracture, moulding it so that it could be produced by manufacturers afterwards. He was the first in Dublin to introduce that procedure, and, without being egotistical, he had never seen anything in the plaster of Paris applications at all to meet the requirements of the case as perfectly as the leather when properly adjusted. Another important consideration was the period of putting on the jacket, or any of those applications. Were they to say that in the earlier stages of caries they were not to use counter-irritation? He did not mean issues or heroic treatment, but simply local applications. Putting a plaster of Paris jacket on the patient prevented the possibility of such a line of treatment. But by adopting the leather corset, the patient might be allowed to have his baths. Patients did not always stay in Dublin under their care; and what he did was, when he put a patient in proper working order, he sent him to the country and let the local practitioner there look after him. He never adopted the extension process. When tried, it was not the spine, but the muscles that yielded.

Mr. A. H. CORLEY said Mr. Swan had observed that children, at an early period, seemed to estimate the importance of remaining quiet. All he could say was, that the children Mr. Swan met with were different from the children he was in the habit of seeing; because he found that just at the very period when rest would be most essential—when disease was at the onset—the children seemed to be most restless, and that when disease had gone to the extent of almost threatening paralysis, children remained quiet as necessary with the head lying over the end of the water-bed.

Dr. HENRY KENNEDY directed attention to Hilton's work on "Rest and Pain," in which, concerning the cases in question, he advised perfect rest. The medical processes of treatment were more extensive than Mr. Swan had enumerated. There were a number of preparations of the greatest possible value, including syrup of the triple phosphates. He had seen cases in which the disease was stopped by the use of the syrup and rest. He would also call attention to the views of an American writer in reference to the treatment of strumous disease, as all diseases of the vertebræ were essentially of that class; and that writer had shown that the disease, for a year at least before it declared itself, was discernible with the microscope. That that point should be ascertained was most essential. Again, the advantage of large quantities of animal food to the exclusion of starch and sugar, was recommended. But that idea was not new. It was a century ago since a special work was written on the importance of giving animal food in strumous disease.

Mr. CROLY said he had seen a great many of Mr. Swan's cases and witnessed some excellent results from the plaster of Paris and other treatment he had adopted. With regard to the abscess question, the first lesson he ever got was from the late Mr. Williams, who cautioned the class against psoas abscesses. A great many of them burst themselves and they always did very well. He had seen them opened by the valvular incision, which he believed was due to Abernethy, his idea being to exclude the air; but it was well known it was not the introduction of air into the sac of a psoas abscess, but the extravasation of blood on the pressure being taken off on

opening the abscess that was to be feared. When the abscess opened of itself it did not open suddenly, but a little at a time, and as the discharge came away the sac contracted. Abernethy did not say anything as to whether the matter was all to be let out. The last time he was in London he (Mr. Croly) saw cases under Prof. Lister, and, having seen him dress several cases of psoas abscess, he did not see a drop of pus come out when the dressings were removed. Three or four cases he saw opened by passing the drainage-tube under, and some above, Ponpart's ligament.

Mr. WHEELER asked Mr. Swan if it was his experience that in the incipient stages of cervical caries in children he considered it better to place a child on a water-cushion in the recumbent position than to fix the spine steadily by means of a jury mast? With respect to psoas and lumbar abscesses connected with spinal caries, he had treated them by Listerism, valvular incision, drainage, aspiration, and distension, and he had had equally bad results with all of them. He had also allowed them to open themselves. He was in accord, therefore, with Mr. Swan's description, to which the majority of such cases treated by him answered. But he was not in accord with Mr. Swan in believing that counter-irritation, issues, and such like were not of benefit in spinal disease. His experience was quite the contrary, and he was certain that he had had most favourable results from that line of practice.

Mr. SWAN replied: In answering the Vice-President's question, he said that, though the evidence of injury was often unreliable, he had no doubt it might frequently be an exciting cause when the predisposition existed, but it would be difficult to disbelieve in the spontaneous origin of spinal caries. To Dr. Elliott's remarks (which were bound to have weight from his long experience on the subject), he had listened with great attention. He did not advocate extension, but condemned its use; and to those who were familiar with the pathological conditions existing, it was unnecessary to explain why. Dr. Elliott's favourable experience in the management of large spinal abscesses surprised him. Abernethy, who adopted the valvular incision, approached as closely to Nature as possible in his procedure. As was stated by Mr. Holmes Coote, it is not the entrance of atmospheric air which produced the disastrous results in opening those abscesses, but a decomposition, in part, of the sanious fluid, poured into the cyst from its walls on its being partially emptied, and partly from changes in the cyst itself. Mr. Alexander Shaw, in the fourth volume of Holmes's "System of Surgery," alludes to this circumstance. He (Mr. Swan) condemned counter-irritation when caries was established, and considered the issue quite as inapplicable to caries of the spine as to caries of the wrist or ankle, and calculated to induce the state of health which would encourage the progress of the disease. The issue, in his opinion, acted as the plan of firing a horse's fore-legs, in enforcing rest; hence any benefit which it conferred. He did not here allude to the pre-carious stage, or that of osteitis, in which, no doubt, counter-irritation might be useful. Mr. Stoker's application of the jury mast to Sayre's jacket had been more favourable than his. As stated before, he did not find it answer, except for a short time. Mr. Corley's experience in reference to the impossibility of keeping children quiet on a water-bed was, no doubt, frequently observed; but a little training will often be successful. If pain exists they are pretty sure to stay in the same comfortable position. It must be regarded, in cervical caries, a favourable sign when they will not remain quiet, and omit supporting the head themselves. He (Mr. Swan) had not had the advantage of seeing Mr. Lister's own cases, but had seen several psoas and lumbar abscesses so treated. The results were not good. He admired Mr. Wheeler's candour in his admission of unfortunate results after opening those abscesses, and certainly felt that his own experience was of a similarly unfortunate nature.

The Society then adjourned.

YORKSHIRE ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.

THE quarterly meeting of the Yorkshire Association of Medical Officers of Health was held at Bradford, on March 30th. The president, Mr. S. W. North, Medical Officer of Health for the City of York, in the chair.

COMPULSORY NOTIFICATION OF INFECTIOUS DISEASES.

Mr. HARRIS BUTTERFIELD, Medical Officer of Health for Bradford, read a paper on this subject, of which he said

they had had recent experience in Bradford, as it was not only interesting to them as sanitarians, but had also claimed the attention of the medical profession and a large portion of the general public. Following the example of other corporations, and conscious that they possessed advantages for dealing with infectious diseases, when discovered, unsurpassed if equalled, by the resources of many authorities, the corporation applied in the last session of Parliament for powers to compel the notification of certain infectious diseases. The provisions of the Act were sufficiently simple and workable. The Act received the royal assent on the 16th of July, and it was not long before it received a severe test, for at the end of August scarlet fever—rarely absent from the borough—broke out with considerable violence, and kept the medical staff fully employed up to the end of the year. From the date of the passing of the Act until the end of December last 423 cases were reported, of which 215 were admitted to the Fever Hospital and 7 to the infectious wards of the work-house. In addition to those there were 82 cases of enteric fever, 12 of diphtheria, and 2 of English cholera reported, making in all 525 cases reported by 49 practitioners. The fact that 49 medical men out of 66 reported cases was a sufficient proof that the Act was accepted by the profession, and when they remembered that 106 cases of scarlet fever were sent to the Fever Hospital without the intervention of the medical officer of the borough it became evident that the medical profession were desirous of co-operating with the Corporation in the suppression of the disease. It had been said that one effect of the Act would be to prevent people calling in medical advice on account of the liability of patients to be sent to the Fever Hospital or otherwise interfered with by the medical officer, but he had only heard of one case in which there was sufficient justification for such alarm. Three persons fined for not reporting cases alleged that they were not aware of the existence of the Act; but, on the other hand, eleven persons reported cases direct, in order that they might secure a recommendation for the hospital. So far as the great majority of the profession and the public were concerned, the Act had been carried out with much more ease than was anticipated, but a few practitioners took exception, not to the notification, but to the action which followed it, desiring, in the name of the Medico-Ethical Society, that the medical officer should not ask to see the patient, that he should not express a different opinion from that of the medical practitioner in attendance, and that he should not compel the removal of a patient without consulting the medical attendant. Those were all reasonable, if unnecessary requests, and were readily acceded to. It was evident, however, that occasions of emergency might arise when duty to the public demanded immediate action untrammelled by nice points of professional etiquette. But with ordinary tact and courtesy he did not anticipate that any real difficulty or conflict would have to be encountered.

Dr. BRITTON (Halifax) wished to know what effect the measures adopted by Mr. Butterfield had had upon the small tradespeople amongst whom disease had broken out, and what percentage of cases were reported to him. He thought that not more than 10 per cent. of cases of infectious diseases came to the knowledge of medical men.

Dr. SCOTT (Ilkley) said that measures for compulsory notification should be followed by more provision for isolation, and the right to enter the houses of, and control to a greater extent the action of individuals concerned. The medical profession differed much as to the value of compulsory notification. Were it the duty of a man to notify that an infectious disease had come under his notice, he did not see how that act could be considered to be a breach of confidence. He feared that some of the clauses of which they had heard would bring medical officers of health and private practitioners into collision, as in the case of Jarrow. He was afraid that as a result of compulsory notification cases of infectious disease would be concealed, and, no medical man being called in, disease would be allowed to spread in a greater ratio. He did not see how they could convict individuals who pleaded ignorance. Enforced isolation would become necessary were compulsory notification enforced, and the extent to which it would be needful to control individual action would be contrary to the constitution of the country.

Dr. MASON (Hull) said that within the last year, in a population of 155,000 at Hull, they had had 800 deaths from

scarlatina, and about 9,000 children had suffered from that disease more or less during that period. At the commencement of the epidemic they had no means of obtaining information of outbreaks. He thought the onus of reporting cases should rest with the householder, and that the sanitary authority should have complete control with regard to the attendance of children at school in infected districts. Since the establishment of the present educational system zymotic diseases had increased. The question ought to be dealt with by means of an imperial measure. They now had in Hull a good system of obtaining information of the outbreak of infectious diseases. Compulsory measures would fall short of what was aimed at till the public mind was educated to recognise the importance of sanitation generally.

Dr. HIMS (Sheffield) was in favour of a wide extension of the provision for compulsory notification, and said there was little friction between medical officers and private practitioners where such enactments were in force.

The PRESIDENT was opposed to compulsory notification, because he was not convinced that it would secure the desired object. He thought, moreover, that society would not submit to such regulations. Mr. Butterfield would have very rarely closed a shop or prevented a man from following his occupation. A well-conducted hospital might help them materially in stamping out disease. If they had compulsory notification, what would they do with it? Nothing was said in the Bill on the subject, which had been referred to a select committee, as to what the medical officer was to do. He could not enter a house but by order of a magistrate. Compulsory notification would be utterly futile in stamping out the disease.

At the same meeting a paper was read by Dr. Scott, on "Ilkley as a Health Resort," on which we have already pronounced a favourable opinion, and the Society adjourned.

THE ADVANCEMENT OF MEDICAL RESEARCH.

A LARGE and influential meeting of the profession and others interested in medical science took place at the Royal College of Physicians of London, last week, by invitation, with the object of forming an Association for the Advancement of Medicine by Research.

Sir William Jenner, President of the College, occupied the chair, and in his opening speech remarked that several meetings of members of the medical profession had been held for the purpose of deliberating on the best means of founding with success an association for research in medicine—or, in other words, for the advancement of medicine by research, and after considerable discussion it was determined to call together the representative men not only in medicine, in surgery, in physiology, in chemistry, and in anatomy, but of gentlemen interested in science generally, and to ask them to co-operate with the objects they had in view. At the present time there was no society which guided research. There were numberless societies to whom those who conducted research might communicate the result of their investigations, but there were none which protected them in their labours. It was not intended that the proposed Association should be limited to any single object, but that it should be founded on a very wide basis indeed. Besides medicine, it would take in research in therapeutics, the effect on the human frame of sewer gases, foul air, and other things which rendered it susceptible to disease. If research was carried out by the right men, in a right spirit, and with a due amount of labour, the benefit to humanity by such investigations was incalculable. Every advance in physiology was an advance or stepping stone to pathology; for modern pathology was the outcome of modern physiology. If, therefore, an association be founded which would assist the physiologist, one of their great objects would have been promoted. Now there was no desire on the part of those who had worked in the formation of that Association to evade the law (hear, hear); there was no desire on their part to ask for a repeal of the law, or even for any modification of it. The medical profession was, he believed, a law-abiding profession; they had greater respect for the law than even the legal profession itself; so, whilst the Association would watch most carefully over the working of the law, they would see how far that law allowed them to attain their object, and how far the machinery for putting that law into force hindered more than it should the objects which it was intended to restrain. They would watch with no unnecessary delay the

carrying out of the provisions of that law. This was of considerable importance with reference to physiology, and he should like to illustrate what he meant by delay by what happened in connection with a late trial, and which had attracted so much attention amongst medical men. During the last few weeks, in the course of investigations into that case for legal purposes, it came to be suspected that a vegetable alkaloid had been used for the purpose of destroying the victim, accidentally or otherwise it was not for him to say. The victim died, however, from the action of the alkaloid. Most of them knew, no doubt, that if vegetable alkaloid remained long in contact with animal matter it underwent decomposition, and that they could no longer expect to detect it. To determine whether the poison was an alkaloid it required that it should be in an active state when the experiment was made. Delay would have been fatal in the interests of justice and there might have been a miscarriage of the law. No one could over-estimate the effect such an event would have had on the public mind when it was believed there was a poison, or a series of poisons, which no skill of the chemist or medical research could detect. In order to detect the poison it was necessary, if operations were to be undertaken, that certificates should be obtained, and a long process had to be gone through before the sanction of the law officers could be obtained. The difficulty was the greater in consequence of the animals to be employed having to be operated on after the use of anæsthetics. The only way in which it could be done was by puncture of a lancet, but it would be as absurd to chloroform those little animals before puncturing as it would be to chloroform a child before it was vaccinated. The risk of detecting the poison, if any delay arose, was felt so strongly that one of the gentlemen employed was actually about to proceed to France in order that he might there operate upon lower animals without any risk of infringing the law, and if guilty, he might so bring an English criminal to justice, and prove that the poison used was as certain of detection as any other known in the medical world. In a case of this sort the Association might very usefully watch over the causes of delay, and show how greatly matters might be facilitated by communicating with the officers of the law. He hoped the Association would cause all physiologists to temper zeal by discretion, and so that the young men in the profession might, in their efforts to prosecute science, pay due regard to public opinion—a fact that would be a means of enlightening the public mind, and so diminishing those morbid sensibilities which had been shown towards the experiments in question. The Association would endeavour to enlighten the public, whilst it would restrain those who might otherwise wound its susceptibilities. Sir William then proposed—“That with the view of bringing the legitimate influence of the medical profession more effectively to bear on the promotion of those exact researches in physiology, pathology, and therapeutics, which are essential to sound progress in the healing art, an Association be formed, to be called ‘‘The Association for the Advancement of Medicine by Research.’’

Mr. Spencer Wells seconded the motion.

Sir George Jessel, in supporting the resolution, said the future progress of medicine must rest on science (hear, hear). He had had occasion from time to time, owing to the position he held, to observe the progress of medicine, and he knew that that progress was owing greatly to the accidental discoveries made through mere experiment, and that those experiments had resulted most beneficially for mankind. He was, therefore, thoroughly convinced that the real progress of the healing art depended on true scientific investigation (hear, hear). He felt satisfied that the establishment of the Association would be productive of good, and could in no way produce mischief. The support of the public at large would be necessary. Great ignorance prevailed as to the art of healing and of the various sciences which made up an accomplished practitioner. The public required information, first of all, as to the necessity of experiments on living animals, which had given rise to so much discussion of late; and they required besides to be fully informed what advantages were to be gained by that method of pursuing scientific investigations—what amount of pain was inflicted on the lower animals, how often the pain need to be inflicted, and whether those who inflicted the pain still possessed those feelings of sympathy so characteristic of the profession at large. He wished success to the Association, and God-speed to those who were endeavouring by means of science to alleviate the sufferings of the human race.

The motion was carried unanimously.

Mr. Spottiswoode, President of the Royal Society, next proposed—“That the Association consist of representative

members of the medical profession, and of other persons desirous of promoting the above objects.” The resolution was one which must recommend itself to all present. The main work of the Association, although of very diversified aspect, and of very wide application, was still special in its essential character. It must, in his opinion, be both designed and carried out by persons who understood it. An opinion appeared to prevail in some quarters that any one, however little conversant with the subject of medicine, was competent to define what should, and still more, what should not be done towards its advancement. The promotion of the Association concerned the public at large, as well as the medical profession. But between the special experts and the public there was a class whose admission to their councils he would thoroughly advocate. The aspect of their subjects was so varied, the methods which they employed were so diversified in their nature, and involved principles gathered from so many sciences, that he would advise them to associate with themselves the leading men in biological and, to some extent, in other sciences. On the specific topics of the present movement he did not, as a non-biologist, propose to offer any remarks; but, representing as he did the Society which was the centre and head of all British science, and whose function was the promotion of all natural knowledge, he had ventured to say they had undertaken to help towards the decision of the great, nay, the all-important question—whether medicine should wait upon time and circumstance, upon the accidents of life, upon the habits, or even whims of society and fashion, or whether, with earnest thought and firm hand, it should form circumstance to its needs, turn accident to good purpose, and wrest from Nature that which she freely gave to him that asketh, but which she resolutely withheld from the listless bystander; whether, in short, medicine should remain and be for ever relegated to the limbo of observation, or whether it should become an experimental science.

Dr. Quain, in seconding the resolution, which was also carried unanimously, said that he yielded to no one in his love for animals and his tenderness for them, but he could not think that experiments upon them were useless or valueless. If it had not been for the steps taken to stamp out the cattle disease there would scarcely have been one left in England. The importance of isolation could not be denied. It was widely different when animals were pursued by dogs for wagers. That was illegal, but still men did not raise their voices in Parliament against it. When animals were scientifically experimented upon it was only for the purpose of alleviating the sufferings of human beings, and to protect those who were sacrificing their feelings to duty was one of the objects of the Association.

Sir James Paget proposed—“That the Presidents for the time being of the Royal College of Physicians of London, and of the Royal College of Surgeons of England, be the permanent *ex-officio* Presidents of the Association; and that each of them be requested to nominate annually twelve persons, of whom six at least must be Fellows of their respective Colleges, to be representative members of the Council of the Association for the year, in addition to the following, who shall be *ex-officio* members, viz.:—The Presidents, for the time being, of the Royal Society, of the General Council of Medical Education and Registration, of the Royal Colleges of Physicians and Surgeons in Edinburgh and Dublin, of the Faculty of Physicians and Surgeons in Glasgow, and of the Royal Veterinary College of Surgeons, the Director of the Royal Gardens, Kew, and the Medical Officer of the Local Government Board; the Regius Professor of Medicine and the Linacre Professor of Anatomy and Physiology in the University of Oxford, the Regius Professor of Physic and the Professor of Anatomy and Physiology in the University of Cambridge, the Professor of Institutes of Medicine in the University of Dublin, the Deans of the Medical Faculties of the Universities of Edinburgh, Glasgow, and Aberdeen, the Brown Professor of Pathology in the University of London, the President of the British Medical Association, of the Council and of the Parliamentary Bills Committee of the British Medical Association, and of the following Societies—the Royal Medico-Chirurgical, Pathological, Clinical, Epidemiological, Obstetrical, Medical, Hunterian, Harveian, Zoological, and the Society of Medical Officers of Health. That the Council be authorised to invite the co-operation of additional representative men, within the United Kingdom, as corresponding members of their body. That registered medical men desirous of promoting the above objects shall, with the consent of the Council, be admitted as members of the Association on the nomination of an ordinary

corresponding member of the Council. That members of the Council, on their retirement, become ordinary members of the Association. That the President, for the time being, of the Royal College of Physicians of London, and the President for the time being, of the Royal College of Surgeons of England, shall be alternately, for the term of one year, *ex-officio*, Chairman of the Council, and shall nominate a member of Council as Vice-Chairman for the year, such nominated Vice-Chairman to be re-eligible. The ordinary quorum of the Council shall be six. That the Council have the entire control of the business of the Association, and the entire management of any funds contributed for its general objects, or for any special purpose, and shall annually appoint a treasurer and secretary, who shall be re-eligible. Sir James, continuing, thought the Council ought to be composed of men who had one design in common—the promotion of medical science. Its voice and the weight of its authority should, at all times, be brought to bear on the pursuit of science. The public needed instruction upon a large number of scientific pursuits, and, doubtless, there were many who, notwithstanding whatever knowledge might be imparted to them, would cling to their ignorance, and hold tenaciously to their own self conceit. The Society to be formed would address itself to the really intelligent portion of the public and enlighten them on the subject of medical science. It was well that such an Association should be formed because it would have the force of numbers and an authority which could not be gainsaid. It would hold the opinions of a large mass of the profession, and must carry greater weight than could possibly be carried by any individual action whatever. It would be a central authority to which any one in doubt could refer. It would offer the practitioner the best advice and show him whether he should proceed or wait. It must be of immense use to the profession, because it would point out the direction in which knowledge was needed. In whatever aspect he looked at it he could not but feel that an Association of the kind would be of the greatest possible value to all concerned.

Sir William Gull, seconding the motion, said that the Association was the birth of his soul. He saw men prosecuting their researches in the face of obloquy; but henceforth he trusted the Society would stand between them and the public, and that the latter would be satisfied that whatever was done was justifiable. When he looked at the bust of Harvey, and thought what that eminent man would have said had he been present, he felt that no one could deny the value of scientific research. The public would be assured by the formation of the Association that the profession meant business, and real business, and that all professions of pretence were to be cut away. They were prepared to show they would put in practice that knowledge which they had gained, and that a solemn obligation rested upon them in that respect. He was glad to find the project was to be supported by the learned bodies throughout the country—that there would be a common feeling of unity and spirit displayed in supporting and guiding the medical profession in its work. It meant truth, and very pure truth, and no pretension whatever. The Association was not formed for protecting men in cutting up animals, or for the purposes of vivisection, but for scientific observation and of showing to the world they had a solemn duty to perform. They were not aggressive against public feeling, only aggressive against ignorance, and were actuated by a great and noble spirit in the pursuit of science.

Mr. Warren de la Rue expressed his sympathy with the movement.

Sir Risdon Bennett moved—"That it shall be the principal duty of the Council to encourage original research, and to further the extension of scientific knowledge in the fields of inquiry specified in Rule I. That, with this object, the Council shall take note of, and seek to remove, any hindrance which may appear to them to be operating adversely to the progress of medical knowledge. That the working of the Act 30 and 40 Vic., cap. 77, shall engage the watchful attention of the Council, and may rightly become the ground of interposition on their part. That no public action shall be taken unless agreed to at a meeting of the Council, duly convened for that purpose, and at which twelve members at the least shall be present, and at which the chairman and three-fourths of those present shall concur. That no annual subscription be required, but that members of the Association be invited to give such aid as they may desire to the general purposes of the Association, or towards special expenses incurred."

Mr. Erichsen seconded, and Sir John Lubbock supported the resolution, which was adopted amidst cheers.

Professor Tyndall moved, and Dr. Andrew Clark seconded—"That the present rules, defining the objects and constitution of the Association, shall not be altered except by the written consent of three-fourths of the entire Council, after consideration at a meeting called for the specified object, on a fortnight's notice, and with the further written sanction of the two presidents."

Sir J. Hooker, director of Kew Gardens, supported it; and the meeting was concluded by a vote of thanks to the Chairman, proposed by Dr. Acland, seconded by Dr. Carpenter, and carried by acclamation.

A NEW ANTISEPTIC COMPOUND.

At the last meeting of the Society of Arts (Wednesday, March 29th), Professor Barff read a paper on "A New Antiseptic Compound for the Preservation of Food." Dr. Russell, F.R.S., Professor of Chemistry at St. Bartholomew's Hospital, occupied the chair, and there was a very large attendance.

Professor Barff, after referring to labours extending over some years, stated that he turned his attention to the employment of boracic acid, which was already known to have antiseptic qualities, difficult, however, of application, owing to its insolubility in water. By heating boracic acid with glycerine a substitution product was obtained, in which glycerine united with boracic acid forming a glyceride analogous in composition to natural fats. This substance forms a glacial mass, soluble in water, and having powerful antiseptic qualities. The method of preparation was as follows:—Glycerine was heated to a high temperature, and boracic acid was added as long as it dissolved, the proportions being 92 parts of glycerine to 62 of boracic acid. When this was allowed to get cold, a white crystalline compound formed, which disappeared on further heating. Water was evolved during the whole of the operation, and at last when steam ceased to be given off, the mass set into a hard, ice-like substance, and it was found to have lost in weight exactly 54 parts, which corresponds to the weight of three molecules of water. Thus it appeared that all the hydroxyls in the glycerine had united with the three atoms of hydrogen in the hydrated boracic acid, and that the BO_3 , that is anhydrous boric acid, had taken their place, forming $\text{C}_3\text{H}_5\text{BO}_3$, which is (as has already been stated) analogous in its composition to a natural fat, BO_3 taking the place of the fatty acid. The innocuousness of the compound had been proved by the fact that milk treated with it had been used at a college near London, containing 300 persons, during the whole of the summer months last year without anyone suspecting the presence of anything unusual. The milk kept perfectly sweet during the whole of that period. A lady had taken cream prepared with it every morning for a year and a-half. The boro-glyceride, which is the new preservative, is mixed with about 50 times its own weight of water. The original cost is small, and thus the diluted mixture sold in commerce can be produced at less than 1s. per gallon. A gallon thus sold will preserve as much meat as can be surrounded by it in any continuing vessel. It can be used by untrained persons, and the same liquid may be employed over and over again. The practical success of the system was manifested by a number of specimens treated at home and others sent from Jamaica, all of which were in a perfectly fresh condition, and retained their natural distinctive flavour. Among the specimens received within the last week from Jamaica were fresh turtle, oysters, and fresh pigeons, all of which were cooked and tasted by the audience. Professor Barff suggested various methods by which different kinds of food could be cheaply and effectively preserved in this country for longer or shorter periods. As instances, he exhibited eggs, oysters, lobsters, fish of various kinds, which had been preserved for nearly three months. These were tasted and pronounced to be perfect in freshness and in flavour. He also explained how this preservative compound could be used for the temporary or permanent preservation of food in public institutions and private houses, how meats in the dry state could be imported at small cost from South America and Australia, and would serve for the cheap production of soups and potted meats. Specimens of mutton sent from the Falkland Islands in August last were exhibited, both raw and cooked. Pro-

Professor Barff also read extracts of letters from persons in Jamaica, who had received from him cream and other articles in a fresh condition, and a letter from Zanzibar in which the opinion of Dr. Steere, the Bishop of the African Missions, was given as to the perfect condition in which he received some Devonshire cream. Samples of meat were also shown which had been preserved for three months in open vessels. They were first exhibited in the raw state, in which they appeared satisfactory, and their taste when cooked was also tested by actual experience. After the lecture, and before the discussion, the housekeeper of the Society of Arts took them from the lecture-room, and proceeded to cook them, and the public on leaving the hall were enabled to taste excellent steaks, lobsters, sausages, &c., three months old, but tasting as if fresh, and raw oysters which had been purchased in a shop in London on December 5. The appearance and aroma of the articles were in all respects appetising.

The Chairman (Dr. Russell) in opening the discussion which followed, stated that he had himself made experiments on cream and meat with complete success, utterly independent of the lecturer, and without his knowledge, and that in every case they were perfectly successful. He considered the process to be extremely simple and economical and of considerable scientific interest.

Professor Graham asked whether the food preserved by the process retained its true flavour and aroma, to which an affirmative reply was given, provided that it was kept in closed, not hermetically sealed, vessels.

Dr. Thudichum asked questions concerning the effect of the preservation upon the system, and was referred to the experiences detailed in the lecture.

Admiral Selwyn hailed the discovery as of great importance to the Navy.

Dr. Allchin, of Westminster Hospital, suggested its use for preserving anatomical and pathological specimens without altering their colour.

The meeting closed with a vote of thanks to the lecturer, proposed by the Chairman, and passed with acclamation.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, APRIL 5, 1882.

MEDICAL RESEARCH.

ONLY one feeling—satisfaction—will be experienced throughout the whole scientific world, professional and non professional, at the result of the recent meeting held at the Royal College of Physicians. Continually worried, annoyed, even insulted, by self-elected cham-

pions of humanitarian principles and defenders of the brute creation, medical men have for a long time been chosen objects of attack and contumely by a horde of ignorant partisans, who, led on by a few possibly well-meaning but none the less hysterical and unreasoning advocates of obstruction have striven to hinder scientific progress. No successful have the various associations of busybodies banded together with this object in view been, and so far had they succeeded in spreading their misrepresentations of science and scientific men amongst the public, that the latter had almost accepted the doctrines expounded as true, and arrived at the conclusion that no repudiation of them was possible. The average intelligence could not comprehend why no general attempt was made to dispel the errors said to be disseminated by anti-vivisectionists. The individual replies of even men eminent as physicians or surgeons were of little avail as checking the influence of wholesale publication of mis-statements and inventions calculated to discredit their utterances; and it is not difficult to understand the surprise created by the absence of united protest against calumnious attacks, and of combined action by scientific workers to resist the obtrusive pretensions of their non-scientific opponents. At last, however, the much-needed step has been taken, deliberately, with all due dignity, and supported by the direct personal approval of all the leaders most distinguished in the world of science. In a manner that the most frivolous must be impressed with, and that the most persistent obstructive must feel at once, and for ever shatters his puny strength, the emphatic voice of British science has declared the resolution of its masters to defend and promote its legitimate privileges, the first and highest of which is the extension of human knowledge for the benefit of humanity.

Nothing that can be said or written is possibly capable of adding to, or detracting from, the importance that attaches to the proceedings of the meeting which took place yesterday week. It may at once be admitted to have been the outcome of recent events, whereby the outrages offered to medical science by so called anti-vivisectionists culminated in the prosecution of Dr. Ferrier in a metropolitan police-court. Whatever may have been the causes, the result is no less sure and epoch-marking; and in the future the assembly of great names associated together in defence of medical research on March 28, 1882, will take foremost rank amid historical events. The effects that will flow from it, we may be sure, will lose nothing from the determination expressed as a rule of action by the Society, that, viz., it will seek to promote its objects in compliance with existing laws, asking for, and desiring no repeal or amendment of recent statutes, but demanding only that provisions already made for regulating and controlling experimental studies shall be intelligently administered, with a view both to the convenience and comfort of the student and the welfare and safety of the public. That nothing will be wanting to ensure the most absolute regard to all essential conditions so far as concerns the subjects of experiments and public interest in their behalf, is guaranteed by the character of the executive staff of the “Association for the Ad-

vancement of Medicine by Research." The resolution dealing with this part of the subject was proposed by Sir James Paget, and is worded as follows :—

"That the Presidents, for the time being, of the Royal College of Physicians of London, and of the Royal College of Surgeons of England, be the permanent *ex-officio* Presidents of the Association; and that each of them be requested to nominate annually twelve persons, of whom six at least must be Fellows of their respective Colleges, to be representative members of the Council of the Association for the year, in addition to the following, who shall be *ex-officio* members—viz., the Presidents, for the time being, of the Royal Society, of the General Council of Medical Education and Registration, of the Royal Colleges of Physicians and Surgeons in Edinburgh and Dublin, of the Faculty of Physicians and Surgeons in Glasgow, and of the Royal Veterinary College of Surgeons, the Director of the Royal Gardens, Kew, the Medical Officer of the Local Government Board, the Regius Professor of Medicine and the Linacre Professor of Anatomy and Physiology in the University of Oxford, the Regius Professor of Physic and the Professor of Anatomy and Physiology in the University of Cambridge, the Professor of Institutes of Medicine in the University of Dublin, the Deans of the Medical Faculties of the Universities of Edinburgh, Glasgow, and Aberdeen, the Brown Professor of Pathology in the University of London, the Presidents of the British Medical Association, of the Council and of the Parliamentary Bills Committee of the British Medical Association, and of the following Societies—Royal Medico Chirurgical, Pathological, Clinical, Epidemiological, Obstetrical, Medical, Hunterian, Harveian, Zoological, and the Society of Medical Officers of Health. That the Council be authorised to invite the co-operation of additional representative men, within the United Kingdom, as corresponding members of their body. That registered medical men desirous of promoting the above objects shall, with the consent of the Council, be admitted as members of the Association on the nomination of any ordinary or corresponding member of Council. That members of the Council, on their retirement, become ordinary members of the Association. That the President for the time being of the Royal College of Physicians of London, and the President for the time being of the Royal College of Surgeons of England, shall be alternately, for the term of one year, *ex-officio*, Chairman of the Council, and shall nominate a member of Council as Vice-Chairman for the year, such nominated Vice-Chairman to be re-eligible. The ordinary quorum of the Council shall be six. That the Council shall have the entire control of the business of the Association, and the entire management of any funds contributed for its general objects, or for any special purpose; and shall annually appoint a Treasurer and Secretary, who shall be re-eligible."

A more thoroughly representative list than this could hardly be conceived. We are at a loss, however, to understand the omission of the President of the Linnean Society; this is surely as intimately allied with medical science as is the Zoological; and it is to be hoped the oversight will be remedied in time.

The principal function of the new Association will, of course, be to assist and supervise in a manner the physiological and pathological work done in the United Kingdom. In cases where individuals might be unable, alone and unaided, to obtain facilities for prosecuting original researches, the Association will step in and provide them on being assured of the fitness of the candidate and the propriety of his intended labours; and a further most necessary duty it must perform will be the removal of all those cumbrous formalities the existence

of which at the present time surrounds the granting of licences to experiment on animals with such useless waste of often precious time. Highly important, however, as these offices are, there is yet one other which it is even more essential to have faithfully discharged. It is that of educating the public so far that it shall be able to appreciate the aims of, and the consequences of vital significance to be derived from, experimental inquiries. How to accomplish so vast a labour has yet to be determined; but this and every other object held in view will present no difficulties to an association of such magnitude, both intellectual and numerical, as that now existing for the purpose of promoting medical research.

THE SANITARY STATE OF IRISH PRISONS.

IN the House of Commons, on Wednesday, March 15th, Mr. Forster, in replying to Mr. T. Dickson, said a very careful inquiry had been made into the state of Omagh gaol by an eminent Dublin physician, whose report he had only before him that day. He did not think there was any ground for putting the country to the expense of a general inquiry into the sanitary condition of the prisons of Ireland. Statistics showed that the death-rate in them was remarkably low, and that it contrasted very favourably with the general death-rate. Under the peculiar circumstances connected with the incarceration of prisoners under the Protection Act, he had directed a special inquiry to be made into the sanitary condition of those prisons where these prisoners were confined. Mr. Gray asked the right hon. gentleman whether the Local Government Board would permit their medical officers to make an inspection of Kilmaiuham? Mr. Forster said in the absence of some special reason he did not think he ought to do that.

The subject of this interrogation and reply is, in a certain sense, a medical question, inasmuch as the medical officers of prisons are the functionaries directly responsible for the sanitation of these establishments, and there would be good reason for condemning them if, in truth, the Irish prisons were as insanitary as they are represented to be. We find it all the more necessary to say a word on behalf of these officers, and in refutation of the rash assertions which have been made in Parliament, and in the newspapers, because the *British Medical Journal* has thought itself justified in delivering a homily upon the neglect of sanitation in Irish gaols, and has, thereby, given a certain medical and non-political sanction to the agitation against the Irish Government on this matter.

We have taken the trouble to inquire into the available facts, and, as a result of our search, are able to state that, excepting the unhappy death of Captain Disney at Omagh, there does not exist a shadow of reason to believe that there is either insanitation or medical neglect in any Irish gaol. Captain Disney undoubtedly fell a victim to sewer poison, and every one must regret the rashness which induced him to disregard the warnings of both the medical officer and the Prisons Board architect, and take up his residence in a place which they had officially declared dangerous. But if he persisted in doing so, neither the medical officer nor the prison authorities were to blame.

They had reported the existence of insanitation, and the works to remedy the state of affairs were in progress when Captain Disney was attacked. But if it were true that sanitation was neglected in Omagh, that fact would afford no ground for the onslaught on the sanitary officers of all Irish gaols, of which the House of Commons was the scene, and which is echoed by the *British Medical Journal*.

Without entering upon political matters, we may point out that there are excellent reasons why certain parties in the House should represent Irish gaols just now as pest houses, but—from what we know of these establishments—we believe we may assure the public that their sanitary condition is, as a rule, well cared for and vigilantly watched over. The facts on the point are quite conclusive. There are 33 gaols in Ireland; the daily average number of prisoners therein for the last three years was 2,725. The total number of deaths in the three years was 57, an average death-rate of 6·0 per 1,000 inmates. On the other hand, the death-rate of the population *outside* prisons for the same date was 18·8 per 1,000. We believe it is also true that, of the many hundreds of “suspects” who have been in custody within the last two years not one has died either during imprisonment or since. These facts speak for themselves, and are an unanswerable reply to the aspersion cast on the medical officers of Irish prisons. We think the *British Medical Journal* will see that it has not acted with discretion in lending its authority to those accusations.

MATERNITY CHARITIES.

FOR some time past the good people of Liverpool have been much exercised in mind on the subject of lying-in charities in general, and their own in particular.

Although during the last five years the maternal mortality within its walls has been the favourable one, of one in seventy-six, St. John's House, Chelsea, being the only other in the United Kingdom showing more favourable returns, *i.e.*, of lying-in hospitals in which maternity cases can, strictly speaking, be said to be aggregated, yet septicæmic cases appear to have occurred here, as well as in every other lying in hospital, but too frequently.

We are not unaware of the good results achieved during the past year and a-half in some of our own lying-in hospitals; but at present we have no actual proof that the new order of things will continue. The results obtained at Queen Charlotte's and the General Lying-in Hospital are very gratifying, and the physicians and surgeons may not unnaturally be inclined to congratulate themselves on having, as they suppose, finally conquered sepsis and erysipelas. Time is required, however, to place this beyond contradiction. At present, the most they can say is that they *believe* they have swept away, or rendered powerless for evil, these enemies of surgical as well as obstetric practice. We, on the other hand, must still wait for what time alone can reveal. Listerism and antiseptics have not yet been proved long enough for cautious men to place too unlimited trust in them. We know that “hope springs eternal in the human breast,” &c., but we must not let our bright hopes of the future blind us to the lessons of a bitter and fatal past.

Outside of London, that of Liverpool was the largest lying-in hospital in England. It is curious that lying-in hospitals in this country do not flourish; and of the few that were founded, the one in Birmingham has ceased to be, whilst that of Manchester is merely used to take in difficult or dangerous cases; and now the Liverpool institution is likely to undergo some change similar to that already found to work so well in the sister city.

In the year 1874 the late Dr. A. B. Steele, of Liverpool, wrote a pamphlet on “Maternity Hospitals; their mortality, and what should be done with them,” and proved as conclusively as statistics can prove anything, that lying in hospitals showed a much greater death-rate than out-door maternity charities. He proved, moreover, that a large percentage of the maternal deaths were due, not to labours difficult or dangerous in themselves, but to inflammatory processes supervening, independently of the nature of the labour, and septic in origin. Besides this, he called forth an expression of opinion from a large number of eminent obstetricians to the effect that lying in hospitals were dangerous—to say the least, liable to outbreaks of infectious or contagious septic diseases.

Quite recently, also, Dr. Burton, of Liverpool, has taken up the parable from the point at which it was left by Dr. Steele, and from his pamphlet on the subject, and from an editorial in the *Liverpool Daily Post*, of March 27, we learn that in eleven in-door maternity charities, *viz.*, the Liverpool Lying-in Hospital, St. John's House, Chelsea, Birkenhead Lying-in Hospital, General Lying-in Hospital, London, Rotunda Hospital, Dublin, Edinburgh Royal Maternity and Simpson Memorial Hospital, Glasgow Maternity Hospital, British Lying-in Hospital, London, City of London Lying-in Hospital, and the Belfast Lying-in Hospital, since 1875, out of 13,489 births there were 253 deaths, or 1 in every 53 cases. On the other hand, in ten out-door maternity charities, *viz.*, Birmingham, Liverpool Ladies' Charity, Gloucester, General Lying-in Hospital (out-door), Rotunda, City of London, Glasgow, British Lying-in Hospital, and the Royal Maternity Charity, London, within the same period, out of 37,785 births there were 104 deaths, or only 1 in 363 cases.

If the general maternal death-rate in child-bed is 1 in 250, as quoted in the pamphlet alluded to from the Report of Queen Charlotte's Hospital, and the death-rate in maternity hospitals is 1 in 53, it necessarily follows that to make a general death-rate of 1 in 250 we must have a correspondingly low one in private houses. The maternal death-rate in home confinements required to make a mean of 1 in 250, if we assume the hospital maternal death-rate of 1 in 53 to be correct, must of necessity be 1 in 447. This, it will be seen, is actually a lower death-rate than that assigned to out-door maternity charities—a fact that goes far towards proving that the results in out-door maternities are at least as favourable as they are represented to be.

The figures given above prove almost to demonstration that the maternal mortality in lying-in hospitals has hitherto been from seven to eight times as great as

it has been in out-door maternities. So much for one fact.

It has been asserted openly and repeatedly that a large percentage of the maternal deaths in lying-in hospitals has hitherto been traceable directly to the dire effects of the system of aggregation. This has not been denied. Assuredly it would have been had it been possible to do so, and a moment's thought will suffice to conjure up the reason why. This, then, may be taken as fact No. 2.

Bearing these two truths in mind, it is not to be wondered at that the Committee of the above mentioned institution, who appear to have informed themselves on these subjects, should propose that for the future "hospital relief to lying-in women should be limited to cases of anticipated difficulty or danger;" that even these should not be received into the existing building, but into "cottage hospitals," or hired rooms in different districts of the city; and that all the ordinary cases should be treated in the out door department, which is so successfully conducted that during the years from 1876 to 1880 its maternal death-rate has been only 1 in 1,223. The Committee may be congratulated on the good sense, enlightened views, and courage displayed by them in bringing forward proposals for such sweeping changes; and on their firmness and conscientiousness in retiring from their office rather than continue to carry on the institution on lines that fail to commend themselves to their judgment.

The scheme was unfortunately defeated on the 27th ult. by a majority mostly composed, we are informed, of ladies. It is a pity these fair voters did not consult their medical attendants before opposing a scheme likely to prove so beneficial to the objects of their benevolence. We hear a whisper, however, that many are half-repenting of the vote they gave, that a reconciliation is likely to take place, and that all will soon be once more united and happy.

Meanwhile we trust the following independent scientific testimony, which was signed by fifty members of the profession, of whom forty are attached to the various hospitals and dispensaries of the city, will be well considered:—

"We, the undersigned physicians and surgeons, having been invited to give expression to our opinion, consider that the scheme of proposed alterations brought forward by the Committee of the Ladies' Charity and Lying-in Hospital, viz.—1st. To limit 'hospital relief to lying-in women' to those cases in which special difficulty or danger is anticipated; 2nd. To treat all such cases in wards isolated from the rest of the building; and, 3rd. To add the wards thus set free to those already used for gynecological purposes—will, if accepted by the subscribers, be likely to reduce the maternal mortality of the amalgamated charities, and also be of benefit to the city and surrounding district."

We are aware that public feeling runs high in Liverpool, each believing his own party right, as is usually the case; perhaps this testimony from so large a body of the medical profession will help the contestants to a right judgment, and thus assist the Committee in its efforts to promote the best interests of the hospital and of the public.

Notes on Current Topics.

The "Personnel" of the International Medical Congress.

It is fitting that the greatest Congress of physicians, surgeons, and men of science which the world ever saw should be recorded in art as well as in literature, and that not only its scientific work, but its *personnel* should be suitably commemorated. Those who were present on the occasion will in future years say "*Illec olim meminisse juvabit*," and will be pleased to be reminded that they took part in so great a medical demonstration, and to recall to memory those with whom they were then associated. The literature of the Congress has been already given to the world by the executive of the Congress, and at enormous expense. The art record of it has been left to private enterprise, and has been produced in a form as creditable to the Congress itself as to the artists and publishers who undertook the task. We have received a first proof of the portrait picture which is to serve as a record of the *personnel* of the Congress. It is a splendid work of permanent carbon photography, designed and executed by Mr. Barraud, of Gloucester Place, Portman Square, and published by Messrs. Billière, Tindall, and Cox, of King William Street, Strand. The place selected for the pose of the group is a great Gothic Hall, the imposing architecture of which forms a suitable and elegant background for the figures. No less than 684 members of the Congress from all parts of the world are included in the picture, and we can answer for the fact that the likenesses of the leading men of whose appearance we have personal knowledge are admirably produced in the photograph, and are quite distinctive and at once recognisable. The picture is published in two sizes, 47 inches by 30, and 29 inches by 20, and the frame and mounting increases these sizes by 12 to 15 inches each way, so that the framed picture is a very large and handsome record of the Members of the Congress. We imagine that the photographer will find it a difficult task to keep abreast of the demand, for it is easily conceivable that the printing of so monstrous a negative must be both troublesome and slow. We congratulate the producers of the work on the entire success of their efforts, and have no doubt that very many of the profession will take the opportunity of securing so artistic a memento of this long-to-be-remembered meeting.

The Future of Vaccination in Ireland.

THE lamented death of Sir Edward Sinclair, Director of the Vaccine Department of the Irish Local Government Board, affords an opportunity for doing something for vaccination which we earnestly hope will not be lost. It is unnecessary for us to inform Irish readers that a root and branch reform of the existing vaccination system is urgently required, and that if the protection of the population against small-pox be in future managed in the happy-go-lucky style which has been the fashion for the last thirty years it is pretty certain that small-pox will increase. We fear no denial of our assertion when we say that a very material proportion of the children born

each year in Ireland go forth into life unvaccinated, because of the want of vigilance of the department and the utter carelessness of boards of guardians respecting the prosecution of defaulters. There are not a few public vaccinators who never give themselves the trouble to look after new-born children, or to see that they are duly vaccinated; there are, moreover, a not insignificant class of the people who, as they are constantly moving from one district to another, are necessarily lost to vaccination unless they are sharply watched; and there has been, we assert, nothing like due activity in the working of the vaccination system, the supervision of the vaccinators, or the enforcement of the law against defaulters. And why has this been so? Truly no other condition of affairs could be expected. Up to a few years ago the arrangements for supplying lymph to Ireland were in the hands of an effete private establishment called the Vaccine Institution, and since that establishment was taken over by the Local Government Board there has been very little change for the better in its sleepy way of doing business.

We do not write thus in reproach to the late director, who gave services and experience to his work of infinitely greater value than the contemptible payment which he received. The Local Government Board received last year £1,200 for the maintenance of this department and the dissemination of healthy lymph. It paid its director the princely "screw" of £150!!! and starved the establishment so effectually that at the end of the year it was able to send back £400 to the Treasury.

We say that this cheese-paring and the inefficiency of the Irish vaccination system are natural cause and effect, and that as long as there is no one properly paid to look after this most necessary part of the work of the Board, so long will vaccination be neglected as it is and small-pox be increasing as it is.

We hear it rumoured that the Government talk of reducing the Irish vaccine system to a nullity by abolishing the chief office in its administration altogether, and compelling the two underpaid assistants to continue the pretence of doing the work. We can hardly conceive that the Local Government Board will seek to make a profit of £150 a year by such means as this, but we fully anticipate that, if they do so, and if the old system is sought to be perpetuated, it will be necessary for some of the Irish members who are earnest for public health to drag into the light of Parliamentary debate so monstrous a proposal.

Koen on the Origin of Tuberculosis.

On the 24th ult., in a lengthy address delivered before the Physiological Society of Berlin, accompanied by demonstrations, Dr. Koen proved convincingly that tuberculosis is a bacteria disease, produced by a *bacillus*, similar to the *lepra bacillus*. By colouring of a peculiar kind (methylene, violet, and resorcin) Koen could regularly recognise the peculiarly characteristic, and always motionless, rods, particularly at the place where the process was going on most rapidly, more especially in the earlier affected parts. He has been able to cultivate the *bacillus* outside the body upon a specially prepared blood serum gelatine.

The Lunacy Laws.

MR. STANLEY LEIGHTON has given notice to call attention to the impropriety and danger of permitting private persons to make pecuniary profit by keeping in their custody lunatics of the wealthier classes, and to the unfairness of requiring the ratepayers to maintain lunatics of the middle and lower classes; and to move that all lunatics ought to be committed to the keeping of the State.

What is a Pauper?

A DISTRICT medical officer in England, feeling some scruples in reference to what was, in his opinion, a questionable appropriation of parish relief, wrote to the English Local Government Board, asking for advice as to "what constitutes a pauper," entitling him or her to medical relief. Acting upon instructions from the relieving officer of the district, he had been attending—of course in his official capacity—cases which he classified as follows:—1. An only child; father in constant receipt of 18s. weekly, and mother earning from 10s. to 14s. per week. 2. A man keeping a lodging-house of a rental of £14 per annum. 3. A man in constant employment at 20s. a week, and no family. 4. A servant, whose father and mother are constantly employed, and earning from 25s. to 30s., and no children dependent on them. 5. To attend a family with an annual income of £132. The Local Government Board replied that "It was his duty as medical officer to attend duly and punctually upon all poor persons requiring medical attendance within his district whenever he might be lawfully required to furnish such attendance by written or printed order of the guardians or of a relieving officer or an overseer of the poor." It was added, "If his services were required for the medical relief of persons who, in his judgment, were competent to pay for medical attendance, it was his duty to relieve the case in the first instance, and then report it to the guardians." The parish doctor is, consequently, required to attend to the order of a relieving officer, if even he is aware that the persons applying for medical assistance are competent to pay for it!

The Medical Services in India.

THAT changes in the administration of the two medical services in India are not likely to be much longer delayed is a circumstance which augurs well for the increased efficiency of those services in their relation to the army, and also to some degree to the duties of a civil nature. Dr. Crawford has no doubt fully mastered all the necessary details in order that on his assuming his position in Whitehall Yard he may be able to advise the authorities of the War and India Offices on this subject; and there is probably at this time no man in whose judgment the officers about to be affected by those changes have more confidence than in the Director-General elect. It is stated that all Indian medical officers who joined that service after 1860, and such of those of the army as have less than twenty years' service, and who volunteer, are to be "amalgamated" so as to constitute a new medical corps for service in India. The medical officers of the Indian service whose dates of commission are prior to 1860 are,

it is said, to be placed upon that list, so as to regulate promotion among them. It may be taken for granted that a complete separation will take place between the performance of civil duties and that of military; that the names of medical officers attached to such duties respectively will be borne upon separate lists, and that thus the occurrence of war may not again, as on a recent occasion, cause great inconvenience in regard to duties connected with education and medical duties among the general population.

There is one respect in which the scheme thus hinted at is calculated to be of the utmost importance for good to the British soldier. It is this: Medical officers, by remaining continuously in India, instead of being withdrawn at short intervals, as at present, will accumulate experience in the treatment of disease peculiar to that country. This was what happened in days now long past. Then, however, by means of regimental records and the training on the spot which young medical officers underwent at the hands of their seniors, the benefit of clinical observation and practice descended, as it were, in a direct line. The introduction of the "system" of station instead of regimental hospitals is calculated, unfortunately, to interfere to a considerable extent with the advantages that would otherwise accrue from the changes now indicated. But it is well to have one good measure at a time.

Army Medical Department.

SOME dissatisfaction has been expressed on the part of candidates for commissions in the Army Medical Service at the recent examination, on account of the non-publication of the number of vacancies to be filled up. It so happened that these amounted only to fifteen, in competition for which more than sixty surgeons presented themselves. It is argued that as many of these were compelled to travel from far distant places in Ireland and Scotland, at the cost of a very considerable expenditure of time and money, it would have been fairer had they beforehand been informed of the number of appointments to be made. Many, it is suggested, who presented themselves under the impression that more vacancies existed than was actually the case, would have hesitated to incur the risks of failure under the circumstances, and so have spared themselves a fruitless waste of time and money. There is so much of justice in the complaint that the departmental officials will do wisely to consider the advisability of pursuing in future the plan that has worked with good result in the case of naval appointments; and especially is this desirable now that recent re-adjustments of conditions of service among army surgeons have elevated this branch of professional practice into popularity. Amendment is possible also in respect to the arrangement by which candidates for army surgeoncies are required to present themselves for examination as to physical fitness some days before the actual professional test takes place. To those who are ill able to afford the cost of living in hotels, this is a heavy tax on the pocket; and one, moreover, which, by a little forethought and consideration on the part of the authorities, might easily be avoided. It is to be hoped that by calling attention to these complaints they will in the future be rendered unjustifiable by amendment of the system which has evoked them.

Government Analysts.

IN the House of Commons last week the Home Secretary announced the intention of the Government to retain the services of two official analysts, who are to be annually appointed on the nomination of the Presidents of the Royal Colleges of Physicians and Surgeons for the time being. The gentlemen thus appointed will be required to conduct the scientific examination of all persons in respect to whose death it is deemed desirable to conduct a Governmental investigation. It will be a matter of general congratulation that so important a step has been determined upon. The wonderful ability displayed by the analyst whose evidence led to the conviction of the murderer of Percy John, may be accepted as an indication of the probable direction the appointment will take; and it was no more than was due to Dr. Stevenson that Sir William Harcourt should refer to him, when making his communication to the House, in terms expressive of the opinion entertained of his conspicuous abilities.

London University.

DR. GEORGE BUCHANAN took his seat for the first time on Wednesday last as a member of the Senate of London University in the place of Dr. Billings, deceased. At the same meeting the office of assistant-registrar, rendered vacant by election of Mr. Moseley to the Linacre Professorship of Anatomy and Physiology at Oxford, was filled by the appointment of Mr. F. V. Dickins, M.B., B.S., of the University, Barrister-at-Law. It is noticeable that this is the first occasion on which this important post has been conferred on a graduate of the University of London.

The late Dr. Pancoast.

OUR American exchanges announce the decease of a prominent and well-known representative of American surgery, Dr. Joseph Pancoast, Professor of Anatomy in the University of Pennsylvania from 1841 to 1874. He was born in 1805, and took the M.D. degree at the University he subsequently did so much to distinguish, in 1828. Commencing practice in Philadelphia, he was elected to the Chair of Surgery in his *alma mater* 1838, having for seven years previously been engaged in teaching anatomy, to which subject, as we have said, he returned in 1841. In the field of surgery he was a most distinguished light, both as an operator and as an author; while he added several treatises, in the form of translations, to the literature of anatomy in America. He was an admirable teacher, and did much to give life and vigour to the study of science among his pupils. He succumbed on March 7th to congestion of the lungs.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were—Cardiff 16; Huddersfield, Bolton, 18; Hull, Leeds, Newcastle-on-Tyne, Bristol, 19; Portsmouth, Bradford, Derby, 20; Edinburgh 21; Salford, Leicester, Liverpool, Birmingham, Birkenhead, 22; Halifax, Plymouth, Nottingham, 23; London, Glasgow, 24; Sunderland, Sheffield, 25; Oldham, Brighton, Preston, 27; Norwich 28; Wolverhampton, Blackburn, 29; Manchester 30; Dublin 34.

Peculiar People and their Creed.

It will be remembered that a short time ago we referred in these columns to the case of a man named Morby, one of the sect of Peculiar People, who had been convicted of manslaughter at the Central Criminal Court for having neglected to call in medical aid on behalf of his child, thereby contributing to its death. By the Court for the Consideration of Crown Cases Reserved this finding of Judge Hawkins has now been quashed, the legal point on which the decision was based being that proof was not forthcoming to show that neglect had the effect of shortening life. As the matter rests, therefore, now, any person proclaiming peculiar views, and a belief in the "laying on of hands" as being the only necessary method of combating disease, is at liberty to omit the precaution of invoking medical assistance whenever it may seem to him politic to let Nature and Providence have their own way. It is not difficult to anticipate the effect this judgment is likely to have in many cases where fear of legal penalties is the principal motive for resorting to professional aid on behalf of children or other encumbering relatives; and we venture to think that the ruling of Lord Coleridge, Mr. Justice Grove, Mr. Justice Stephen, Mr. Justice Matthew, and Mr. Justice Cave will be taken to imply a power of choice on the part of responsible guardians of sick persons that cannot fail to react most detrimentally to the interests of many of the latter.

Hypnotism in the Lower Animals.

At a late meeting of the Paris Academy of Sciences Mr. Milne Edwards read a communication by M. Harting on this subject.

At the present time several persons are occupied in the study of abnormal phenomena produced in some cases by means analogous to those practised by "electro-biologists;" in former times. The following notes are a record of some experiments performed by M. Harting, professor in the Utrecht University, "which," he says, "when made in connection with hypnotic sleep, are not without danger to the subjects experimented upon. Some years ago," he adds, "I made several experiments on animals hypnotised in the usual manner, on fowl, pigeons, rabbits, and frogs; for if hypnotism is repeated several times on the same animal its nervous system becomes considerably impaired. I hypnotised six fowls at intervals of two or three days for about three weeks. At the end of that time one of them became lame, hemiplegia set in, and the animal died; the others also soon succumbed. All were attacked similarly, one after the other, although at different periods. In three months all the fowls were dead. This experience ought to make us very careful when it becomes necessary to apply hypnotism to human beings. In company with the director of the menagerie of the Museum of Natural History, I took the necessary measures for repeating the experiments of M. Harting, on birds and mammalia; but I ought, *in limine*, to declare that in causing the production, in hysterical females, of phenomena analogous to those the effects of which proved so fatal to the fowl, we run a chance of injuring the patient's health. In fact, after all the information which I have been able to gather on this subject, I am inclined to believe that persons fre-

quently submitted to influences of this description become, after a time, perfect subjects for demonstration; and this, I think, seems to indicate that by the adoption of the pathological functions of the nervous system, the disease becomes more and more serious. In my opinion, therefore, it is better not to practise hypnotisation, or other analogous experiments, too often on hysterical persons."

A New Food Preservative.

At the Society of Arts, last week, Professor Buff brought under notice a new agent for the preservation of food, which seems to be perfectly effective, while it does not injure either the aroma or the flavour of the article with which it is used. The new compound is a chemical mixture of boracic acid and glycerine, and it seems to be easy of production at a cost not too high for commercial success. The table at Professor Buff's house was covered with articles, such as game, oysters, cream, shellfish, &c., which had been preserved for periods ranging from fourteen months to three weeks, and which seemed perfectly fit for food, and toothsome. In the debate which followed, Dr. Thudichum started the question whether the prolonged use of boracic acid and glycerine would be injurious to the consumer, as salicylic acid is stated to be, and on this point the lecturer said that he had himself taken large quantities of the new compound, that one of his relatives had taken an ounce a week regularly for a year and a-half, and that 200 boys and teachers at Beaumont College had drunk milk preserved with it for a considerable time, all without being conscious of any ill effects.

DR. WALTER G. SMITH, the newly appointed King's Professor of Materia Medica in the University of Dublin Medical School, delivered the introductory lecture of his course on Saturday last, at 12 o'clock.

THE epidemic of scarlet fever continues unabated in New York, where, according to the last official return, eighty-one deaths occurred in the week. The mortality from diphtheria is also very high, forty-two fatal cases having resulted in the same period.

CHOLERA has broken out at Varna among the Mussulman pilgrims returned from Mecca, but a Constantinople telegram says there is no cause for alarm, as the two fatal cases were of men who suffered from chronic dysentery, induced by fatigue on their journey back from Mecca.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official weekly returns, as follows:—Calcutta 27, Bombay 32, Madras 45; Paris 30; Geneva 27; Brussels 24; Amsterdam 25, Rotterdam 22, The Hague 21; Copenhagen 27; Stockholm 21; Christiania 26; St. Petersburg 54; Berlin 25; Hamburg 29, Dresden 25, Breslau 37, Munich 41; Vienna 39, Prague 43, Budapesth 40, Trieste 31; Rome (week ending November 19th, 1881), 23; Turin 29; Venice 40; Alexandria 30; New York 33, Brooklyn 23, Philadelphia 23, and Baltimore 23.

The Report of the Visitors of Examinations.

THE Visitors appointed last August to visit the examinations of the three Colleges of Surgeons and Physicians and the two Apothecaries' Halls have just made their report, which has been sent to those bodies for their consideration and observation. The Visitors were—Mr. Teale, of Leeds, Mr. Stokes, of Dublin, and Professor Gardner, of Glasgow; and they divide their Report into—*a*, their "general impressions" and special remarks on the respective examinations; and *b*, the detailed descriptions thereof. The space at our disposal this week does not enable us to criticise the reports in detail, but we may indicate their tenor generally. The Irish clinical examinations are declared to be, in most respects, superior to those of England or Scotland. The physiology of the London College of Surgeons is said to be too minute and stringent, too little so in the Irish College, and very bad in the London Apothecaries' Hall. The verdict on the tests of the Irish Colleges of Surgeons and Physicians and Apothecaries is, on the whole, very favourable; while that on the London Apothecaries' Hall is distinctly condemnatory. The Scotch bodies are treated with somewhat faint praise, and the Report winds up with some valuable opinions on the causes of rejection and the systems of marking. We hope to return to the subject next week.

Elections at the Irish College of Surgeons.

THE announcement by the Council of the College that they would appoint a special examiner in Ophthalmology gave occasion, as we have already announced, for the resignation of his seat on the Council by Mr. Swanzy, it being a necessity under the Charter that before seeking an examinership a Councillor should vacate his seat. The election to the vacancy in the Council thus created took place on Thursday last, and was a merely formal proceeding, inasmuch as there was no opponent to Mr. Wharton, who had offered himself. Mr. Wharton was for many years a much-esteemed member of the governing body of the College, and his absence from the Council table has been a source of regret, so that, when he announced himself as a candidate, all other Fellows of the College were willing to stand aside and allow him to be elected without a contest.

The full number of the Council having been thus completed, the day of election of the ophthalmic examiner was fixed for Monday, the 3rd. Three candidates, Mr. Swanzy, of the National Eye and Ear Infirmary, and Drs. Story and Benson, of St. Mark's Ophthalmic Hospital, offered themselves. The election resulted in the appointment of Mr. Swanzy, and inasmuch as an examiner in the College is not permitted to be a school teacher, it becomes necessary for Mr. Swanzy to resign the Professorship of Ophthalmic and Aural Surgery in the College School. Dr. Jacob and Mr. Story, and probably other candidates, will offer themselves for this Professorship, and as Dr. Jacob must resign his seat as a Councillor in order to seek the office, another vacancy on the Council will be at once created. We understand that Mr. Baker, the well-known dental surgeon, will seek the Council seat thus vacated, with the view of representing in that body not only the interest of the Fellows generally, but of his own special branch of surgery in particular.

FROM diseases of the zymotic class in the large towns last week the highest death-rates per 1,000 were:—From whooping-cough 2·5 in London, and 1·8 in Oldham; from measles, 5·7 in Brighton, 5·4 in Bolton, 5·2 in Dublin, and 3·9 in Blackburn; and from scarlet fever, 2·4 in Nottingham, 2·2 in Sunderland, and 2·0 in Hull. The 36 deaths from diphtheria included 19 in London, 6 in Edinburgh, and 5 in Glasgow. Small-pox caused 15 more deaths in London and its suburban districts, and one in Nottingham.

Scotland.

(FROM OUR NORTHERN CORRESPONDENTS.)

THE "LANCET'S" INFORMATION.—In our last issue we took occasion to congratulate Dr. D. J. Hamilton upon his appointment to the Chair of Pathology in the University of Aberdeen. Following this, the *Lancet* of Saturday contained the following paragraph:—"We have authority for stating that the announcement made by a contemporary of the appointment of Dr. D. J. Hamilton to the post of Professor of Pathology in the University of Aberdeen is without foundation." As we are the contemporary concerned, we would point out to the *Lancet* that we are not accustomed to circulate news "without foundation." *Dr. Hamilton has been appointed*, and will assume his duties at the commencement of the winter session; meanwhile, he will carry on his class of "Practical Pathology" as usual at the Edinburgh Royal Infirmary, and we have no doubt that his large class will be even larger than before when students are aware of the fact (which the *Lancet* is not) that the coming summer session will be the last at which this popular teacher will preside in Edinburgh.

GLASGOW ROYAL INFIRMARY MEDICAL SCHOOL.—The annual distribution of prizes to students attending this school took place on the 30th ult., Dr. Eadie presiding. Between thirty and forty students attended, and we regret to notice that their conduct was such as to have called for a reprimand from Mr. McEwens, the Chairman of the Board of Directors. It would appear that, not content with amusing themselves prior to the opening of the proceedings, the young gentlemen continued to indulge themselves while the meeting was in progress, and showered peas and crackers about, and otherwise indulged in the usual students' "play." Dr. Thomas vainly gibed, it would appear, with the students to desist. Mr. McEwens expressed himself as pleased with the good conduct manifested during the session, and his disappointment at their conduct on this occasion.

GLASGOW DEATH-RATE.—For the week ending with Saturday, the 25th ult., the death-rate of Glasgow was 25 per 1,000 per annum, being the same as that registered the previous week. For the corresponding weeks of 1881, 1880, and 1879, the rate was 28, 29, and 28 respectively.

EDINBURGH SMYRNA MEDICAL MISSION.—On the 13th ult., Professor Douglas MacLagan opened a bazaar in aid of the Smyrna Medical Mission and Hospital connected with the Church of Scotland, in the Freemasons' Hall, Edinburgh. There was a large number of ladies and gentlemen present. The Professor referred to the position of Medical Missions, and the necessity for having a well-equipped hospital, however small, connected with each station. To him there was nothing more essential to the prosperity of the Mission work.

ABERDEEN UNIVERSITY.—The medical classes were closed

on March 31st, when the Professors delivered their prizes. Dr. Pirrie, the veteran Professor of Surgery, has been seriously indisposed for several days, so that he was unable to distribute his prizes, which was done by Professor Stirling, who expressed the sincere regret of his colleagues and of the students at Dr. Pirrie's illness. The appointment of the new Professor of Pathology—Dr. D. J. Hamilton—has, we learn, given great satisfaction in Aberdeen, as it is felt that he will form a powerful addition to the already strong teaching staff of the great northern University.

SANITARY PROTECTION ASSOCIATION, EDINBURGH.—At the annual meeting of the Sanitary Protection Association, held last week, Professor Douglas MacLagan was elected President in the room of the late Sir Robert Christison. A gratifying report of the year's work was presented, this result being mainly due to the strenuous efforts of the consulting engineer, Professor Fleming Jenkin.

DONATION TO THE ROYAL INFIRMARY, EDINBURGH.—At the meeting of the managers on March 27th, at the Royal Infirmary, a letter was read from Dr. Affleck, senior assistant physician, enclosing a cheque of £315 from Mrs. Buchanan, of 10 Moray Place, being a donation from that lady towards the furnishing of wards in the new fever house at the Old Infirmary.

ASSISTANT-PHYSICIAN, ROYAL INFIRMARY, EDINBURGH.—After a close contest for this post, Dr. James has been elected by the casting vote of the chairman. Two of Dr. Bramwell's supporters were unavoidably absent, or he would have been elected. Dr. James is much liked, and his tutorial classes in the Infirmary have always been much appreciated by the students.

GLASGOW.—HOSPITAL FOR DISEASES OF THE EAR.—At the first annual meeting of the subscribers to this institution, held last week, the report for the period from 15th May, 1880, to 28th February, 1882, showed that since the opening of the hospital and dispensary in October, 1880, the number of patients had steadily increased till now from 300 to 400 cases passed through it every month. One of the objects in founding the hospital and dispensary was the teaching of the science and art of aural surgery, and the directors were glad to be able to say that a number of medical students and some medical practitioners had availed themselves of the classes in these subjects, taught by Dr. Cassell, from time to time at the hospital. The financial statement for the same period showed that the income had been £1,028 19s. 1d., including £138 of cash borrowed. The total expenditure had been £805 7s. 3½d., leaving £221 11s. 9½d. as cash in bank and on hand.

HONORARY DEGREES, UNIVERSITY OF EDINBURGH.—At the last meeting of the Senatus Academicus it was decided to confer the honorary degree of Doctor of Laws (LL.D.) on Mr. John Simon, F.R.S., &c., late medical adviser to the Privy Council, and Dr. Angus Smith, F.R.S. These degrees will be conferred with the ordinary examination degrees in arts, science, and divinity at the graduation ceremonial to be held on the 21st of April.

Correspondence.

"A FLESH WORM."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The following are the notes of a case of the above which occurred in my practice here, and owing to the similarity between it and that recorded by Dr. H. Murray in your issue of the 15th of March, and the extreme rarity of such cases, and the obscurity attending their origin and nature, I would thank you to publish my notes of it.]

I may mention, a paper, including my notes of the case, were read by Professor Walter G. Smith at the last meeting of the International Congress.

Catherine C., æt. 12, thin, pale, and delicate, was brought to me by her mother on the 25th of November, 1880, with the following history:—Two or three months previously a swelling about the size of a pigeon's egg appeared on the outer ankle of the right foot, causing her some pain and uneasiness in walking. By degrees this tumour slowly moved up the leg and thigh, towards the body, and thence to the right axilla. From this it travelled to the right elbow, then back to the axilla, the right breast, and finally to the back of the neck on the right side. In this situation a small dark spot appeared in the centre of the tumour, which then subsided, leaving in its place a small welt. The dark spot developed into a small orifice, and the girl, upon pressing the welt, gave exit to a grub, along with some semi-purulent matter. A few days afterward a swelling similar to the first appeared a short distance from the place last named (back of the neck) and again disappeared, leaving behind it a welt as before.

When I saw the girl my attention was drawn to this peculiar welt, and to the finger it felt as if there was a piece of whipcord coiled under the skin in the subcutaneous cellular tissue. In the centre was a small orifice, and by pressing the little swelling between the finger and thumb a white grub, about an inch in length, annulated and alive, protruded through the opening, and escaped along with a quantity of dirty-looking pus. The girl said that she expected the tumour would next appear somewhere in the sternal region, as she could generally tell by an uncomfortable sensation, or a feeling of soreness, whereabouts it was likely to appear.

On the 3rd of December she returned and informed me that the swelling, as she had anticipated, did appear, a day or two after her previous visit, in the lower part of sternum, from which it travelled to the right axilla, and thence to the inferior angle of the right scapula. Here it remained for three days, and then slowly decreased, the usual welt and orifice remaining b-hind. Pressure upon the welt gave egress to another grub exactly similar to the first specimen. The patient's mother could assign no cause for this curious phenomena. All the other members of the family are healthy, and the child enjoyed good health up to the time when the swelling first manifested itself, but since then she had failed a good deal in her general health, and had lost flesh.

On December 9 the child was brought back by her mother, who said that the swelling appeared last night in the right side, moved up to the right axilla, and turned down the right arm. Upon examination an undefined swelling was visible at the back of the right arm above the elbow. The part had a brawny feel, was tender to the touch, but exhibited no redness of the surface. The girl was kept under observation for some days, and I ascertained that the swelling rapidly migrated to the deltoid region, and in a few hours more removed to the neighbourhood of the right acromion.

On December 11 the swelling seemed more superficial, and had moved to the left of the spine of the right scapula. At this juncture, unfortunately, the child left for her own home, and on December 22 was brought back by her mother, who stated that a few days after returning home the right side of her daughter's head and face swelled and became discoloured, and the right eye was closed. Subsequently the peculiar tumour appeared on the right side of the forehead, ran the usual course, and yielded on depression a grub similar to the former specimens. After this date the patient ceased her attendance, and nothing more was heard of the case. It may be noted as a curious fact that all throughout only the right side of the body was affected.

I forwarded the two specimens of grub to Professor Smith, who kindly submitted them to some zoological friends, who were unable to give him any definite information beyond assigning the larva to the dipterous order of insects.

The largest was 9 mm. in length, and about 2 mm. in breadth.

I am, sir, yours, &c.,

W. M. WHITTAKER, M.B.

Valentia, co. Kerry, March 25.

MODIFIED VERSUS NATURAL SMALL-POX.

THE following is Dr. Buchanan's reply to Mr. P. A. Taylor's last letter. The facts being all on one side, we must now close the correspondence, as it is a waste of valuable space to attempt to argue with an anti-vaccinator.—Ed.

DEAR SIR,—I quite agree with you that there can be no advantage in continuing our correspondence.

But though I have failed to convince you, you will perhaps attach more weight to the testimony of Dr. Peter Stewart, who has been one of the leading physicians in Glasgow for a number of years past. He writes me, under date 27th inst. :—

"My experience of vaccination corresponds with your own. I have within the last 45 years vaccinated successfully six thousand patients, and of these not one has died of small-pox.

"I have seen a great many cases of small-pox in persons who had not been vaccinated, and of these *one in five*, at least, died. Mr. Taylor's pamphlet, if read and believed in by the public, would encourage many people to neglect vaccination, and so bring about much suffering and many deaths. You have therefore done a great and good service to the public by pointing out in the clearest possible way the fallacies contained in that pamphlet."

I hope you will ponder well over these words, spoken by a man who is entitled to speak with authority.

Yours sincerely,

A. BUCHANAN. M.D.

P. A. Taylor, E. q., M.P.

THE IRISH VACCINE DEPARTMENT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The lamented death of the much esteemed Sir Edward B. Sinclair and the consequent vacancy in the vaccine department of the Local Government Board, affords a fitting opportunity for discussing some points in connection with that department.

I believe that the remuneration of the chief of the Irish Vaccination Department hitherto has been a salary of £150 a year and the compulsory occupation of the house 45 Upper Sackville Street, in consideration of which the services of a member of the medical profession of eminence were required, and he was obliged to devote a considerable amount of his time to the duties of his office under an obligation not to practise midwifery.

When the Dublin Cow-pock Institution became merged in the Local Government Board as a separate and subordinate department, I confess I was surprised that a gentleman of the professional status of the late Sir Edward Sinclair thought the office worth his acceptance. But probably his acceptance of such terms was due to the delicate and very uncertain state of his health, and to the fact that he was in possession of sufficient private means to enable him to maintain his position as a gentleman irrespective of the salary.

I do not know whether milk, coal, candles, and gas are allowed to the head of the Irish Vaccine Department of the Local Government Board! but I do know that the hall-door is obliged to be kept open, and that all who wish may enter on several days of the week; and I submit that, considering the position, its duties, responsibilities, and requirements, it would be an insult to the profession and to the country, as well as to the Local Government Board, if such an arrangement were to be continued. I therefore trust that if such be contemplated, no respectable member of our profession will seek the appointment.

Parliament has proved itself willing to vote sufficient money to enable the vaccine department of Ireland to be conducted in a more liberal and respectable way, for, if I am not mistaken, £1,200 was voted last session by Parliament for the expenses of that department; yet, *mirabile dictu*, only about two-thirds of that sum was expended, and the remainder—viz., about £400, was returned to the Treasury!

Under such circumstances it cannot be wondered at that the vaccine department has not given satisfaction.

Having no interest whatever in the matter beyond that of a public nature, I may be permitted to suggest that an adequate salary should be offered to a medical gentleman of good standing who would be competent to undertake the satisfactory management of so important a position; £500 a-year, I think, ought to be the *minimum* salary to be offered; and,

as regards residence in 45 Upper Sackville Street, I think it should be left optional with the head of the department whether he will avail himself of it or require his assistant to do so.

Permit me to say a word or two regarding the collection and distribution of vaccine-lymph; the opinion of all who are competent to express an opinion on the subject is, that the greatest amount of success in vaccinating can only be obtained by the use of the freshest lymph; but I understand that the vaccine-lymph supplied by the Irish vaccine department to dispensary medical officers and other applicants for public and private use is generally from seven to fourteen days old, and occasionally of less recent collection. The object of vaccination is to protect, as completely as possible, against small-pox the persons vaccinated. Does the use of *stale* lymph afford such protection?

What is now required is the appointment of a zealous medical man who is competent to assume control of the department, and I submit that it is essential that the office should be made worthy of acceptance by one who is competent to discharge its duties satisfactorily.

I am, yours, &c.,

CAPILLARY TUBE.

MR. LAWSON TAIT AND LISTERISM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the *Medical Press* of March 22nd, Mr. Lawson Tait is reported to have said at a recent meeting of the Surgical Society of Ireland, "that the operation of osteotomy had now been given up in Birmingham, as patients had been dying of pyæmia in consequence of its performance, and in spite of Listerism." In reply to this statement, permit us to say that, at the several hospitals with which we are connected, Listerian osteotomy is still extensively performed, that many children submitted to the operation are throughout treated as out-patients, that no bad results have followed the practice, and that pyæmia has never occurred after its performance.

We are, yours, &c.,

THOMAS F. CHAVASSE,
Surgeon to the General Hospital, Birmingham.

BENNETT MAY,
Surgeon to the Queen's Hospital, Birmingham.

WILLIAM THOMAS,
Surgeon to the Children's Hospital, Birmingham.

March 25th, 1882.

Literature.

A MANUAL OF PHYSIOLOGY. (a)

THE first edition of any work is a fair subject for the examination and criticism of the reviewer; but the crucial test of a second and still more of a third edition denote that the public have taken the place of the individual critic, and have stamped the production with the hall-mark of their approval. Many years ago Professor Mapother, then an eminent and successful "grinder," perceived that the then existing works on physiology did not meet the exact wants of the student; the larger ones being too burdensome for him, and their smaller brethren not affording enough information. He accordingly brought out his well-known *Manual*, which was received with much favour; and a few years afterwards a second edition was demanded, and there was, we believe, an American reprint. The work has since maintained its unbroken popularity among both the students and their teachers, but latterly it became evident that the ever increasing wave of physiological progress and discovery was rendering it obsolete in many details; and, accordingly, Professor Mapother, whose other engagements did not permit him to undertake this duty, entrusted to Dr. J. F. Knott, the well-known anatomical demonstrator and medical tutor in the School of the Royal College of Surgeons, the task of preparing an edition of the *Manual* which should place it at the

(a) "A Manual of Physiology." By E. D. Mapother, Professor of Physiology, and late President R.C.S.I. Third Edition. Edited by J. F. Knott, Demonstrator of Anatomy, R.C.S.I. Dublin: Hannin and Co. London: Ballière, Tindall, and Cox. Crown 8vo. Pp. 665.

front of modern progress. A perusal of the volume shows us that it has been entirely re-written, and that, while everything that was of real present value has been retained, much useless matter (including many old-fashioned "tips" in which examiners of the old school rejoiced), have been wisely omitted. The fresh matter incorporated in the book is very valuable and well put together; and we intend rather to point out the principal new features than to express a general approval, now superfluous.

The two introductory chapters are very interesting and practical, and treat of matter and force; the characteristics of living organisms; the distinctive peculiarities appertaining respectively to the animal and to the vegetable kingdoms; man's place in the animal kingdom; the different varieties of the human race; and last, not least, a long array of definitions of what life is—definitions which clearly show that the mystery of life or even its definition is an Isis whose veil has not been lifted. In still greater approval must we speak of the extent and fulness of the third chapter upon the chemistry of the human body. This subject is generally regarded as too abstruse for ordinary comprehension, and is too often simply passed over; in the work before us it is put in the clearest and plainest light, and is made really interesting; and there are numerous important points in it which are not to be found in any other book in the English language. The only exception which we would take is that when describing the bile pigments and their relation to hemoglobin, the Editor does not allude to the researches of (a) Dr. C. A. MacMunn, of Wolverhampton, which have thrown such light on the origin of these pigments. The chapter on Cellular Physiology is excellent, and is like the former in giving many points which have not previously appeared in an English dress. A chapter on the Blood follows, and fully describes that vital fluid, its circulation, the innervation of the heart, and the different appliances for physiological research. The tissues are admirably described, and embrace the latest histological discoveries; Klein's sumptuous histological Atlas being freely drawn upon. Everything is given about muscle, with its mechanism, and its electric and chemical action, ciliary movement, and we have the fullest and newest views of the histology of the nervous system. The chapter on Digestion ought to be read by everyone who is anxious to remove from the practice of medicine the cynical remark that "Doctors pour drugs of which they know little into stomachs of which they know less." For example, we may cite (p. 448) the explanation on physiological principles why the old gentian and soda mixture (which the old physicians prescribed on wholly empiric principles), is so beneficial in atonic dyspepsia. The glycogenic function of the liver is well set forth; also, all that we yet know of the production of diabetes. Space forbids us to do more than to commend the chapters on respiration, animal heat, nutrition, the secreting organs, the spleen and other ductless glands, voice and speech, the senses, and upon reproduction; we cannot, however, avoid special commendation of the description of the histology of the kidney, the theory of urinary secretion, the composition of the urine, and the physiology of micturition.

In its original form the Manual was simply a student's book, and the present edition continues to be so, but it is something more. Physiology is one of the most fascinating and rapidly advancing sections of medical study; and at the same time every wise physician is aware that the practice of medicine and also therapeutics, in which there is so great a field for research, are, in a great part, applied physiology. A medical man, even of middle age, who founds his practice on the physiology of his student days, is on the path of error. Every practitioner must read the physiology of today; and Dr. Mapother's work, while not too large for the student, will be sufficient for him. In the evenings of a month he could easily master it, and having done so might rest assured that he was up to the highest level of the day. The illustrations (on wood) are copious and clear; the printing is readable and correct, and we are happy to see, of Irish execution; the binding and paper are excellent. The volume concludes with an appendix and a very full index. The appendix gives the British values of the metric standards of length, weight, and capacity; also some tests of the presence of bile in the urine. The tests given are those of Pettenkofer (in the spelling of whose name a slight

typographical error occurs), Bogomoloff, Strassburgh, and Gmelin. The unreliability of Pettenkofer's and of Gmelin's tests are well known, and Strassburgh's modification of the former is entirely condemned by Wickham Legg (a); Bogomoloff's test requires very delicate handling, and is hardly suitable for clinical purposes. The iodine test, which, although accurate, is not delicate; and the (b) spectrum analysis test, which is simple, quick, accurate, and most delicate, are not even mentioned by the Editor. This appendix, however, might have been wholly omitted without being missed, and does not in the least detract from the sterling merits of the treatise to which it is, perhaps, unnecessarily attached. Dr. Mapother's Manual is about half the size and price of Foster's work on the same subject; but is, in our opinion, equally useful and suitable to the student and to the working practitioner. We most cordially commend it.

THE VENEREAL DISEASES, INCLUDING STRICTURE OF THE MALE URETHRA. (c)

THIS is, without any question, one of the most satisfactory and fullest treatises upon venereal diseases which has ever issued from the press. The great and wealthy Republic of the West is now vying with Europe, not only in the splendid field it affords to human energy, but also in that part of life which Europe has usually considered itself more fitted for, the cultivation of science. Professor Keyes, in this work, shows that American surgeons and physicians are, now-a-days, fully abreast with the most advanced and special knowledge possessed by Europeans.

Dr. Keyes has been known to English readers since the time when he brought forward the remarkable results of treatment of syphilis at the Philadelphia International Congress. His ideas on the treatment of that disease are only modified in the work before us, in that the tonic dose of the specific (mercury) is made rather smaller, and the course rather longer than formerly.

Dr. Keyes opposes the views of those gentlemen, who, like Mr. James Lane, and Mr. Jonathan Hutchinson, in London, are throwing confusion in the way of general practitioners by trying to break down the distinction between the initial lesions of true syphilis and chancroid, and who teach that chancroid may be derived from the products of the syphilitic early or late lesions. He disbelieves, also, that any good can accrue to the patient from excision of the initial lesion of syphilis.

Our author also raises his voice against that new school of writers on urethral pathology which seems to claim that every natural undulation in the tissues of the pendulous urethra is a structure fit for cutting, and that all the ills of the genito-urinary passages may be accounted for by the existence of these undulations, and usually made to disappear when the latter are cut. Whilst grateful to the founder of the new school for the instruments he has given to the profession, and acknowledging that, as a general rule, practitioners still underrate the normal capacity of the male urethra, he looks forward to a time when patients with urethral difficulties will be more cautiously treated than they have been of late. In this we heartily concur.

Professor Keyes' excellent work is divided into three parts. Part I. treats of the chancroid, or non-syphilitic venereal ulcer. Four admirable chapters are devoted to the clearing-up of the much-debated question of the *dualism* of the chancre. "Clinically," he says, "there is certainly no question that chancroid is derived, for practical purposes, always from contact of the part involved with the secretion of a chancroid. Inflammatory products are not known clinically to produce chancroids upon healthy people, and it is begging the question to claim that they do so, simply because an ulcer may be produced upon a syphilitic, or upon an unhealthy person by inoculating him with indifferent pus." Assuredly there is a clear difference between the pus of chancroid and that of ordinary ulcerative inflammation. We call that difference a *virus*. There is not one fact,

(a) "A Guide to the Examination of the Urine." By J. Wickham Legg. P. 31.

(b) Proceedings of the Royal Irish Academy. 2nd Series. Vol. III. Science.

(c) "The Venereal Diseases, Including Stricture of the Male Urethra." By E. L. Keyes, A.M., M.D., Professor of Dermatology and Adjunct Professor of Surgery in Bellevue Hospital Medical College, New York U.S. London: Sampson Low. 1881.

(a) "The Spectroscope in Medicine." By Dr. C. A. MacMunn. Also "The Proceedings of the Royal Society," Nos. 206 (1880) and 208 (1880)

says our author, to prove (what Mr. Jonathan Hutchinson lately alleged at the International Medical Congress) that the poison of chancreoid is a modified syphilitic poison. It behaves differently in all respects. A true chancreoid certainly cannot produce syphilis, and if syphilis can produce something resembling chancreoid, even yet identity is not established, unless the compliment can be returned, and this has never been proved to be the case.

Lindmann's 2,700 inoculations upon himself did not exhaust his power of still producing successful chancreoids upon his own person. This does not resemble anything known of syphilis. Long before reaching this number, believing himself protected by his inoculations (on account of the doctrine of syphilisation), he inoculated himself once with matter taken from the tonsils of a friend who had syphilis. This inoculation also took, and after 45 days a syphilitic eruption appeared. In 1852, Dr. Leon Bassereau, by a series of confrontations, established the individuality of chancreoid, and made it evident to the world that venereal ulcers belong to two distinct families, the one non-indurated and local, the other indurated and followed by syphilis. Ricord formally approved of this in 1858. Chancreoid upon a non-syphilitic patient is easy to communicate to any one, but in no such case among millions observed has the inoculation been followed by syphilis.

Professor Keyes points out that pus, not chancreoid, may be inoculated *in generations*, as it is called. *i.e.*, may produce a series of auto-inoculable ulcers upon the same individual, the pus of the last ulcer being used to start the next one (Lee, Bidentkap, &c.). "But although chancreoid is an auto-inoculable ulcer, an auto-inoculable ulcer is by no means necessarily a chancreoid. Impetigo and eczema produce suppuration by auto-inoculation of overlying integument sometimes, and are not on this account chancreoids. All sorts of pus have been successfully used for this purpose, with the view of demonstrating that some pus takes more easily than other pus."

Chancreoid is transmissible to the lower animals, such as cats and monkeys, and Klebs, in 1878, said that he had successfully inoculated true syphilis on an ape (*All. W. Z.*, 1878). We learn from our author that chancreoid occasionally has been found to perforate the male urethra in the position of the frenum. Chancreoid untreated lasts four to eight weeks, but when phagedænic it may last fourteen years (Fournier's case). Nitric and sulphuric acids are the best potential caustics for chancreoid, the first used as a liquid, the second in the form of a paste (carbo-sulphuric). The best local treatment for old chancreoids, or for those under the prepuce, is iodoform. It is better to let alone urethral chancreoids. Iodoform is useful in anal and rectal chancreoids. Phagedæna is not confined to chancreoids; any ulcer, syphilitic, scrofulous, or simple, may be attacked by it. Opium in large doses is useful in phagedæna. Carbolic acid is to be used locally, and then strong nitric acid, or chloride of zinc and flour paste. The submersion of patients with phagedæna is often useful (Cooper, *Lancet*, May, 1879, p. 731).

In Part II. our author treats of syphilis in fifteen well written chapters, containing a more or less full account of all that is known about this most interesting of all diseases. He seems to lean to the idea that the race is gradually becoming accustomed to the poison of syphilis, and that it is therefore destined to be a less and less formidable disease. He divides the disease into three stages. Syphilis is a virulent disease, and has no antagonism to cancer. Gonorrhœa on a syphilitic person may induce syphilis by inoculation. The secretions of tertiary syphilis are not inoculable. The seminal fluid and milk of syphilitic patients are not virulent. Syphilitic men often impregnate healthy women and have healthy offspring. A syphilitic mother is bound for a time to have syphilitic offspring. Syphilitic fathers, however, sometimes have syphilitic children, but Colles' law holds good, that mothers of syphilitic infants are never infected by their own offspring, although *apparently* free from the disease.

Syphilis, clinically, is generally a mild disease, getting well under all treatment, or no treatment at all. Bad syphilis is a horrible disease, but there is very little of it to be met with. The common duration of the disease is only two or three years. A man should not marry for three years after the chancre; a woman not for at least five years. Syphilis is a *treacherous* disease, and the most benign cases may lead to death from palsy; vigorous persons often suffer

terribly, whilst scrofulous may be spared; but diatheses do often modify the course of the disease, especially phthisis. Women suffer more than men. Babies and old people suffer most. Second attacks do occur, but most rarely.

The incubation of the initial lesion is from ten days to some months. The mixed sore is a reality. Excision of the true chancre is of no use. Sigmund is quoted as saying that many cases of syphilis do better without any mercurial treatment. Zeissel also uses no mercury if the early symptoms disappear with reasonable promptness. Dr. Keyes gives 1-8th of a grain of iodide of mercury in a pill three times daily for several years. This he calls the tonic treatment of syphilis. Three years is a full course for most people. We must say we think that Mr. Keyes will hardly get many patients to take his tonic treatment for slight syphilis for such a long time.

Inunction, says our author, is the best way of introducing mercury into the bodies of infants. Half a drachm to be rubbed daily into the skin of an adult. Dr. Sturgis, of New York, prefers rubbing in on the soles of the feet, as the patient walks about. Ulcers on the leg often improve under Martin's rubber bandage.

Iodide of potassium is of little use in early syphilis, and is of the most use in gummy affections; but after curing these mercury should be given. The iodides of potassium and sodium are also excellent specifics against gummata. The iodides produce numerous cutaneous eruptions, such as hydroa and purpura. The dose is four grains, except when the palate is threatened, when twenty-grain doses should be given. "The iodides, long continued, are fully as apt to do harm as the mercurials."

Chapter VIII. gives a good view of the skin eruptions of syphilis, taken from photographs, but colour is so necessary in the depicting of skin disease, that the plates do not give much information. Our author describes the pigmentary syphilide well. In Chapter IX. syphilis of the mucous membrane is described. Dr. Keyes, in Chapter X. speaks of syphilitic dactylitis, and of syphilis of the bursæ and joints. Syphilis of the knee-joint is hardly carefully enough studied by surgeons. That strange affection "dry caries" is well described. Mercury, as Professor Keyes shows, has nothing to do with ordinary bone diseases, although it may damage the jaw-bones by inflammation from salivation.

Chapter XI. treats of tertiary lesions of the nostrils and of the larynx. Syphilitic pulmonary fibrosis is common in inherited typhitis. In the adult it is circumscribed. It consists in an interstitial thickening of the connective tissue between the air-cells. In the adult this is one of the causes of chronic phthisis. Syphilis may cause ulcer of the stomach and rectal stricture, which is sometimes relieved by a cutting operation. Syphilis of the liver, spleen, and other glands is well described.

SIR WILLIAM JENNER, K.C.B., M.D.

At a meeting of the Royal College of Physicians of London, on Monday, April 3rd, Sir William Jenner was unanimously re-elected President of the College for the ensuing year.

City of London Chest Hospital.—The anniversary festival in aid of the funds of this institution was held on Tuesday last at the Cannon Street Hotel, the Lord Mayor presiding. The report showed that the annual expenditure in connection with the hospital is over £10,000, whilst the annual subscriptions and other reliable sources of income do not exceed £3,000. The number of patients admitted to the benefits of the hospital in 1881 was 15,874, and the total treated since the formation of the institution was 337,760. These had been drawn not from the East-end of London only, but from all parts of the country. In proposing the toast of the evening, the Chairman said that there was no disease more difficult to deal with than that of consumption and heart disease, and this was so especially in the case of the working classes. The hospital for which he appealed was far removed from the wealthy and rich part of the metropolis, so that he asked for general aid. The secretary read a list of subscriptions amounting in the aggregate to £2,370.

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.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, can now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

EMBRYO.—You can easily pursue the study of early developmental changes at home. Obtain and follow the directions given in Foster and Balfour's "Elements of Embryology," Part I. (Macmillan and Co.). A hen is as good an incubator as any you are likely to make for yourself. Hartnack's microscope is admirably suited for the work, and the necessary reagents, &c., may be obtained without difficulty. You will do much better, however, if you could manage to obtain a few hours' private instruction from some competent teacher.

A NEW WINE.—The French Council of Hygiene has appointed a Commission to inquire into and report upon a new wine which is said to be made from common beetroot. The inventor of the process of fermentation by which it is obtained claims that the wine is of agreeable quality and of nourishing character, while he points out the prolific nature of the beetroot, which can be cultivated in any soil and in any climate.

ORTHOGRAPHER.—The word is now invariably spelt *cinchona* (*sic*), but the name is derived from the Countess of Chinchon, who, in 1638, was cured of tertian ague when resident in Peru with her husband, who was Viceroy there. On returning to Spain she took large quantities of the bark with her, and visited numbers of the poor who were suffering from ague on her estates in the neighbourhood of the town of Chinchon, near Madrid. Through the Countess of Chinchon, therefore, the drug was introduced into Europe, and it was named after her by Linnæus, but by him was spelt wrongly.

CANDIDATE M. R. C. S.—You are correctly informed. The examination for the membership now includes the subject of midwifery for all candidates who do not already possess a qualification in that branch of practice at the time of obtaining the membership. Playfair's is the standard treatise you refer to; of smaller works, Dr. Lloyd Roberts's will probably be most suitable. You cannot do as you propose without evading the law and acting with the greatest impropriety. Do not think of it.

MR. A. T. Y. TOMLINSON.—The opinion does not in the least yield to your arguments. No suggestion of the kind was ever made until every other device seemed hopelessly useless; and we cannot regard its success now as being likely to have any appreciable influence for good on future discussions of a similar nature.

THE AUTHOR OF "THE POSSIBILITY OF AVOIDING OLD AGE," in reply to the criticism in our last number, wishes to explain that "it is an array of proofs that *late hours* are an inevitable cause of old age, and that the argument is supported by the investigations of Dr. B. W. Richardson and other able scientists, and that it is an earnest effort to reform suicidally unwholesome habits."

DR. T. MORTON'S "Cases of Meningitis," read before the Harveian Society, are marked for early insertion.

DR. PEARCE (Buckhurst Hill)—The work is in hand, and will receive impartial criticism. We cannot promise an early review, as there are about forty books awaiting their turn.

R. P. S.—Probably through an accidental omission on the part of the publishers the second part of the book has not yet been received for review; hence it was not acknowledged in our list last week.

OPENING FOR PRACTICE IN PIETERMARITZBURG.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Having observed the scarcity of medical men in this rapidly rising city, which has doubled its population within the last two years, and the tremendous amount of work entailed upon the present few doctors, in consequence of the large percentage constantly ill; in the noble cause of humanity I take the liberty of making this known through your columns, in the hope of inducing a few good young doctors to come out here, where at least another dozen would, I think, find plenty of hard work.

I sent twice for a doctor to see my sister, who was seriously ill with fever (temp. 105°). The doctor could not find time to come, and I had to do the best I could for her myself. This state of things should not be. The remedy is, of course, an influx of doctors.

I beg to remain, Sir, yours truly,

WILLIAM NOLAN,

Chemist and druggist, Commercial Road.

Pietermaritzburg, Natal, Feb. 20th, 1882.

A LOVER OF ANIMALS.—Your very entertaining letter has given us a good deal of amusement, but it falls entirely in producing the result you desire. You place very stale argument in a curiously funny light; that is all. "Animals are given us in our goodness; to injure them is to destroy what is provided for our own benefit, and is, therefore, a crime against ourselves." This is original, but it is not tinged with common sense, and in application would be ridiculously limited. We cannot do better than recommend you to read recent essays in defence of scientific experiments on animals.

MR. J. D. KELLY (Ballinrobe).—1. Roberts's "Theory and Practice of Medicine." 2. Gant's "Science and Practice of Surgery."

DR. B. K.—We have deferred reverting to the subject of your correspondence with the guardians so as not to prejudice the decision

against you. Should the matter not result as you have a right to expect, we shall be happy to express our opinion thereon.

R. E. B.—The by-laws of the College do not admit of any member thereof engaging in practice in partnership with another person. We prefer not to express an opinion on the points you raise. You could not do much, individually, to remove the disadvantages you are labouring under—if they are disadvantages.

MEETINGS OF THE SOCIETIES.

HUNTERIAN SOCIETY.—This evening (Wednesday), at 7.30 o'clock, Council Meeting.—8 o'clock, Mr. W. Rivington, "On Cases of Rupture of the Bladder."

EPIDEMIOLOGICAL SOCIETY OF LONDON.—This evening (Wednesday), at 8 o'clock, Dr. J. E. Russell, "On the Policy and Practice of the City of Glasgow in the Management of Epidemic Diseases, with Results."—Mr. M. D. Makuna, "On Observations on the Pre-Eruptive Stage in Small-pox, with History of Cases."

OBSTETRICAL SOCIETY OF LONDON.—This evening (Wednesday), at 8 o'clock, Specimens will be shown by Dr. Oswald, Dr. Galabin, and others.—Dr. James Braithwaite, "On Two Cases of Removal of One Ovary only by the Vaginal Method."—Dr. Popow, "On the Corpus Luteum."—Dr. Champneys, "On the Pelvis and Skeleton of a child showing Left Sacro-iliac Synostosis and Oblique Contraction."

Vacancies.

Birmingham Queen's Hospital.—Resident Surgeon. Salary, £50, with board. Applications to the Secretary before April 10th.
Cambridge Lunatic Asylum.—Assistant Medical Officer. Salary, £100, with board. Applications to T. Muirgrave Francis, Cambridge, by April 15th.
Cheltenham General Hospital.—Resident Surgeon. Salary, £130. Applications to the President, at the Hospital, before April 17th.
Hartlepool Union.—Medical Officer for the District. Salary, £50. Also Medical Officer for the Workhouse. Salary, £65. Applications to the Clerk of the Union by May 17th.
Rathfrum Union, Newcastle Dispensary.—Medical Officer. Salary, £120. Election, April 11th.
Scarborough Friendly Societies' Association.—Resident Medical Officer. Salary, £200, with extras. Applications to Hugh Watson, St. Mary's Walk, Scarborough, before April 6th.
Wolverhampton General Hospital.—Physician to Out-patients. Honorarium, £100; he may engage in consulting practice, but not as a general practitioner. Applications to the Chairman of the Board by April 17th.

Appointments.

BERRY, G. A., M.B., C.M.Ed., Assistant Surgeon to the Eye Dispensary, Edinburgh.
COMPTON, T. J., M.B., C.M.Aberd., Senior Assistant Medical Officer to the Norfolk County Asylum.
JONES, R. R., M.R.C.S., L.R.C.P.Ed., House Surgeon to the Camarvon and Anglesey Infirmary, Bangor.
KENNY, Dr. J. E., Medical Officer to the North Dublin Union Workhouse.
LUDLOW, T. S., M.R.C.S., Medical Officer to the Wolvey District of the Hinckley Union.
MACKAY, J., L.R.C.P., L.R.C.S.Ed., Medical Officer to the Berwick or Tweed District of the Berwick-or-Tweed Union.
TREHARNE, J. LL., M.R.C.S., Medical Officer to the Roath District of the Cardiff Union.

Births.

BANTOCK.—March 29, at 12 Granville Place, Portman Square, the wife of Granville Bantock, M.D., of a daughter.
CORLEY.—March 27, at 30 Lower Baggot Street, Dublin, the wife of Anthony H. Corley, M.D., F.R.C.S.I., of a daughter.
GREVES.—March 18, at The Hollies, Shrewsbury, the wife of E. Hyla Greves, M.B., C.M., of a daughter.
HUNT.—March 29, at Norfolk Street, Glossop, the wife of Dr. W. H. Hunt, of a son.
LEEPER.—March 30, at The Mount, Tettenhall, Wolverhampton, the wife of Dr. George R. Leeper, J.P., of Kesh, of a son.
O'ROURKE.—March 24, at Ballinrobe, co. Mayo, the wife of Charles T. J. O'Rourke, L.K. & Q.C.P., L.R.C.S.I., of a son.
SMITH.—March 30, at 34 Lower Baggot Street, Dublin, the wife of Walter G. Smith, M.D., of a daughter.

Marriages.

TATE—MACKIM.—March 13, at St. Peter's Church, Dublin, J. Whitaker Tate M.D., Clifton, co. Sligo, to Isabella Marian, daughter of the late Patrick Mackim, Esq., Tubbercurry, co. Sligo.

Deaths.

BUTLER.—March 16, at Winchester, of pneumonia, Frederick John Butler, M.D., F.R.C.S., in his 63rd year.
GOLDON.—March 29, at Parsonstown, Dr. Goldon.
HOFFMAN.—March 31, at Combe Lodge, Putney, B.W., George H. Hoffman, M.B., C.S.
JONES.—March 22, at 190 Wolverhampton Street, Dudley, Alfred Jones, M.B., C.S., aged 39.
LYNCH.—March 16, at Williamstown, Ballymoore, co. Galway, James Lynch, M.D.
MUDD.—March 26, at West Pallant, Chichester, William Mudd, L.F.S.Glas., formerly of Hadleigh, Suffolk, aged 47.
SWAIN.—March 29, at Nice, of diphtheria, William Paul, son of William Paul Swain, F.R.C.S., The Crescent, Plymouth, aged 14.
WAGHORN.—March 30, at Aldershot, Frederick Waghorn, M.D., Surgeon-Major, A.M.D.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 12, 1882.

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Lumléian Lectures

ON

THE PATHOLOGY OF INFLAMMATION. (a)

Delivered before the Royal College of Physicians, London,

By J. BURDON SANDERSON, M.D., LL.D., F.R.S.,
Professor of Physiology in University College, London.

LECTURE III.

IN completion of the subject to consideration of which the second lecture was devoted, assistance was made on the importance of the proposition that infective inflammation is the pathological expression of the chemical state of the tissue affected; but concerning this condition we have little or no knowledge except of its existence; the principal proof of which, moreover, is afforded by the presence of septic organisms within the structure. Further, it must be remembered that there is no reason why phlogogenic properties should be attributed to either air or water, as already demonstrated in the preceding lecture.

According to the arguments advanced by Huter, inflammation is the result of damage produced by mechanical, chemical, or thermal agencies; but there is sufficient evidence now obtainable to show that injury is not of necessity succeeded by any extent of inflammation, provided that it does not actually involve a breach of surface. Huter explains that vitality of the tissue is first of all diminished, and that then it is germs penetrate into it, such septic organisms, in his opinion, abounding everywhere, so that inflammation is in effect an epidemic contagious disease. Accordingly, the regions in which such consequences can be produced would be limited by the line of perpetual snow. There are, however, many facts which tend to disprove the accuracy of Huter's views. It is sufficiently clear that very severe and extensive injuries may be endured without any consequent inflammation, and Huter's own experiments afford examples of such effects. By the use of a cautery he succeeded in destroying large amounts of certain deep-seated tissues,

without considerably interfering with the overlying surface structures. The external wound being dressed antiseptically, with the observance of every precaution, no disturbance of any kind resulted, healing by first intention being complete and speedy. Animals so operated on, having been killed at various stages of recovery, and the structures involved in the process having been submitted to careful examination, the only discoverable signs of connection between the destroyed and healthy regions were those afforded by a blackened line produced by the charring effects of the cautery. No extension of inflammatory reaction beyond the dead tissue; no indications that the structures outside of this had been in any way disturbed. Other proofs of a similar nature are presented in the successful issue of recent experiments in transplantation of tissues, such as substitution of portions of periosteum and the like. Dr. Sanderson, however, does not entirely agree that these can be cited as examples of injury without succeeding inflammation; and convincing evidence of mechanical injury followed by undoubted inflammation is afforded daily in those street accidents which are attended with fractures of the limbs, &c. The facts observed in connection with these offer an invincible objection to Huter's hypothesis; the processes which go on in a fractured bone are very well understood; and all the characteristics observed in connection with the regeneration of the tissues agree in emphasising the fact that every severe injury which stops short of actually killing the structures it affects, tends to produce mechanical inflammation of the parts.

Doctrines which, though at one time held as sound and correct, have in later years been supplanted by simpler theories, are nevertheless deserving of preservation, as being instructive intellectual reflexes of observers who formerly busied themselves with investigating the matters in hand; they should not be neglected, as much on account of the greater clearness they give to later views, as for the interest that always attaches to the historical aspect of scientific discoveries. Twenty years after the impetus given to the study of inflammation by anatomical investigators, the phenomena observed were explained as being in accordance with changes brought

(a) Abstract of Lecture III., delivered March 31st, 1882.

about through the action of a vaso-motor apparatus; but later researches, founded on experimental and clinical data, enable modern inquirers to demonstrate the fallacies of these older conceptions. In one particular, proof has been already adduced to this effect; that, namely, in reference to the belief that inflammation is an agent of textural regeneration. Similarly the idea that the temperature of inflamed parts is elevated by reason of the inflammation, has yielded to experimental evidence, and can be no longer accepted as true. In fact, the whole view of inflammation advanced in these lectures would fall to the ground if it could be shown that an injured part became a focus of thermogenesis. Hunter, indeed, declared that it was impossible for the process of inflammation to raise an inflamed part to a temperature higher than that of the blood stream; and other observations tending to prove the contrary have not been verified by later experiments. Cohnheim has conclusively demonstrated that the increased temperature of external organs during inflammation is the result merely of more active circulation in the heated part. In proof of this he submitted a dog to operation, whereby he induced in one paw of the animal a condition of hyperæmia by paralysis, and in the paw of the opposite side a state of inflammation. On testing the temperature of the two paws, that of the paralysed side was higher, thus proving the accuracy of Hunter's view.

Necrosis is the inevitable consequence of destructive inflammation; but repair of the dead parts succeeds as a physiological process. The mode by which this is effected is capable of being minutely followed in all its details, and most easily so in the cornea. In this organ destruction of the central portion is followed by death and disintegration in that part, no immediate effect outside of it being noticed. In four or five days, however, the corneal corpuscles extend inwards from the healthy part, and thus the dead area is invaded by *new* tissue, growth proceeding centripetally from the sound margin by means of the corneal corpuscles themselves. It is easy in such circumstances to study directly the process of regeneration in a wholly dead structure, the vital endowment of cells which are not essential elements of the process being sufficient to ensure the result. It is impossible, in the present state of our knowledge, to explain the tendency of such surrounding cells to fill up the gap occasioned in their vicinity, except by analogy with those cases in which so-called organisable material introduced into a partly dead structure becomes the seat of active regenerative processes under the influence of living cells. Almost any porous substance may be employed in this way, and the most recent illustration of the principle is afforded by Mr. Hamilton's experiments in "sponge-grafting." In the same connection may be mentioned also the absence of ill-consequence produced by embedding an excised cornea in the peritoneum, of a rabbit, for instance; by catgut in the same cavity, &c.

The influence exerted by the nervous system on inflammatory processes is a subject of considerable importance. That the effects produced on the cornea by the section of the fifth nerve are not of neuro-paralytic origin has already been shown; and similarly that broncho-pneumonia, which succeeds on cutting off the nerve supply, is traumatic, is conclusively proved by resort to tracheotomy, when the results fail to be produced. The trophic and vaso-motor reflex influences ascribed to the nervous system were founded on erroneous conceptions, due to misapprehension of the meanings to be attached to various experimental observations on the effects of injury to various sources of nerve supply. It is, however, very necessary to consider the part played by the nervous system in the initial phenomena of inflammation, or afflux of blood, a familiar example of which is afforded by the conjunctivitis exerted by the presence of a grain of sand in the eye. Determination of blood to a part is the immediate response of local points to local injury. The inflammatory blush of Hunter is not true inflammatory hyperæmia, the difference having been pointed out by

Dr. Williams long ago. The incipient enlargement of vessels referred to by Hunter can be illustrated any number of times in succession in the web of the frog's foot, in the form of transitory dilatation, under the influence of a very weak solution of sodium chloride. When a strong solution of the reagent is substituted, however, single and final inflammatory reaction is induced, from which so-called inflammatory blush is distinct. In Lecture I. similar results were explained as being observed from experiments on the peritoneum.

Physiological studies on the connection between inflammatory afflux and reflex nervous action date more particularly from 1858, when Bernard observed the influence exerted by the corda tympani upon the secretion of, and the circulation in, the sub-maxillary salivary gland. On excitation of the nerve, he found that the vessels were dilated, and this would have seemed to "Hunter an example of inflammatory blush," due to a common principle of the animal machine, or what was later on styled "vital attraction," whereby the tissues selected the blood. Heidenhain has shown that vascular congestion of the sub-maxillary gland may be produced without increased secretion at the same time occurring, provided the animal be atropinised, and real reactions of hyperæmic character may be obtained in various parts of the body in response to nerve stimulation. Active dilatation of vessels, therefore, follows excitation of nerve fibres; and though this seemed hardly possible at one time, Schiff's theory of dilator nerves was at length, but unwillingly, accepted. Inflammatory blush and other congestions, however, ought not to be confounded, since there is a distinction which serves to keep them apart. Thus it may occur in parts entirely removed from the central nervous system, as in a patient observed by Mr. Simon thirty-two years ago, in whom, though the eye was entirely anæsthetic, a piece of sand introduced under the lid was the cause of conjunctivitis, though altogether unattended with painful sensations. To the same effect, it has been found that, if the kidney of an animal be carefully excised, its arterial circulation being maintained, variations in the flow of blood will be manifested by changes in the form of the organ.

Professor Roy, too, has investigated the manner in which the arteries of the living kidney respond to the action of blood on them, and the conclusion arrived at is that they possess physical properties independent altogether of the nervous system, this being the result of examinations of the vessels under circumstances which precluded their receiving any stimulus from the central organs. Schiff, too, has shown that a paralysed artery will, in time, recover its tone; thus proving that it possesses an independent endowment. Another property of arteries is rhythmical contraction, as may be seen in the ear of the rabbit. These contractions are in no way responsive to nerve influences, so that two separate properties, tone, and rhythmical contraction, are inherent in arteries. The certainty of this conclusion might lead to the endorsement of views entertained by the older physiologists as to a similarity of relation between the heart and central nervous system, and their respective dependent organs.

In 1858 Mr. Lister explained the fact that if the nerveless tongue of a frog, or the anæsthetic eye, be subjected to the action of silver nitrate or dust respectively, the effects produced spread rapidly from the points of origin, as dependent on the action of the peripheral nervous system; but from 1874 to 1878 the independent action of arteries was established, and sufficed to remove all difficulties of this description. There is no more anatomical evidence that ganglia exist in arteries now than when Mr. Lister invoked their aid. Such organs are unnecessary to the action of arteries, or to their inter-relations; and the whole teaching of modern pathology regards inflammation as to confirm the opinion of John Hunter, that vessels are a principal factor in its production.

Original Communications.

REMARKS ON CLIMATE IN RELATION TO ORGANIC NATURE. (a)

By Surgeon-General C. A. GORDON, M.D., C.B.,
Honorary Physician to Her Majesty the Queen;
Officier de la Légion d'Honneur, &c., &c.

1. EVERY extensive geographical region presents certain characters peculiar to, and distinctive of itself. These characters include such as pertain to the physical construction of the locality, its climate, its flora, its fauna, and its human inhabitant. So far I but give utterance to a most commonplace truism. Yet, if we follow for a little the train of thought which this truism naturally awakens, we shall, I trust, find that the conclusions at which we hope to arrive are not altogether unimportant, or unworthy of our consideration. To my mind our subject presents a large field for study, too large to be more than touched upon in some of its more salient points within the limits to which we now are necessarily restricted. Hence I fear my further remarks must partake, to some extent, of a fragmentary rather than a continuous style.

2. The climate of a locality is thus defined:—"It includes all those modifications of the atmosphere by which our organs are affected, such as temperature, humidity, barometric pressure, the tranquillity of the atmosphere, its subjection to winds, its purity or admixture with gaseous emanations, its transparency,—that clearness of sky, so important through its influence, not only on radiation of heat from the soil, the development of organic tissues, and the ripening of fruits, but also on the outflow of moral sentiments on the different races." A careful study of the climate of a locality, and of its natural history, includes all those circumstances which chiefly combine to determine the character, physically and mentally, of its inhabitants.

3. Climate is itself the result of conditions dependent upon geographical position, variations of temperature which accompany the changes of season, the succession of day and night, the incidence of the sunbeam upon a given locality, the greater or less meridian altitude of the sun, the relation of hill and plain, of continent or district to sea, the circumstances upon which periodical winds depend, the relative proportion of cloud and sunshine, hygrometric condition of the air, the state of its ozone, and so on. According to the particular combination of these conditions, so the phenomena of life, as presented by the flora and the fauna of a locality, district, or extensive tract of territory are determined.

4. Are the conditions of climate in the same locality during successive seasons alike and regular? Far from it. They vary from season to season, from year to year, and return according to more or less clearly-defined cyclical periods. Some of these changes and variations are clearly traceable to causes of a physical nature, others to more intangible influences, such as electricity and magnetism. Certain conditions are recognisable by our senses, others by delicate instruments; but there are conditions that neither barometer, thermometer, nor any other artificial means enable us to detect. We recognise some of these in their influence upon our bodily comfort, on our sensations, and so on. Others, however, make themselves known by particular forms of maladies which may affect plants or animals, or the more terrible epidemics which devastate humanity, as do tropical hurricanes forest tracts that lie in their course. Is it not the case that irregularity or derangement in the order of what by general consent is designated "seasonable weather," is accompanied or speedily followed by deranged health conditions in plant and animal life? Popular proverbs indicate that such is the fact.

5. Although, upon their grand scale, such changes in

climatic conditions as have occurred in the progress of time have been brought about altogether independently of human agency, instances are numerous in which by the intervention of man and by other physical agency such alterations have been effected. A very few instances must suffice. In the Cape de Verd islands, destruction of the forests by burning had the effect of drying up the springs and rendering the climate sultry. Persia, Greece, and other countries have from a similar cause had their climate deteriorated. In the Pyrennees the cutting down of the forests had rendered tracts unhealthy by the destruction of the barrier which formerly had excluded the southern winds. In Castile and Arragon similar complaints were made long ago. In America cutting down the forest has rendered localities drier and more healthy, as the "wood fever" has disappeared. And there are many other examples of climate being affected by means of forest denudation. While these notes are being arranged, a striking illustration of the subject now in hand occurs in Italy. In certain districts, during the last ten years, terrible inundations have destroyed much life and property, and have moreover caused considerable sickness where formerly the localities were healthy. Public inquiry has established the point that these unfortunate changes were due to what is described as "the mania which has impelled proprietors to cut down forests." Mountains which for centuries had been covered with pine and oak trees were reduced to bare rocks; picturesque valleys were converted into swampy marshes. As a result of measures taken to restore the original state of things by replanting denuded tracts, barren hills have again become healthy and picturesque. Moreover, vineyards, the produce of which has been deteriorated, and themselves liable to inundations while the forests were destroyed, are once again free from such risk, and the quality of their wine of its old standard. And yet the rule must not be looked upon in all cases as absolute. At Murree and Simla conifers abound, in the former place as extensive forests. As painful experience has for some years back demonstrated, cholera is localised in both. At Octacamund, forests of *Eucalyptus globulus* exist; several other species of that genus have also been planted in that locality. Malarial fevers, however, originate there in persons long resident in the place, and since 1877 cholera has obtained a footing in that once beautiful station. It is evident, therefore, that neither conifers nor this much lauded member of the Myrtaceæ necessarily and absolutely abolish endemic disease affecting persons foreign to particular localities.

6. By similar means the climatic conditions of Upper India have undergone change and deterioration within historical times, although the date is somewhat ancient according to accepted chronology. During the wars preceding the subjugation by the Arian invaders of what now constitutes a considerable portion of the Punjab, dense forests covered the surface of the country. As at the present day in the far west of America clearings in the forest took place, and, ultimately, tribes thus became permanent settlers. Visits of ceremony and friendship were interchanged by rulers, rajahs, and maharajahs. Among the duties of hospitality was to clear away the intervening jungle, open up a road, make straight the way by which the distinguished visitor was to travel attended by his retinue. And a similar custom still exists.

7. According to the great Hindoo epic poem, the Mahabarata, prosperous cities, richly cultivated lands became established; the inhabitants had abundant food; they were long lived; as far as can be gathered, epidemics among them were of very rare occurrence; illness was looked upon as punishment by the gods for some sin committed; the natural duration of life among them was said to be one hundred years; and their domestic condition may be judged of from the characteristic recorded that men loved their own wives. But now, and for long cycles of years back, much of the forest thus alluded to has ceased to exist; long wastes of semi-desert country have taken its place; the surface yields only stunted

(a) Read before the Victoria Institute; or, Philosophical Society of Great Britain, Monday, March 20th, 1882.

acacias, capers, and aesclepias; rivers which then existed are decreased in size; one historic stream, the sacred Suruswattee, has for centuries ceased to flow, and cities situated in the less arid localities, are periodically swept by epidemics, terrible by their fatality.

8. From times the most ancient, the relation of climate to organic nature was recognised by Hindoo writers. A very few examples must here suffice. A swampy country was indicated as *Anupa*. In such a tract "lilies and other water-flowers abound; the air is cool; geese, ducks, cranes, fish, and serpents abound. In such a situation the inhabitants are unhealthy and short-lived." The hilly country, or *jungala*, was characterised by "arid plains, on which dwarf trees and prickly shrubs grew sparsely; the heat of the air is great, and hot winds prevail. In such a country there is little water upon the surface, and wells have to be dug." Diseases of air and bile—that is, intestinal and hepatic—prevail, but the climate is healthy, and the inhabitants long-lived. It is further added, that when the above-enumerated conditions are found in the same country, the general climate of that country is described as mixed.

9. Similarly, the relations of the seasons to health was carefully noticed. The year was divided into six seasons, namely, the cold, the spring, the hot, the rainy, the moist, and again the cold; so that the first-named included our months of January and February, the last-named our November and December. As to instructions with regard to what would now be designated personal hygiene in each of these seasons, I select one, namely, the hot, including our months of May and June. Chakrata said: "Use cool foods, and food prepared with ghee (clarified butter); drink sherbets; use broths of wild animals and birds; eat rice with milk and ghee; little wine is to be used, and always mixed with much water; do not take much exercise; sleep during the day in a cool room; at night in the upper rooms; use the hand-punkah sprinkled with sandalwood and water." The date when these instructions were first issued is variously given as the sixth to the ninth century before the Christian era. And yet, there are those who say, and perhaps believe, that not until the nineteenth century of our era—that is, twenty-five centuries after the time of Chakrata—was hygiene, as a practical thing, evolved from man's "inner consciousness." But time prevents the further consideration of this portion of our subject.

10. Of all the influences to which plants are exposed, climate is the most important; it sets absolute limits to species. Plants have been referred to divisions in classification according to their relation to climatic conditions—namely, 1, Macrotherms, those of inter-tropical regions; 2, Mesotherms, those of sub-tropical and warm, temperate zones; 3, Meiotherms, or those inhabiting cool, temperate zones; 4, Microtherms, or those inhabiting Alpine or arctic regions. With reference to the local characters of climates, another method of classification has been adopted, as Xerophiles, or such as pertain to very dry climates; Hygrophiles, or those which abound in abundance of moisture; and Noterophiles, or those intermediate in character. Structural conditions of plants also correspond to the character of climate and soil in which they exist—monocotyledones in hot climates, dicotyledones in cold. Those deep-rooted for extremes of heat and cold; those with shallow roots for equable climates. The character of foliage, alike in type and continuance, differs in unison with differences in climate.

11. Variation in the character of plants according to locality, even within the zone in which they are indigenous, is a phenomenon familiar to all. When those of one zone are transferred to one more torrid, or one more frigid, whether by reason of latitude or elevation, changes in character, as in appearance, become still more defined. Even in Britain the same species presents very different characters, according to its position in these respects. Trees, shrubs, and other plants, introduced from climates more or less closely approximating to that of these islands, in many instances refuse to propagate their kind. In

some of these inflorescence does not take place, in others the flower drops to earth or withers, but without producing fruit; in others there is, for a time, a promise of fruit, but soon the seed vessels die away, and gardeners, when they desire to propagate the species, are only able to do so by "slips." In other instances the properties of plants become altered; in others the species flourishes for a time, then gradually fades, and becomes extinct. In man analogous phenomena to some extent occur. And yet there are phenomena in relation to the distribution of plants which are unaccounted for by conditions of climate alone. Thus, localities the "climate" and rainfall of which are nearly as possible alike, have not necessarily identical floras, any more than identical faunas. Certain plants also have only a local distribution. For example, *Erica vagans*, or Cornish heath, to soil of broken down serpentine; *Cypridium*, or lady's slipper, on Alpine limestone in the Swiss Alps. The *Oxytropis campestris* is confined to one spot on the Clona hills. *Clonaster vulgaris* is, in Britain, found only on the limestone cliffs at Great Orme's Head, in Wales. *Potentilla rupestris*, in Britain, only on the Breddin Hills, in Montgomeryshire. A flowering plant may be found in the arctic and temperate regions, and then reappear in the southern temperate and antarctic regions, but none range from pole to pole. Every species which at once exists on two continents is also found on the intermediate islands.

12. Even when protected by artificial means, as in green-houses and conservatories, the characters of plants in this, or to them other alien climate, differs much from those in places where the same species are indigenous. This circumstance is, no doubt, familiar to all of us who have noted conditions as seen in tropical regions, and in the houses in which the same plants are maintained for use, ornament, or luxury, in and near London, as elsewhere. With every care that can be bestowed upon the management of such places, extending to heat, moisture, degree, and kind of light, and so on, the fact remains that these plants are in an alien climate, and their condition suffers accordingly. Attempts are made, more or less successfully, to lead to the inflorescence of particular plants in seasons other than those in which that phenomena naturally occurs. One familiar to most of us is the common lilac (*Syringa vulgaris*), forced into blossom at Christmas-time; the result, pale, sickly, etiolated flowers and leaf. And so it is in other instances.

13. Residents in India, whether in the plains or hills, are well aware how great and rapid are the changes which occur in the character and life of plants imported from England. In former years the sight might be witnessed of a daisy, the common crimson-tipped flower so named (the *Bellis perennis*), being dispatched, like human invalids, to the hills, so as to avoid the coming heat of summer; the same plant brought down and restored to its accustomed shelf as the cold season again set in. English shrubs become so altered in appearance as to be unrecognisable; our favourite flowers change their time of expanding, and gradually lose their well-known fragrance. In like manner, English vegetables deteriorate, and that so rapidly, as, after the second crop, to be of no farther value. In the hilly districts, exotic trees become attacked in great number by some of the many species of *Loranthus* there met with. In this way the parasite is multiplied; it attacks and destroys the native forest trees in yearly increasing numbers.

14. Seeds introduced from cold and temperate climates into those more torrid are found in a large proportion of instances to have lost their power of germination. Notwithstanding the great care dictated by experience as necessary in the attempt to rear such plants as have germinated, the circumstance is within the personal knowledge of all who have observed phenomena that the young shoots, pale, etiolated, and delicate from the hour they show their tiny leaves above the ground, at first thin and lanky—soon bend, droop, then die and decay, leaving the few of what in the phraseology of the day may be indicated as survivals of the fittest to come up, grow, lose the

characters of the originals, or assume others strange to them. And so, the question comes to be: For what purpose are they the fittest? Certainly not for that served by them in their own natural conditions. Neither for that served by those indigenous. But the expression, so long as it is used in an abstract sense, serves its purpose.

15. The processes alike of development, growth, and decay of plants proceed with the greatest degree of rapidity the nearer their locality approaches the equator. Everywhere in those regions forest vegetation is rank and luxuriant; everywhere do decay and decomposition taint the hot, damp atmosphere, the lower organisms of plant life preying upon and accelerating the destruction of the higher. There being little, if any, difference of season or of atmospheric conditions, there is not, as in temperate regions, cessation at regular periods or at any period to these processes. Life and death proceed side by side, creatures of the animal world suited to the locality and conditions inhabit the rivers, swamps, and forests. Human inhabitants there are too in many such localities, though not in all; but in them *intellectual* man exists not indigenous.

16. Food plants differ in their genera, and in several other particulars, according to geographical position, including climate. In tropical regions rice, for the most part, flourishes in low-lying, swampy tracts, although, what is named hill-rice is an exception; maize, or Indian corn, upon less swampy, but alluvial soil; millets of several kinds, and *ekusine* (in Madras called by natives, *ragi*), on the dryer kinds of soil. For temperate climates, as in that of England, the relation of particular kinds of cereal and other crops to local conditions, alike of soil and climate, determines to a great extent the success or failure of the agriculturist.

So it is also in regard to fruits. These, even when of the same species, differ in respect to size, shape, colouring, flavour, and in other respects, according to climatic conditions. This applies equally to tropical and to temperate climates. Nor are medicinal plants exceptional in these respects. Their active properties differ according to local climate and soil. And similarly with beverage-yielding plants—the tea shrub, coffee shrub, and so on—their produce varies in quality and flavour infinitely.

17. The entire succession of phenomena which occur in plant life is connected with, and dependent upon, season; but this relation is not alike as regards all genera. By the order in which the several stages of vegetable existence occur, it were easy to illustrate a floral calendar, for this or any other country. How comes this difference about? Atmospheric conditions suitable for the regular succession of phenomena in one series of plants are not suitable for the same order of phenomena in other series. The fact is familiar to the most ordinary observer. But the ultimate cause of the fact is only to be indicated by a word—adaptation, a quality inherent in the individual. Here, in England, with questions connected with agricultural industries prominently before the public, as of late years they have been, and still are, the dependence of these industries upon conditions of the nature already indicated, is a fact prominently brought to the knowledge of persons and classes concerned.

18. Neither are we able to indicate in a manner more precise and definite, the actual nature of the determining influences to which are due the variation experience demonstrates as existing in such phenomena of plant life, as differences in growth, luxuriance, fructification, &c. In no two successive years are these alike. The quality of fruit grown upon the same ground, and as nearly as possible under precisely similar conditions, varies from year to year; nor can the most observant nurseryman supply a plausible explanation of the circumstance. In India, where from ages the most remote the natives have carefully and accurately noted the relation that manifestations of nature bear to each other, the circumstance is acknowledged that unusual developments and profuseness of inflorescence often precede the recurrence of epidemic disease in man. In this country, not only have particular

kinds of plant disease made their appearance within recent years, but their recurrence takes place in relation to season. The disease in our most common esculent, the potatoe, caused immediately by the fungus, *peronospora infestans*, occurs and recurs, as a rule, in July and August; the beet disease, due also to a fungus, occurs sometimes in the winter season. With the failure from seasonal causes, of particular plants, more especially those that yield food supplies, disease among animals and man follow so regularly that pestilence and famine are considered as bearing to each other a relation similar to that of effect to its cause. The intimate connection which exists between the conditions of meteorology in a given district and productiveness of food-yielding plants has obtained many and very terrible illustrations in our great dependency, India. Never, since 1770, has so great a famine befallen that country as that which, in 1876-7, extended over the Madras Presidency and a considerable portion of the Deccan. The vast importance attached to this consideration appears from the circumstance, officially recorded, that notwithstanding the immense exertions by the Local Government, and by individuals to grapple with that famine by the importation of food, distribution of money, and other means, the actual loss of human life during the two years it continued, including the excess of mortality over ordinary years and diminished birth-rate, did not fall much short of three millions of lives. Besides this, the physique of survivors was lowered to so great an extent that they were less capable than before that event to prosecute their regular avocations.

19. Certain forms of organic matter, under the names of Bacteria, Vibriones, Zooglea, and so on, have of late obtained a large amount of scientific attention. It is an open question still, whether the nature of these forms is vegetable or animal, or intermediate between them. Their development, however, appears to be enhanced by atmospheric conditions which favour decomposition of tissues. And this circumstance furnishes the only point in regard to which reference to them is here appropriate. The result of recent discussions as to the part played by these organisms in the direct causation of disease, is that, like several other favourite theories, so in regard to this one strict investigation is unfavourable to its stability.

20. With regard to animal life, much of what has been said in reference to the relation existing between climate and plant life applies. Thus, families, orders, genera, have their geographical limits; relatively small numbers are restricted to particular territories and localities; characters and habits have a distinct relation to climatic and seasonal conditions. But, unlike plants, many animals capable of and performing migrations, thus avoid alternations and changes, as regards atmospheric conditions, to which others, like plants, are subjected. Of the particular sense by which these are guided, alike as to the period and direction of their migrations, we are not able to speak, further than that in our own persons there occurs nothing analogous to it, unless, indeed, it be the capacity, not very common, of knowing directions. As with plants, so changes occur in the character and appearance of man and animals in accordance with localities and circumstances in which they are placed. Finally, health, and the loss of it, have relation to circumstances connected with climate and season, besides others more personal to individuals. As with plants also, the rates of increase and diminution differ according to local circumstances.

21. Analogous to the seasonal rest of plants in temperate zones, and in those more severe, is the torpidity and hibernation of certain animals, warm as well as cold-blooded. Similar and equally well-marked analogy presents itself in other seasonal phenomena presented by them. As the process of metamorphosis in the development of the young plant is accelerated or retarded by certain conditions of climate and season, so is the corresponding process, properly so called, in relation to particular forms of animal life effected by similar states.

(To be continued.)

NOTE ON THE "FLESH-WORM."

By P. S. ABRAHAM, F.R.C.S.I.

WE are indebted to Dr. Abraham, Curator of the Museums of the Royal College of Surgeons, for the following report upon the "flesh-worm" sent to us by Dr. Murray, of Portsalon, Letterkenny, who described the case of the patient from whom he extracted it in our issue of March 15th. Dr. Abraham says:—

The creature sent to me for examination is no doubt the larval form of a dipterous insect. Cylindrical in shape, its length is 13 mm., and its diameter 3 mm.; it is made up of 10 segments, the terminal ones being small and subconical. Under a lens the integument is seen to be hyaline, and the divisions between the segments to be formed by lines of small whitish dots. Several longitudinal rows of similar, but rather larger markings, are situated upon the segments, and the integument is further furnished with other incomplete rows and separate dots. These markings are most likely projections, useful in progression through the subcutaneous tissue of the "host." At one end of the animal a pair of black marks occupy a central position, and around these, chiefly massed in two clumps, are a number of very small black dots. At the other end is a black, rather conical, small projection, probably the orifice of the alimentary canal.

The occurrence of the larvæ of insects beneath the human skin is extremely rare in Europe, and I believe not more than some three or four cases have been properly recorded, or the insects minutely described. The presence of maggots of the genus *Estrus* beneath the skin of persons in South America appears, however, to be not very uncommon. The most recent observation on insects in the skin formed the subject of a most interesting communication from Dr. Walter Smith, of Dublin, to the late International Congress. Dr. Smith has figured one of his specimens, and he has kindly allowed me to examine them. I find them to be identical with Dr. Murray's specimen. They had exuded from abscesses in the skin of a girl aged 12, who had been suffering for some two or three months with symptoms precisely similar to those of Dr. Murray's patient. She was under the care of Dr. Whittaker, of Valentia, who closely watched the progress of the grubs, some of which he himself extracted.

It appears strange that the only two cases of the affection lately recorded have occurred in Ireland, and that the grubs in each case are identical. It will be important to watch for similar cases in our country districts, and if possible to keep the larvæ alive until they assume the perfect fly condition; otherwise it will scarcely be possible to identify their species.

I append sketches of the larva.



- a. The larva, natural size.
b. Some of the segments seen under a lens, and showing the lines of minute projection.
c. and d. The terminal ends of the insect.

Royal College of Surgeons, Dublin,
March, 1882.

Special.

AN EXTRAORDINARY RECOVERY FROM A SKULL-WOUND.

At a recent meeting of the Paris Academy of Medicine M. Dubrisay made a remarkable communication on "Recovery from a Skull-wound caused by a Dagger penetrating Nine Centimetres into the Cerebral Substance."

On the 8th of April, 1881, he said, I was summoned by my friend Dr. Miot to see a man, *æt.* 44, who, two hours before, in mad despair, had forced a dagger through his skull as far as the brain. He said he had held the instrument in his left hand and struck it several blows with a hammer, thinking to fall dead immediately. But to his great astonishment, he did not feel any pain, and experienced no change of sensation. He stated that he gave it a dozen blows of the hammer. It is needless to say that the patient is a drunkard; but at the time of his attempting suicide, and during our examination, he was quite sober. From his head, which was quite bald, we saw projecting the handle of the dagger fixed transversely, just where the posterior third joins the anterior two-thirds, and below the handle about 1 centimetre of the blade was visible. The instrument had penetrated a little to the left of the median line. For half-an-hour M. Miot made useless efforts to extract the dagger, which he did not succeed even in moving. I made the patient sit down on the ground, and while he was held by two strong men, tried to extract it with the help of a large carpenter's pincers, but with no better success than my predecessor. Tired and exhausted, I was obliged to cease my efforts, but the dagger remained immovable, and, notwithstanding the force used, did not cause any pain. The person whom I was visiting, when sent for by M. Miot, was a mechanical engineer, and I knew that I would find very powerful machines in his shop, so I requested our patient to go down to him, which he did, walking alone without the slightest difficulty or smallest cephalalgia. On entering the shop I saw a long iron pincers suspended at the extremity of a chain which encircled a cylinder moved by steam; this implement, which ascended and descended between two large wooden posts about 55 cm. apart, resembling the sides of a guillotine, was so arranged that it could never let go what it had once caught hold of. The machine is used for drawing out copper tubes. I made the man sit down under the centre of the machine, and, attaching him to rings fastened in the ground, I opened the pincers so as to hold the handle of the dagger, and when it had caught it firmly, caused the cylinder, which was encircled by the suspension chain, to turn slowly; at the second round the dagger came out, but the recoil was so great that the patient got a hard knock on the head against the side-post. Then it appeared that of the blade, which measured 10 cm., 9 cm. had been buried in the skull. At the lower end it was slightly bent. After the extraction, the patient, who was very cool and collected, experienced no greater inconvenience, pain, or exhaustion than before. A few drops of blood ran from the wound, on which M. Miot laid a light covering of collodion. Ten minutes afterwards he left the shop, and in the street, while I was getting into my carriage, came to thank me and shake hands with me. They conducted him to Saint Louis (under the care of M. Péan), where, two days afterwards, I went to see him. He had no fever or illness of any sort, and only remained in bed because we had ordered him to do so. He left the hospital in ten days afterwards.

On the 13th May M. Miot went to see him. He had almost forgotten his accident, and no traces of it remained but a slight cut, which M. Miot touched with nitrate of silver. By the end of May it was quite healed.

Thus, this man had been able to hammer into his skull 9 cm. of a dagger, 1 cm. in width at its base, and retain it there two hours without experiencing either pain, discomfort, paralysis, trembling, weakness, or even numbness. Before, during, and after the operation, he was physically, as well as intellectually, in his normal condition. Some days afterwards I tried to produce as exactly as possible these strange phenomena. Into the skull of a boy, *æt.* 16, whom I found in the dissecting-room of the Children's Hospital, I hammered an autopsy knife, just where the posterior third joins the anterior two-thirds to the left of the median vein. When the knife had penetrated 9 cm. I sawed the skull horizontally in the chosen place, then vertically, from front to back, sawing along the blade of the knife, then raising the brain slowly on to the surface of the left side I perceived that the knife (1) had entered into the cerebral substance without interfering with the longitudinal sinus; this must have been the case with our patient. (2) That at the point where, in both cases, it penetrated the brain, the observations of the symptoms of the living subject, and the direct examination of the skull, proved that the blade had passed immediately behind the ascending parietal circonvolution—that is to say, behind the motor zone. (3) That the lower extremity of the blade, after penetrating 9 cm., did not pass the base of the lateral hemisphere of the brain into the portion which corresponds to the upper posterior portion of the spine. (4) That the difficulty experienced in extracting the blade did not come from its having penetrated the spine, but from the pressure exercised by bony edges of the wound.

In conclusion, as far as the evidence already shown by the experiment goes, it is easy to understand the absence of any symptoms in the wounded person. Drink helped to explain the absence of sensibility, and a coolness almost amounting to stupefaction agrees with the actual peculiarities of the patient's mental condition.

In the debate which followed the reading of the paper, M. Palailon said, brain wounds, with loss of substance, not immediately followed by any serious consequences, are not very uncommon. He had seen a curious example of it in 1872, when he took M. Broca's place. It was a workman from Charrière, who entered the hospital for a fractured skull and loss of substance caused by a mill-stone striking it with great force. For two months all went well, but at the end of that time he died of an abscess on the brain.

M. Perrin asked whether it was certain that the person himself had forced the dagger into his brain? He said he doubted it, not only because of the difficulty they found in performing the same operation on a dead body, but also because of its position.

M. Dubrisay said he could give no satisfactory proof on this matter.

The Medical Acts Commission met for the last time before the Easter recess on April 1st, 3rd, and 4th. There were present the Earl of Camperdown (chairman), the Bishop of Peterborough, Mr. W. H. F. Cogan, the Master of the Rolls, Mr. G. Sclater-Booth, M.P., Sir William Jenner, Mr. Simon, C.B., Professor Huxley, Dr. Robert McDonnell, Professor Turner, Mr. Bryce, M.P., and Mr. John White (secretary). We understand that there will be no other meeting until the first week in May.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, MARCH 24TH.

The President, JOSEPH LISTER, F.R.S., in the Chair.

Mr. WARRINGTON HAWARD on a

CASE OF SPLENOTOMY.

The patient, a woman, *æt.* 49, had usually enjoyed good health. Had never suffered from ague or any intermittent fever. The catamenia had ceased three years. She had been seven years married, but had no children. For eighteen months she had suffered pain in the left side of abdomen, and for ten months had been aware of an abdominal tumour, which had been steadily increasing in size, and which distressed her by its weight. When admitted into St. George's Hospital she was a rather stout woman, of good complexion. She did not look at all anæmic, and although the number of the white globules of the blood was increased, she showed no other sign of leucocythæmia, excepting a greatly enlarged spleen. The spleen occupied the greater part of the left side of the abdomen, and extended from the loin to three inches beyond the middle line, and from the ribs to the groin. The tumour was firm, well defined, and moderately movable. It produced great discomfort from its weight, and a dragging sensation whenever she moved about. There was no other glandular enlargement, and the rest of the viscera were healthy. She had no palpitation nor dyspœa, nor had she suffered any hæmorrhage. Temperature, pulse, and respiration natural. Urine natural. It having been decided to remove the spleen, Mr. Haward performed abdominal section for the purpose. An incision was made in the middle line of the abdominal wall extending from two inches below the ensiform cartilage to within two inches of the pubes. The enlarged spleen at once presented, and was found free from adhesions. In endeavouring to tilt up the lower end of the tumour, a rent occurred at its upper margin, from which free hæmorrhage took place for a moment, but the bleeding was speedily arrested by the pressure of a sponge upon the torn part. The vessels at the pelvis, which were enormously enlarged, were then clamped and ligatured, after which those of the gastro-splenic omentum were secured by passing an aneurism-needle threaded with silk through the membrane, and tying it in several separate portions. The connections of the spleen were then severed, and the organ delivered without further difficulty. Carbonised silk was used for the ligatures, and the only hæmorrhage of any consequence was that which occurred from the rent in the spleen. While the wound was being closed the patient suddenly became profoundly collapsed, but was revived by artificial respiration and the subcutaneous injection of ether. Five hours after the operation vomiting commenced, and persisting with great frequency, rapidly exhausted the patient, who died in the evening of the day of operation. The spleen, both to the naked eye and microscope, presented the appearance of simple hypertrophy. *Post-mortem.*—No disease of any organ other than the spleen could be discovered. There had been no hæmorrhage after the closing of the wound, but the abdomen contained some thin blood-tinged fluid. With the exception of slight ecchymosis in the immediate neighbourhood of the wound, the peritoneum and abdominal viscera showed no sign of injury. The indications for and against the operation were considered, and it was shown that, although there was an increase in the white corpuscles of the blood, the patient exhibited none of the other signs of leucocythæmia, excepting the large spleen; that there was no sign of anæmia nor tendency to hæmorrhage; and that the condition of the blood would not have been suspected excepting on microscopical examination. The woman's suffering seemed entirely due to the dragging weight of the tumour, and there was no sign of any other visceral disease. The fatal result was certainly not caused by hæmorrhage, which is the chief danger in cases of leucocythæmia, but seemed to be due rather to the disturbance of the great sympathetic plexuses, and the consequent shock and vomiting. The paper concluded with some remarks upon the method of the operation.

Dr. S. MACKENZIE welcomed an opportunity of discussing the justifiability of removing the spleen in advanced leucocythæmia. He had recently been consulted by a young man, æt. 25, whose spleen was much enlarged, and in whose blood there were as many as 1 white corpuscle to 7 or 8 red. He informed the friends of the patient of all the possible dangers incident to operation for removal of the spleen, while at the same time giving them to understand that no other plan of treatment offered any hope of success. The patient and his friends desired the operation, and Mr. H. A. Reeves agreed to perform it. Patient was then admitted to the London Hospital. His feet were œdematous, and proportion of white corpuscles was 1 to 7. Under rest and strengthening treatment this number receded to 1 in 18 or 19, but the size of the spleen persisted. Subsequently, Mr. Collier's tables, showing that no successful operation for removal of the spleen in leucocythæmia had been recorded, appeared, and its main teaching being communicated to the patient, he still courted operation. In spite of this, however, Dr. Mackenzie advised against it, the general condition of the patient having deteriorated; and he now wished to raise the question whether in such cases of leucocythæmia, provided they are seen in an early stage, splenotomy would not be both a justifiable and a hopeful proceeding.

Mr. CLEMENT LUCAS thought it would be well if some substitute for excision of the organ could be devised, such, for instance, as ligature of the splenic artery, which, though a difficult operation, was not nearly so terrible as excision of the whole mass.

Mr. REEVES explained that he decided to operate at first in the case referred to by Dr. Stephen Mackenzie, on account of the youth of the patient and the apparent improvement in his condition. His resolution, however, was shaken when Mr. Collier's table appeared; but when on analysis he found most of the cases there referred to were both older and more advanced than Dr. Mackenzie's patient, he would still have risked the operation but for Dr. Mackenzie's dissuasion. He thought experiments should be made on lower animals to ascertain how far removal of the spleen in cases of leucocythæmia was attended with beneficial results. The danger of necrosis necessitating subsequent removal would deter him from tying the artery as suggested by Mr. Lucas. He did not think malaria so frequent a cause of leucocythæmia as was often insisted; and among the lower animals it hardly acted as a cause at all.

Dr. GOODHART believed that the dangers attending the operation would increase with excess of white corpuscles in the blood, the clotting power of which, under these conditions, was much diminished, as post-mortem experience demonstrated. The risks run were much increased by the tendency of the blood to undergo degenerative changes.

Dr. MARCET said that some years ago he removed an enlarged spleen from a dog, and that the animal lived in excellent general health for several years after the operation. Post-mortem examination revealed no changes at the seat of the removal.

The PRESIDENT expressed much disappointment at the fatal issue of Mr. Heward's case, which was attributable to shock. The operation was in all ways satisfactorily performed, the principal danger of hæmorrhage being safely passed. He thought it would be a difficult matter to ligature the splenic artery if the spleen were much enlarged. Mr. Reeves had made a valuable suggestion to experiment on lower animals with a view to determining the results following excision of the spleen.

Mr. HAWARD said he did not operate on account of leucocythæmia, for the reason that he did not at the time know of his patient's being leucocythæmic. The real object of the proceeding was to remove a large embarrassing abdominal tumour. He was not then acquainted with the mortality attending such operations as shown in Mr. Collier's tables, or he would have hesitated to incur so grave a risk. The cause of death was certainly not hæmorrhage. Ligature of the splenic artery would be a difficult operation. As it was difficult to tie the vessels attached to an enlarged spleen, he thought it best to first clamp them, then remove the spleen, and subsequently put on the ligatures.

Dr. GOODHART and Mr. GOLDING BIRD on a

CASE OF NEPHRECTOMY FOR SCROFULOUS KIDNEY.

The case was that of a young man who had suffered from symptoms of renal affection for fifteen months prior to his coming first under observation. His emaciated state and

general cachectic condition, combined with the pyuria and right lumbar pain from which he suffered, pointed at once to a scrofulous pyelitis on the right side. All the other viscera were healthy. Combined abdominal and lumbar palpation on the right side proved the presence of an elastic tumour on the site of the kidney that was tender, and found on watching to vary in size inversely as the bulk of the pus passed in the urine. After due consideration it was agreed upon by the authors that active steps should be taken to afford relief: these reasons being founded upon the almost universal tendency of these cases rapidly to go to the bad; the proved inefficiency of medicines to arrest the progress of the disease; the fact that the disease is at first at least local; and that it is only later on that other organs become infected and diseased. It was further agreed that in the patient's present condition anything palliative, even in the way of tapping the swelling, would be but loss of time, and making demands on his strength to no purpose. Nephrectomy was therefore decided upon and performed: the whole of the kidney was removed, after tapping it, through the wound, in order first to diminish its bulk. It weighed ten ounces, and was a characteristic specimen of scrofulous kidney. Soon after the operation, extreme collapse supervened, from which the patient never rallied. At the inspection the right urinary organs and the bladder were the only parts diseased; the latter, however, not irrecoverably so. While the gravity of the operation alone might account for the death, yet it was noticed that the pulse did not fail during the operation, neither on the necessary manipulation of the adrenal structures, nor at ligature of the pedicle. The collapse supervened at once on returning the patient to bed, and the possibility of the carbolic acid of the spray being absorbed by so large a raw surface, and in such close proximity to the large lymphatic sac (or peritoneal cavity), was suggested in explanation of the fatal ending to the case.

Mr. CLEMENT LUCAS said he was present at the operation, in performing which the incision he had recommended was employed. It would be proper to discuss the advisability of making preliminary incisions into the kidney in these cases. When operating, he ligatured and divided the ureter independently of the renal vessels, and before them. He thought the termination of the case reported might have been influenced by the morphia injected after operation. He now never gave morphia until after the chloroform effects had been recovered from.

Mr. GODLEE remarked that two important points were raised in the paper. The first was the danger of injury to the pleura, from interfering with the last rib; this was to be apprehended, since the pleural sac descends below the last rib. The second was that disease of the prostate might have been diagnosed during life, and being discovered, would have shown the futility of removing the kidney, since the whole disease would not thereby have been extirpated.

Mr. M. BAKER stated as his experience that nephrectomy was made more difficult of performance by previous nephrotomy. He would be glad to know if it was probable that carbolic acid poisoning would be induced by exposure of the wound to the spray in such operation.

Mr. T. SMITH gave it as his belief that it was extremely rare to find only one kidney strumous. He had never seen a case of strumous pyelitis in which other organs were not involved. Fatal delay he thought would be incurred by waiting for developments of this kind.

Mr. KNOWSLY THORNTON described a case in which he had performed nephrotomy, after which the patient's condition improved enough to enable the state of the other kidney to be made out. After considerable experience in operations on the kidney, he preferred Langenbeck's method, by incision outside the median line—i.e., along the margin of the rectus. He agreed that nephrectomy was more difficult if preceded by nephrotomy. There was danger in retaining the ureter within the wound, which, however, might be preserved aseptic by clamping and fixing the tube outside. He did not think danger of carbolic acid poisoning need be feared.

Mr. CLEMENT LUCAS suggested that it was important to remember that pus continued to be passed into the bladder, sometimes for months after nephrectomy had been done.

Dr. BARLOW thought experience, and not *a priori* reasoning, should determine the choice between nephrotomy and nephrectomy. He narrated particulars of a case which came under him three years before. The patient was a girl

of 14, in whom a large tumour discharged much pus. Mr. Couper removed the right kidney through a colotomy incision. A good recovery was made.

Mr. BARKER remarked that in one case of the kind, in attempting to remove the last rib, the lung was injured; and collapsing, death resulted. There were, however, many cases in which the rib could be manipulated with safety; one such had come under his notice.

Mr. REEVES observed that a fairly large kidney might be removed without cutting away any part of the rib, provided the opening was extended by exerting traction on the rib. The preceding Thursday a colleague, operating for ovariotomy, found the growth to be a cystic tumour of the kidney, which, if accurately diagnosed beforehand, might easily have been removed through the loin.

Mr. LISTER said he had encountered his first experience of renal surgery within the last few days. He had been called to see a young lady, *æt.* 24, who was discharging bloody and purulent urine, and whose condition was so emaciated that it was plain no time must be lost if operation was resorted to. The kidney of the affected side was explored under chloroform; it was large; there was an escape of pus, but no calculus. Being next incised with a bistoury and explored by the finger, the organ was found to be cavernous. Drainage-tubes were inserted, the external wound closed and dressed with eucalyptus gauze. Extirpation was in this instance negatived by the patient's condition. The patient was recovering. He had never known the carbolic spray injure a patient, even during a long operation.

Dr. GOODHART believed the disease extended from kidney to kidney along ureters and bladder. Continuance of suppuration after operation did not afford an argument against excision.

Mr. GOLDING BIRD said the patient did not die from the effect of morphia; the lung had not been injured.

of the unqualified assistant abuse. At an earlier period it might have been doubted whether the occasion was ripe for exposing and condemning the practice of this vicious system; but at the present moment we enter on a discussion of the question with confident assurance that in expressing a wish to see an end put to the employment of such assistants by medical men, we do but repeat the earnest desire of all right-minded practitioners. The growth of opinion in this direction has been a gradual process; it has not attained its present proportions unassailed by conservative prejudices, undisturbed by interests; rather, it has assumed the position it now occupies as a natural outcome of greater perfection in professional morality; and in the form in which it is uttered, we have the truest expression of the honour and integrity that are ineffaceably associated with the highest developments of medical practice. It would be false to assume that, because the employment of unqualified persons by medical practitioners has increased within recent years, therefore a greater indulgence, a freer toleration, are exerted in regard to the proceeding. To reason so would be to ignore the frequent and uncompromising condemnations of the practice which have again and again been expressed, both by word of mouth from the platform, and by outspoken denunciation in the press.

The number of those who regard unqualified practice as illegitimate and indefensible is daily increasing; and by-and-by the majority may well be expected to define the course that shall be followed in this matter by the minority, who may not, or will not, perceive the manifest error of their ways. Certainly, so long as a demand exists for unqualified persons to do the work of medical men, there will always be ready a sufficient number of applicants to fill all the vacancies arising; and it will be futile to anticipate any reform in the direction of suppressing an evil practice from those who most directly benefit from its existence. Crowded as the junior ranks of the medical profession undoubtedly are, there is a yearly growth, notwithstanding, in the numbers who enrol themselves therein; and among the men who each year join the numerous medical schools of this country, there is a very appreciable proportion who depend on possible earnings as unqualified assistants for obtaining part of the funds necessary to the completion of their curriculum. As a result of long-continued and careful inquiry, we are able to state this as an incontrovertible fact; and it may be well worth while to consider briefly what are the consequences it naturally involves. We have no hesitation in asserting that, for one result, it is chiefly to be credited with the overplus in the profession, of which so many striking examples have been recently observed. As a rule—in fact, we may say invariably—the unqualified assistant is a needy man. When he is not an incorrigibly hopeless chronic, or an utter impostor, he is usually a third or fourth year's student, whose prime aim in life is to scrape together the means of completing his hospital course and obtaining the legal qualification to practise. For the moment we will say nothing as to the praiseworthy nature of such struggles; but we do say that, were it not for the prospect held out to him of being able to act in this

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“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, APRIL 12, 1882.

THE UNQUALIFIED ASSISTANT SYSTEM.—I.

It is now a considerable time since we first directed general attention to the evil consequences suffered by the profession and by the public through the existence

way—to serve, that is, as an unqualified assistant for a salary—such a man as we have described would have been debarred from pursuing the profession of medicine at all. It may be urged that if he had not the outlook of unqualified assistant before him, there would be other callings open to him, by following which temporarily, he would be equally, or perhaps better, assured of supplying his pecuniary needs. In these circumstances, however, he would be cut off from progressive study, and the advantage already gained would be seriously jeopardised; indeed, the difficulties would be of a nature to deter all but a very few from encountering them; whereas, now, the facilities that present themselves are of a kind to encourage the least ambitious; and hence, we repeat, there are added each year an increasing number of medical students who actually design to resort to temporary practice as unqualified assistants that they may thus by-and-by be able to swell an already overcrowded profession. Even this, however, would not be a matter of moment if the *calibre* of those thus introduced was of a quality likely to prove valuable in the public service. Unfortunately this is not the case. Such recruits, as might be gathered *a priori*, are among the least efficiently educated of all entering students. At every hospital there are to be found a few of the class alluded to. At certain schools they are seen in greater numbers; and it is not unfair to say of them generally, that neither by preliminary training in the matter of a liberal education, nor judged by a mere social test, are they conspicuous among their fellows. They rarely, when once duly qualified and engaged in professional work, do aught to justify any unusual expectations formed of them in the days of their pupillage; and often enough the practitioner who is regarded askance by his brethren on account of actions not contemplated by strict ethics, commenced his career of practice as an unqualified assistant.

We must be clearly understood in this connection as casting no slur, either actually or by intention, on the poorer class of medical students. The desire to qualify in a regular way is an honourable one at all times, and when the attempt has to be made in the face of difficulties besetting the path on every side, it deserves—and, we believe also, it receives—the sympathising respect of every earnest teacher. For such *bond fide* poor students, however, there are legitimate sources of income in the shape of scholarships and prizes, which are accessible to all properly-educated aspirants to medical practice. To the average student who seeks to eke out a scanty income by serving as an unqualified assistant, these means of obtaining aid are closed; and hence, were it not for the other possibility, he would at once abandon the idea of ever becoming a medical practitioner. At the risk of misconception, we must at once avow our belief that it would be to the advantage of the profession, if, in future, accessions to its ranks from the ill-educated or half-educated classes should cease to be made. The plethora of medical men complained of at the present time is a plethora in numbers merely; there is no overplus of able doctors.

We purpose, in a series of articles, to review the whole system of unqualified service, its evils, its

remedies, and its causes. In this place we have spoken in somewhat general terms of one of the abuses connected with it.

THE PROFESSORSHIP OF MIDWIFERY IN THE UNIVERSITY OF DUBLIN.

THIS office, vacated by the death of Sir Edward Sinclair, will be appointed to by the Fellows of the College of Physicians on the 7th of July, three months' notice of the vacancy being essential under the College Charter. Although we designate it the "Professorship of Midwifery in the University of Dublin," for the comprehension of those of our readers who do not understand the arrangements of the School of Physic, it is properly called the "King's" Professorship, and is in the gift, not of the University, but of the College of Physicians. The lectures are, however, delivered in the University Medical School, and the Professor is practically one of the teaching staff of Trinity College. The candidates already announced are—in alphabetical order—Dr. Byrne, President of the Obstetrical Society, and Gynæcologist to St. Vincent's Hospital, Dr. Rutherford Kirkpatrick, Dr. Thomas More Madden, and Dr. William Smyly, all of these gentlemen having been formerly Assistant-Physician of the Rotunda Hospital, and Dr. Neville, now Assistant-Physician to the Coombe Hospital. Neither Dr. Atthill, who retires from the Mastership of the Rotunda in May next, nor Dr. Macan, who is likely to succeed him, will be candidates for the Professorship. The latter gentleman, who would be in all respects an eligible candidate, is, we understand, to be debarred from offering himself, in consequence of a pernicious, and probably illegal, rule, which prevents any King's Professor from holding any hospital appointment except one connected with Sir Patrick Dun's. This regulation has more than once deprived the College of Physicians of the most creditable Professor, and the School of Physic of the best teacher, in the speciality of a vacant Professorship. We do not wish to infer that it does so in the present instance, but simply to point out that it must necessarily have that effect, because the best man for the vacancy is usually already well established in an hospital appointment, which he does not care to resign for the cold shade of Sir Patrick Dun's, even when tempted by a Professorship. We are not sufficiently conversant with School of Physic law to be able to state whether the rule to which we refer is clearly fixed by Act of Parliament, or is maintained by a vote of the College of Physicians; but, whichever may be the case, it seems to us that the College would consult its own interest and its own dignity if it took steps to emancipate itself from the thralldom of Sir Patrick Dun's Hospital, and place itself in the position of appointing the best man who offers himself for a King's Professorship free of any restriction whatever.

TEMPERANCE AND HEALTH IN THE ROYAL NAVY.

THERE was a time—and by no means long ago—when drunkenness prevailed to such an extent among

the soldiers and sailors of Britain as to have been looked upon as an ordinary and almost necessary state of their existence. A diet consisting for the most part of "salt junk" and weevil-eaten biscuit, an ordinary potation of rum, to which a "dash" of water was added, a plentiful supply of tobacco to chew or smoke, according to the taste and fancy of the individual, constituted the *régime* upon which men, until pretty well on in this nineteenth century, fought their enemies, or died by disease in ratios that now seem appalling.

The records of naval and military hygiene contain numerous instances in which medical officers of these services have urged upon the authorities for the time being the necessity, on the score of health, for restrictive measures against the vice of drunkenness as it then prevailed. For example, more than one hundred years ago—namely, in 1780—Dr. Rollo dwelt upon "the pernicious effects of the half-pint of rum with which the soldier was daily provided by Government." He advocated "the substitution of beer, whether on board ship or on shore, instancing one transport in which the men had no spirits, but a *free allowance* of water, and beer, and in which they enjoyed a remarkable degree of health." All such particulars, however, seem to have been forgotten long ago; and now we learn that the introduction, "under authority," as at present taking place, of the very measures advocated so long ago by medical officers, is looked upon as an extraordinary advance, due solely to the improved "science of health" of the present day, as compared to former times. In both navy and army, whatever improvement has occurred in the health condition is due to the strenuous exertions of the medical officers of these services. Nor is it by any means seldom that measures unsuccessfully recommended by them at one time are adopted at another; it may be years afterwards introduced, as if by spontaneous action by the higher authorities. The recent regulations on the subject of intoxicating drinks in each of the two services furnish an illustration in point.

A long sea voyage was formerly considered one of the most unhealthy situations to which a man could be exposed; it is now one in every way conducive to health, thanks to improvements effected in the several circumstances of life on board naval and indeed all other vessels.

In order to show the more clearly the extent to which the fighting human element of the Royal Navy has gained through the improved conditions alluded to, let us quote a few statistical facts:—In the year 1779 the mortality in the British Navy per annum attained the enormous ratio of 125 per 1,000 per annum. In 1811 it had descended to 31·8; but when circumstances are taken into account, such as characterized the history of the service in the interim between these dates, it will be noticed that other causes than such as pertain either to "hygiene" or to munificence on the part of the "authorities" had not a little to do with initiating improvements which have since that time, in a spirit of liberality, been devised. In 1836 a still further and notable decrease in the death-rate was observable, it having fallen to 13·9—a marvellously small proportion—seeing that what is now called "scientific" hygiene had not yet been invented, nor were the habits

of the British sailor of that time particularly noted for abstemiousness in any one sense. Even before that date, indeed, long before it, Lord Nelson, by means of discipline and strict regulations, kept the crew of a vessel he commanded in such perfect health as not to have lost a man in three years, and this too on the West Indian station.

Turn we now to recent times, in which scientific hygiene is made to apply to its fullest extent in the Navy as in the Army. According to the Blue Book for 1880 the ratio of deaths in the entire naval force in that year was 12·57; for the previous ten years 10·26 per 1,000; to these, however, must be added, for 1880, a ratio of invalidated equal to 31·11, and for the ten preceding years, 35·32, making a total loss equal to 43·68, and 45·58 respectively. How far these ratios are to be still further reduced or otherwise, now that temperance in all things, it is hoped, is inculcated to its fullest in this branch of the public service, time alone can tell.

Notes on Current Topics.

Poisoned Buns.

A STRANGE incident occurred on Friday at Inverness in connection with the annual consumption of hot-cross buns which is a customary observance of Easter throughout the country. Over a hundred people who had indulged in these delicacies were seized with all the symptoms of poisoning, whole families being in many cases attacked. Severe sickness and retching, which left the victims prostrate for hours, were the principal signs exhibited; but, fortunately, no fatality has been reported in consequence. On inquiry, however, it was elicited that all the sufferers had eaten buns purchased from a particular baker, although, strangely enough, several other persons supplied from the same source experienced no ill effect after eating them. The whole affair is at present wrapped in mystery, the only possible explanation of the matter being that in some way accidental admixture of poison with the spice employed to flavour the buns had taken place. The flour seems not to be blameable with the accident, since it is declared by the baker to have been the same as that used in his business for months past. An endeavour will be made to clear up the doubts surrounding the affair, by analysis of the spice and of a suspected bun; pending which it is impossible to do more than blindly guess at the real cause at work. The occurrence, however, is sufficiently startling in itself, and will certainly create a feeling of uneasiness in the minds of those accustomed to depend on external food supplies. Such accidents ought not to be possible, and must be indicative of carelessness somewhere.

Royal College of Physicians of London.

AN ordinary meeting of Fellows of the Royal College of Physicians of London was held on Monday, April 3rd, at which Sir William Jenner was unanimously re-elected President for the ensuing year. At the same meeting Dr. Wilks and Dr. Bristowe were named as examiners, and Sir Risdon Bennett as referee, for the Murchison

Scholarships; and final approval was given to the new by-laws and regulations. A communication relative to the sale of poisons, which had been addressed to the College by the Home Office, was also read, and was referred to a committee for consideration and report. Drs. Southey, Moxon, Brunton, Poore, and Brunton, form the committee.

Assaults on Asylum Officials.

FOLLOWING close upon the account of a recent attack on an English asylum superintendent, we have reports of two outrages committed in America under circumstances of somewhat similar character, ending, we regret to add, with the death of one of the victims. This, the case of Dr. E. A. Adams, of the Michigan Insane Asylum, is a peculiarly sad instance of the dangers to which physicians attending on the insane are exposed. Dr. Adams was suddenly set upon by an inmate of the institution he has done so much to benefit, and was stabbed in the abdomen with a pocket-knife, death resulting shortly afterwards from peritonitis. In the second case an attempt was made to assassinate Dr. John P. Gray, head of the New York State Asylum at Utica, and editor of the *American Journal of Insanity*, by shooting him with a revolver. The bullet entered at the outer angle of the right eye, and escaped through the left cheek. Every admirer of the distinguished alienist, however, will rejoice to learn that from latest accounts he was progressing favourably to recovery, and that no permanent danger is anticipated as a consequence of the brutal crime. The would-be assassin was not an inmate of the asylum, but is undoubtedly a man whose intellect is seriously disturbed. He imagined he had a grievance against Dr. Gray, and was armed with quite an array of loaded weapons for the accomplishment of his revenge. These examples should teach the necessity of observing the greatest caution on the part of asylum officials in their relations with the insane; the warning may very well be taken to heart by a good many English superintendents who, from our own knowledge of them, are too ready to trust entirely to the moral power they possess as a guard against the sudden impulses of their charges.

Surgical Aid Society.

THE Lord Mayor, in the course of an address delivered by him before the annual meeting of the Surgical Aid Society lately, expressed the opinion that one-tenth of the total population of this country needed some such aid as that afforded by the society; that, in other words, 3,800,000 persons in the United Kingdom were crippled, and required the help of instruments of one kind or another. In London alone, he calculated there are as many as one hundred thousand people to whom false limbs, or eyes, or other aid is necessary; and the Surgical Aid Society, to which indigent cripples look for assistance in supplying their wants, is badly able to meet the calls upon its resources. In this respect it closely resembles all charities at the present time which depend on voluntary offerings for their support. At Guy's Hospital one hundred beds are actually closed on account of deficient income; Westminster Hospital has been able to meet current expenses

only by sacrificing £4,000 of invested capital; St. Thomas's and the London are familiar applicants for aid; and it may almost be said that scarcely a single *bona fide* charity is solvent in the sense that it can maintain its wonted expenditure without trenching on its capital. The fact is a sad but a suggestive one, and deserves careful consideration.

The Abuses of Irish Poor-law Superannuation.

MR. MELDON, M.P., has asked in the House of Commons a timely question in reference to the recent refusal of a pension to Dr. Smiley, of Ballycarry Dispensary, Larne Union. Dr. Smiley is 64 years of age, in broken health, has served the Union for exactly 30 years, has always been *sans reproche* in the performance of his duty, and was strongly and unanimously recommended for a pension by his Dispensary Committee. Nevertheless he was refused by the Board of Guardians, and left on the world without a shilling of salary or emolument, and for no other reason than that they did not choose to pay. The question elicited from the Chief Secretary a reply that the facts were unfortunately true, and an expression of regret that in the present state of the law he had no power to remedy them. Here is a case which ought to convince Parliament that Boards of Guardians are not to be trusted with any option as regards superannuation. We regret to say that they have recently become less worthy of trust than ever, because most of the guardians who might be supposed to have any consideration for justice towards their officers have been driven out of the boards, and replaced by the lowest class of gombeens, who, being incapable of appreciating decency or fair dealing, are bound to their constituencies to save the rates, no matter who suffers.

Nerve-stretching in Germany.

LANGENBUCH'S paper on Nerve Stretching appears to have created considerable interest and discussion, the results being decidedly of a negative character. The last number of the *Berlin Klin. Wochenschrift* publishes the discussion at the leading medical society in Germany, from which we give our readers a brief summary.

Dr. Westphal, who spoke at great length on this paper, stated that since 1877, when his first nerve-stretching case was undertaken, he had not a single case in which the operation had improved a patient, on the contrary, patients with *tabes dorsalis*, *tabes dorsalis spastica*, paralysis agitans, and neuralgias of all kinds were rendered much worse after their nerves had been stretched, and a detailed account of each case was given. In one case Dr. Langenbuch had operated seven times in six months upon one patient, viz., both crural nerves, both sciatics, were stretched, a piece was cut out of the peroneal, another out of the plantar nerve, and lastly, his great toe was amputated, being the chief seat of the pain, but without in the slightest bettering the patient's condition. The celebrated case published by Nussbaum, of successful stretching of an intercostal nerve for neuralgia was not such a complete success after all, as he (Westphal) had seen the man shortly after, and he assured him that the pain was as bad

as ever, in fact, his screams kept the whole household awake at night, and he was informed that this was only the result of his not being allowed any more morphia, to which he had been addicted before the operation; if anything, he was now worse. Westphal believes that the so-called "results" are the effect psychologically upon the patient of the undergoing a great operation which he is assured must prove successful in his case, and from the sanguine view which ataxic patients take of their condition; they are only too ready to declare themselves better if required. Remak's results in the use of the continued current upon ataxic patients were truly marvellous, but were only the effect of his own enthusiasm with which he managed to inflame his patients, purely psychical effects therefore.

Dr. Bardeleben stated that he had performed nerve-stretching very frequently, but only when asked to do so; the medical cases were sent to the surgical department of the Charité to be stretched, so he did not refuse, leaving the responsibility of deciding the indications for the operation to his medical colleagues. It was a good method for showing the steps of the operation to students and also of demonstrating the brachial plexus and its relations on the living subject when the upper extremities were to be operated upon! He could also testify to the accuracy of Dr. Westphal's remarks about Nussbaum's case, and he had never seen good results follow the operation of nerve-stretching, but of course improvement would take place in the method of operating, &c., and we might hope at some future date to hear of successful cases.

A Means of Extracting Foreign Bodies from the Eye.

PLACE a small piece of wadding on the end of any pointed instrument, and pass it quickly across the cornea. The fibres of the wadding catch in the foreign body, and by this means it can always be extracted, unless actually embedded in the eye.

Appreciation of Medical Services.

In the annual report of the Glasgow Royal Infirmary the death of the cashier is referred to with a regret which we may believe to be sincere and well deserved. We remark, however, that the untimely death of Dr. Foulis, who at an early age achieved European reputation, is not even mentioned. Thus the managers indicate that, in their opinion, the services of the medical staff, on which the utility and fame of their institution rest, are not worth "Thank you." Would it not be well for the staff, failing to obtain recognition, to insist on payment for their work?

The Irish Poor-law Superannuation Bill

Stood for second reading in the House of Commons on Monday week, and has been stopped—like all other legislation—by the Clôture resolutions. It is to be hoped that this stage may be passed immediately after Easter, and that the measure may get into committee as soon as possible after the reassembly of the House. The second reading, if passed, will establish the principle of the Bill, and its details will then have to be considered. The Government has already conceded to the Boards of Guardians the power to

debate the grant of superannuation to their officers, and, as the money is to be provided by the unions, that right cannot reasonably be objected to. We hope, however, that the authority of the guardians will not be allowed to extend beyond deciding whether the officer comes within the operation of the Bill, and that under no circumstances will the power to refuse a pension or to curtail it unfairly be left to them. There is no equity in such an arrangement, for the officers are now recognised as civil servants, and restricted to the the Civil Service scale, and there is no reason why their right to a pension should be less safe than that of any other civil servant.

We understand that the Irish Medical Association and the Union Officers' Association have agreed conjointly upon amendments which will be proposed when the Bill gets into committee, and which have for their object the securing of the Poor-law officers in their rights in this matter. We have every hope that the Government will not object to such an alteration in the measure, and that the most influential Irish members will support it. If not, the question will have to be discussed by the profession whether the Bill ought to be allowed to pass as an instalment of justice or whether it should be rejected and another opportunity awaited for re-opening the matter.

Maternal Impressions.

DR. F. J. BAKER, of Lockport, N. Y., sends us a circular letter asking information on the following points: if any of our readers can assist him by sending any knowledge they may possess on the subject to the above address, they will be assisting the progress of science:—

- 1st. Have any cases come to your knowledge or observation, of foetal deformities or "marks" attributable to mental impressions on the mother during pregnancy?
- 2nd. Have you any knowledge of cases tending to establish the doctrine of materno-foetal symmetry, bearing particularly on ante-natal education?

Any information you may be able to give which will assist us in cultivating this interesting field of study will be most gratefully acknowledged.

Insurance Companies and the Medical Profession.

In another column we publish a very important letter from Dr. Berry, of Wigan. As it deals with a great professional evil, we direct the attention of our readers to it. We can bear testimony to the accuracy of Dr. Berry's facts, from practical experience of these industrial societies. The remedy lies with the profession. Medical men should not accept such conditions. If medical men were united the insurance offices would have to pay higher fees. Industrial societies—when they are sound—are a great boon to the working classes. How many are sound? Can offices be solvent which pay 80, 65, 50, and 25 per cent. to agents for collection? One of two things must be true—1st. The premiums must be loaded to cover this outlay, so that the working class pays too heavy a premium; or, 2nd. The offices are insolvent, they take all the money they can obtain, pay heavy percentages to agents, and trust to chance—the end must come in bankruptcy. It might be stated as a principle, that when offices are careless about medical

examination, accepting all classes of lives without medical advice, there is reasonable suspicion that such offices are not deserving of the trust reposed in them by the public. We shall have to publish a "Black List" of industrial insurance companies. The directors of industrial insurance companies are business men. They must know they cannot obtain for one shilling what is worth ten or twenty shillings. There are some excellent industrial societies. In proportion to the soundness of the company is the scale of fees. Medical men can exercise a great influence over insurance business. Hitherto we have been silent. The time is coming when we must speak out. We can tell our patients some of the facts we know about various offices. We must avoid the law of libel. We can easily expose swindling industrial insurance companies without the risk of a lawsuit. We can also exercise some influence on the companies dealing with large assurances. We need not recommend any company that pays 10s. 6d. The guinea fee is almost universally adopted by insurance companies. We shall return to this subject again.

On the Relation between Sterility and the Epoch of Predilection for Fecundation.

COHNSTEIN, of Heidelberg, is of opinion that every woman is, at different intervals, more or less favourable for fecundation. This he calls the period of predilection. The following observation confirms his view:—

A woman, aged 30, in good health, and of healthy parentage, gave birth, some years previously to consulting Cohnstein, to a child before term. She had been since sterile. Sterility was not caused by the state of the organs of generation. Cohnstein calculated that if the child had gone to full time it would have been born about the middle of February; consequently conception had taken place in the preceding year, in May. This period might be the epoch of predilection in this woman.

He communicated his views to wife and husband, the result being that in May the menses were arrested, and nine months after the woman gave birth to a healthy, well-developed child. This incident is worth the attention of accoucheurs. It is easy to determine its value.

Hasty Burials.

WE often hear of people being buried alive, and at Brussels a child barely escaped being a victim to this dreadful mistake. A woman, living in Rue Blacs, had gone to inform the registrar of the death of her child, when the physician of the health depôt there came to prove the death. He remarked that the face was death-like in appearance, the body stiffened, and the heart had ceased to beat, so that the child appeared quite dead. The doctor raised one of its arms, and it remained in the position in which he placed it. This was a case of catalepsy. The physician immediately attended to the poor little being, and was able in a few hours to bring it back to life again. This resurrection caused great sensation in "Rue Blacs," and the doctor was from that time looked upon as a sorcerer. We will only add that the question of hurried burials raised on the abundant information given on public cases seems generally to reduce itself to mere speculation. This is not the time when medical newspapers depend on public rumours for information.

Without enlarging on the evidences of death, we will only say that an ophthalmoscopic examination is an excellent means of diagnosis. During the last agony it is easy to identify the differences which are produced in the blood-vessels of the pupil, especially the gradual anæmia of the arteries and the pallor of the optic papilla. When life ceases the veins become separated, as if cut with a knife from point to point. This is what is called the pneumatosis of the veins (liberation of the gases of the blood).

The Dublin "Academy of Medicine."

A DRAFT scheme of amalgamation of the Medical Societies of Dublin has been submitted to the several councils of these bodies, and has been referred by them to a joint committee for consideration. The committee finding it desirable that the views of the general members of each Society should be known, has forwarded a post-card upon which to write their vote—"Yes" or "No." The scheme proposes that there shall be one body, to be called "The Academy of Medicine of Ireland" comprising four sections, devoted respectively to Medicine, Surgery, Obstetrics, and Pathology. There shall be one President of the Academy, and a President for each section, with a general and sectional councils. The proposed subscriptions are: £2 2s. for Fellows, of whom there will be 100; £1 1s. for Members; 10s. for Associates; and 5s. for Student Associates. The fees at present paid are: Pathological Society, £1; Obstetrical, £1 (country members, 10s.); Surgical, 5s.; and Medical, 5s. It is intended to issue an annual volume of Transactions of the Academy, to be supplied free to Fellows and Members.

Sulphide of Carbon and Iodoform in Phagedænic Ulceration.

FROM the *Revue Médicale* we note that Dr. J. Chéron, at the Hospital of Saint Lazare, employs the following solution:—Sulphide of carbon, 30 parts; iodoform, 5 parts. Iodoform dissolves readily in carbon sulphide, and the rival odours are mutually weakened by association. The pain is less severe than when the sulphide of carbon alone is applied, and it ceases as soon as the liquid has evaporated. It is best applied with a glass brush. Dr. Chéron has seen cicatrisation speedily result in cases which had proved rebellious to all the usual treatments.

Dental Diplomas.

THE Council of the Irish College of Surgeons has resolved, we understand, "That the certificates of character required from candidates for the dental examination shall, in future, be accepted only from licentiates in dental surgery of the College, members of the British Dental Association, of the Odontological Society, or of the Association of Surgeons practising Dentistry; and that the dental regulations and forms of application for examination be amended accordingly."

We cordially approve this determination, as we anticipate that it will have the beneficial effect of excluding from the L.D.S.R.C.S.I. the mob of druggists' assistants, jewellers, journeymen, *et hoc genus omne*, who, in the absence of such guarantee of respectability might obtain admission

to the College. We should not advocate their exclusion if they were required to show sufficient proofs of their competency, but, as the College continues to grant its dental diplomas upon no better test of fitness than its examination, it becomes necessary to adopt some such rule as a safeguard against the wholesale annexation of *soi-disant* dentists.

On the Dangers of Hypnotism.

SOME of the scenes with hysterical patients in certain hospitals abroad are not only disgraceful, but a reproach to medicine. We are pleased to note that Brown-Séguard has pronounced an opinion on the injurious effects of hypnotism. We trust that his words of warning may produce some effect. Harting, of Utrecht, tried a number of experiments on hypnotised animals—fowls, pigeons, rabbits—and he found that when the same animals were frequently hypnotised, their nervous system was very much injured, and paralysis came on. Harting asserted that his experiments should render medical men careful in the application of this experiment on human beings. Brown-Séguard has repeated the experiments of Harting, with the result of establishing their accuracy. Brown-Séguard agrees with Harting's conclusions, that hypnotism is injurious to the nervous system, and should not be practised on hysterical subjects.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were—Huddersfield 10, Leicester 16, Cardiff, Birkenhead 18, Brighton, Hull, Edinburgh 19, Sunderland, Birmingham 20, Leeds, Portsmouth, Plymouth 21, London, Norwich, Sheffield 22, Bradford, Wolverhampton, Derby 23, Bristol, Glasgow 24, Newcastle-on-Tyne, Halifax 25, Nottingham, Liverpool 26, Salford 27, Blackburn 28, Bolton 30, Preston 31, Manchester 32, Oldham 34, Dublin 36.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official weekly returns, as follows:—Calcutta 27, Bombay 32, Madras 47; Paris 30; Geneva 29; Brussels 23; Amsterdam 26, Rotterdam 23, The Hague 26; Copenhagen 31; Stockholm 16; Christiania 21; St. Petersburg 50; Berlin 25, Hamburg 27, Dresden 25, Breslau 34, Munich 35; Vienna 44, Prague 37, Budapest 41, Trieste 36; Rome (week ending November 26th, 1881), 31; Turin 30; Venice 32; Alexandria 26; New York 35, Brooklyn 21, Philadelphia 22, and Baltimore 22.

In the large towns last week the highest annual death-rates per 1,000 from diseases of the zymotic class were:—From whooping-cough, 2·1 in London and in Newcastle-upon-Tyne; from measles, 6·9 in Blackburn, 5·4 in Bolton, 4·4 in Portsmouth, and 4·2 in Plymouth; and from scarlet fever, 3·2 in Nottingham, 2·6 in Sunderland, and 2·4 in Cardiff. The 51 deaths from diphtheria included 29 in London, 5 in Edinburgh, 4 in Glasgow, 3 in Portsmouth, 2 in Birmingham, 2 in Bolton, and 2 in Cardiff. The greatest mortality from "fever" (probably enteric) was recorded in Blackburn. Small-pox caused 10 more deaths in London and its suburban districts, and one each in Nottingham, Liverpool, Manchester, and Sheffield.

Scotland.

(FROM OUR NORTHERN CORRESPONDENTS.)

THE "LANCET'S" INFORMATION.—Our contemporary would appear to have made further inquiries on the subject of Dr. D. J. Hamilton's appointment, for after stating that the report published by us was "without foundation," the editor publishes in the following number this note: "The appointment of Dr. D. J. Hamilton to the Chair of Pathology in the University of Aberdeen has received the approval of the Queen." We were aware of this fact some ten days before it reached the editor of the *Lancet*, who perhaps will in future hesitate to charge a contemporary with circulating news "without foundation" until he has taken the trouble to inquire.

THE ROYAL MEDICAL SOCIETY OF EDINBURGH.—We are authorised to state that the announcement that "Mr. Alfred Daniel has been requested to deliver the opening address at the beginning of the session" is incorrect.

THE REGISTRAR-GENERAL'S REPORT.—The weekly return of births, deaths, and marriages in the eight principal towns of Scotland for the week ending Saturday, April 1, states:—The death-rate was 22·0 per 1000 of estimated population. This rate is 1·3 above that for the corresponding week of last year, but 0·5 below that for the previous week of the present year. The lowest mortality was recorded in Leith—viz., 15·6 per 1000; and the highest in Paisley—viz., 30·3 per 1000. The mortality from the seven most familiar zymotic diseases was at the rate of 3·1 per 1000, or 0·7 below the rate for last week. Whooping-cough was the most fatal epidemic, and was most prevalent in Glasgow. Acute diseases of the chest caused 115 death, or 1 less than the number registered last week.

HEALTH OF EDINBURGH.—For the week ending with Saturday, the 1st inst., the mortality of Edinburgh fell from 92 to 83. The death-rate was 13 per 1,000. There were 20 deaths under one year and 13 above sixty, of which one was above ninety years. Fully half the mortality was due to diseases of the chest, while only six deaths were reported from zymotic diseases. There were 239 intimations sent in, of which no fewer than 212 referred to measles—viz., 74 in the New Town, 96 in the Old, and 42 in the Southern Suburbs.

GLASGOW UNIVERSITY COURT.—At a meeting of this Court, held on the 4th inst.—present all the members except the Lord Rector—the resignation of Dr. Hector C. Cameron, as Examiner for four years in Surgery and Clinical Surgery, was accepted; and after considering various applications for the appointment, the Court unanimously elected Mr. Walter Pye, F.R.C.S. (of London), as Dr. Cameron's successor for the remaining three years of the above period. We do not mean one word of disparagement to Mr. Pye, whom we believe to be well qualified, in stating that we think one of her own graduates should have a preference over anyone not so connected; and it is surely possible to get one such perfectly competent for the duties.

"HOSPITAL APPOINTMENTS.—GLASGOW.—We are very sorry that the paragraph in our number of the 22nd ult., relating to a former one under the above heading in our impression of the 8th ult., written under an erroneous impression, has not been regarded as covering the whole case. Consequently we beg unreservedly to state that no animadversion whatever was intended to be cast on the Directorate of the Royal Infirmary; that we apologise for any statements which

might be held as reflecting unfairly on either the Directors or Professor Gairdner; and that we have now the best reason to believe that in the part which Dr. Gairdner took in the election he was acting entirely within his right, and that he has not at any time sought to influence elections in the Royal Infirmary of Glasgow.

MORTALITY IN GLASGOW.—For the week ending with Saturday, the 1st inst., the deaths in Glasgow were at the rate of 25 per 1,000 per annum, against 25 in the preceding week, and 26, 32, and 29 in each of the corresponding periods of 1881, 1880, and 1879.

WESTERN INFIRMARY MEDICAL SCHOOL, GLASGOW.—The closing of the Medical School in connection with the Western Infirmary, Glasgow, and the distribution of medals and certificates to the successful students, took place on the 3rd inst. Ex-Treasurer Hamilton, chairman of the managers, presided, and among the other gentlemen present were Professors Gairdner, Macleod, Buchanan, and Drs. Gemmell, Alexander, Finlayson, Tennent, Knox, &c. Being called on by the Chairman, Dr. Gairdner said the examination had been exceedingly satisfactory on both the medical and surgical side. Within the last year it had been his duty in consequence of a request from the Medical Council, to visit examinations in various parts of the kingdom, but with all this experience he had learned several things from the present clinical examination. The conditions of course of a competitive examination were somewhat different from those of an examination for pass, and therefore, the two things were not altogether to be compared, but still, being attempts to discover the merit—in some degree the relative merit—of different men, they were subject to some extent to the same principles, and there could be no doubt that every corporation and university in the kingdom could learn something from the proceedings of every other corporation or university if they so chose. There was no difficulty where the numbers to be examined were small, but it had always appeared to him a considerable difficulty when they had a large number to put through substantially the identical examinations and get identical conditions for all. In the present instance they had between 40 and 50 on the medical side, and about 50 on the surgical side, and they had to put these men, in the first instance, through exactly the very same trial, and make it sufficiently broad not to cause any complaint that it was a catch examination. This problem had been satisfactorily solved during the present clinical examination, and the merit of the solution lay with his colleagues, Drs. Tennent and Finlayson, particularly to the admirable organisation of the first section of the examination by Dr. Tennent. The large part of the examination took place not exactly upon cases, but upon objects—individual points that could be submitted easily to a large number in succession, and that at the same time were multiplied so that no individual could do otherwise than get justice.

GLASGOW DISPENSARY FOR SKIN DISEASES.—The twenty-first general annual meeting of the subscribers to the Glasgow Dispensary for Skin Diseases was held in the Hall of the Institution on the 5th inst. Mr. Archibald Orr Ewing, M.P., presided, and among the other gentlemen present were, Professor McCall Anderson, physician to the institution, Messrs. John Pirrie, C. M. King, &c. The report of the directors showed that the number of new cases treated are in excess of those of the previous year, the total number being 1,297, as against 1,192, or an increase of nearly 10 per cent. The number treated in the special wards of the Western Infirmary during the past year was 106, as against 84 in the previous

year. The number of students attending the classes at the dispensary during the past year was 46. The subscriptions, medicines paid for, and donations by patients amounted to £414 2s. 1d., and the dividends from investments to £23 18s. 11d., making the total income £438 1s. The current expenses amounted to £264 7s. 5d., and the interest on bond to £79 2s. 11d., making the total expenditure £343 10s. 4d. This leaves a balance of £94 10s. 8d. to go towards reducing the debt of £1,800 upon the building. The directors have to mention with sincere regret the loss which they have sustained in the death of Mr. John E. Higginbotham, one of their colleagues, and one of the oldest friends of the dispensary. They cordially recommend the dispensary to the support of the charitable public as one which continues from year to year to prove of growing utility, both as a benevolent and educational institution. The treasurer's statement, which was also submitted, showed the present debt of the institution to be £1,164 16s. 8d.

ABERDEEN UNIVERSITY PRIZES.—The ceremony of capping the graduates and distributing the prizes at this University took place on the 7th inst. The following gentlemen were the medical prize-takers:—Medallists in Institutes of Medicine—Senior Division—D. Ireland, Brechin, and W. A. Stewart, M.A., Newhills—equal, 80 per cent. of marks. Junior Division—David Prain, M.A., Fettercairn, 89; Alexander Renny, M.A., Fintray, 86; James F. Macdonald, Aberfeldy, 81. Gold Medallist for Surgery—C. J. Sarkies, Calcutta, for Senior Division (98 per cent.), and George Duffus, Cullen, for Junior Division (85 per cent.). Shepherd Gold Medal for Systematic and Practical Surgery—C. J. Sarkies, 97 per cent. Keith Gold Medal for Systematic and Clinical Surgery—Arthur G. Smith, 88·5 per cent.

Correspondence.

INSURANCE COMPANIES AND THE MEDICAL PROFESSION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Knowing how interested you are in anything that relates to the welfare of the profession, I have deemed it proper to address a few remarks to you on the subject of Insurance Companies in relation to the Medical Profession. I include in Insurance Companies, Registered Friendly Societies which insure lives on industrial principles, and it is to this branch of business I wish especially to refer.

The examination of lives for amounts of say £1:00 and upwards, and for all business known as general in contradistinction to industrial, should never pay less than a guinea fee for the examination and report, but I am sorry to say that very few offices pay more than 10s. 6d. for amounts under £500. Notably, however, among the exceptions, the Briton Life Association has always paid their medical officers on the higher scale; surely a thorough examination and a report on a life is worth one guinea to any insurance office.

With regard to the industrial branch of life assurance, the fee of 1s. is commonly offered, and I am grieved to say accepted for amounts up to £50. Now, I should like to ask who would or who could examine and report honestly for a sum like this?

Is the profession true to itself in accepting such a fee? In performing such work, we are doing so for rich insurance companies, and not for poor benefit societies, or the sick clubs of the working classes.

No doubt, agents and superintendents will often persuade young medical men that they do not want a long and particular examination or a lengthy report, and that the numbers will make up for the smallness of the fee, but I hold that no report should ever be made on a life without a proper examination.

A couple of years ago, just after declining to accept office

on this account for several friendly societies, I was induced to take office as medical referee for this district, for a large and wealthy office, one that has thousands of pounds invested, pays large salaries to its Chairman of Committee of Management; to its secretaries and clerks; and a large percentage (20 to 25) to its agents.

The following were the scale of fees allowed me, copied from the letter acquainting me with my appointment:—

“For members insured for £30 and not amounting to £50, the fee of 1s.; for members insured for £50, and not amounting to £100, the fee of 2s. 6d.; for members insured for £100 and not amounting to £200, the fee of 5s.”

In six months I found I had earned 17s. I had examined several cases in which the amount was just under £50. I found also that many of the proposers were not examined at all, only such cases that the secretaries chose to send back for medical examination. I spoke to the agent and told him I could not go on examining for this fee, and he wished me to write to the head office and ask for an increased fee. I did so, and got a polite note informing me that the Committee of Management could not increase my fees, as they allowed the same to me as to their other medical officers. I wrote at once and said I could not act any longer on these terms, and was informed in due course that my resignation had been accepted. I was certainly amused at the idea of resigning 17s. for half a year, and 1s. examination fees. I examine members for sick societies for nothing, and consider by so doing I am upholding the dignity of the profession, for these are not in a position to pay a fee of 2s. 6d. for examination, and I have always thought it a proper thing to encourage the working classes to join these mutual benefit societies.

After my correspondence with the office referred to, I informed my colleagues of the step I had taken, and expected we might get a better fee, but alas! so much for the profession and its interests, some one else was forced to accept the important appointment. No one knows more of the swindling that prevails in a town like this amongst insurers than the medical men themselves; but if offices will accept lives without a medical examination, they must be content to receive a number of very questionable lives. It is no uncommon thing for cases of phthisis, chronic bronchitis, rheumatism, &c., to be insured in these offices, always by the friends and unknown to the insured. It is no uncommon thing for a doubtful life to be insured by a dozen different people in the same street. Ah! you will ask, who signs the proposal for the purpose? Why, Sir, there are more forged signatures in this branch of business than there are genuine signatures of *bona fide* insurers.

I have always advocated sick clubs and insurance societies for the working classes, but my faith in the latter has of late years been much shaken, and I can scarcely say whether these societies are more of a curse than a blessing. Certainly the way in which some are conducted makes the former attribute more appropriate. The speculation in insuring lives allowed by canvassers and agents tells me there is rottenness in the very system. Why, Sir, I have heard of such a thing as 46 policies on one life by different people, none of whom had insurable interest.

I do think it is the duty of the medical profession to refuse to perform the duties of referee for any office unless properly remunerated for the work done, and it is also the duty of everyone so appointed to refuse help to an agent in doing his work in a slipshod manner.

Apologising for occupying so much of your valuable space,

I remain, yours, &c.,

WILLIAM BERRY, L.R.C.P. & S. Ed.,
M.R.C.S. Eng.

Wigan, March 28th, 1882.

FLESH-WORMS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A week never passes without I notice what a neglected being I am. In a small bulk, and with a minimum of mental exertion, anyone may find in me such a mass of information upon every variety of subject pertaining to medical science as will, at times, surprise even those best acquainted with me. One who, perhaps, knows me as well as anyone next to my author, jocularly remarked, “I wish I had never seen the book.” When asked why, the reply was, “I thought I knew pretty well what had been done and said

upon different subjects, but, on looking up that ‘horrid Digest,’ I find I know but little.”

Will you, after this somewhat egotistical opening, allow me to refer your readers to section 33-4, where, amongst a mass of information, a reference is made to filariæ in the dermis, noticed in section 932-4. The case was reported *in extenso* in the *Lancet* of May and June, 1843, and subsequently in the same journal, in January, 1856, p. 41, by Dr. Jonathan Green. It is briefly as follows:—A lady attended at one of the medicated bathing establishments, and ordered a sulphur bath. The attendant was horrified to see thousands of filariæ issuing from every pore of her body, and this occurred on three separate occasions. On the fourth fumigation, the attendant requested Dr. Green to come and examine for himself; and he found the patient *en chemise*, closely veiled, and around her a ring of pinkish white on the floor, formed of worms that had not been swept up, in order that the doctor might see them. On exposing different parts of the surface, Dr. Green saw little red points sticking out from the skin at right angles, some of which seemed to retract themselves; others evidently got longer, and became a quarter of an inch or more in length, and then fell on to the floor. Many seemed to give a sort of jump or jerk before they could escape. Some gave a positive jump of six or eight inches, causing the doctor to stand aside in order to escape them. Many measured a full inch. Generally they were from a quarter to three-quarters of an inch, looking like pink thin threads. There were a number, and transparent, with red heads, and the tail was larger than the head part. They lived only a few minutes after escaping from the skin, wriggling themselves into a crescent or horse-shoe form, then taking a spring to many inches distant, fell quite straight and dead. At p. 82, Dr. Edwards Crisp severely criticises Dr. Green’s paper, and asserts that, under the microscope, Professor Quekett, Mr. Erasmus Wilson, and others pronounced the bodies to be hairs. At p. 164 Dr. Green ridicules Dr. Crisp’s statement, and holds to the opinion that the bodies in question were veritable entozoa.

Yours faithfully,

THE MEDICAL DIGEST.

MATERNITY CHARITIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the number of the *Medical Press* for last week there is an article on the above. I have no intention of entering into a discussion on the subject, but I think it right to point out that there must be some very grave error in the facts or figures by which the result is arrived at, that the mortality of out-door maternity charities is only 1 in 363 cases. The late Dr. McClintock showed that the mortality in the private practice of a number of well-known medical men (including Dr. Churchill and himself) “delivered under the most favourable circumstances, is about 1 in 120.” (a) Dr. Knaggs, of New Castle, New South Wales, gives mortality in his private practice as being 1 in 110; (b) it is therefore quite impossible to believe that among the poor and unfavourably circumstanced patients it could be as low as 1 in 363. If the figures given in your article be correctly quoted, the result must be arrived at by the returns being taken from the state of the patient on the third or fourth day after delivery; this indeed is of common occurrence in extern maternities. The principal medical officers cannot possibly visit and verify all the cases; generally he visits only a few of those who have had difficult or complex labours. The rest are under the care of midwives or pupils. The former are frequently over-worked; the latter, too, often careless, and the returns unreliable. Another source of error is this, that when a woman becomes seriously ill, her friends frequently call in some private practitioner, and the death, if it occurs, is not known to the authorities of the charity; the case therefore appears in the returns as a recovery. In the extensive extern maternity attached to this hospital this from time to time occurs, and it must happen elsewhere also. Again, bad cases are taken into hospital; thus, a few days ago a patient was brought into this hospital in a state of collapse. She had been a patient at our extern maternity, and for several

(a) Transactions of the Dublin Obstetrical Society, session 1880-81, p. 184.

(b) Transactions of the Dublin Obstetrical Society, session 1880-81, p. 172.

days previously having been suffering from uterine hæmorrhage. At last the clinical clerk insisted on her being removed into hospital, rightly judging that the only hope of saving her life lay in her being carefully treated in the hospital; but it was too late. She was pulseless on admission, and died in thirty-six hours after being delivered of a dead child. A few days previous to this the assistant-physician brought in a case of arm presentation. The arm had been down for twelve hours before he saw the case. Turning was attempted in her own room, but failed, in consequence of collapse threatening, when chloroform was administered. Under ether in the hospital this was effected. But she, too, subsequently died. Both these cases will go to swell the mortality of the hospital, that of the extern maternity being proportionately diminished, and yet, by-and-by, some compiler of statistics will use them to show that the mortality in the hospital is greater than it is outside—a most fallacious inference.

You will agree that such cases as the foregoing, and many similar, who are annually admitted into the Rotunda Hospital, should be treated in it; but if the fact that such are taken in be ignored, and on that the compilers of statistics insist on judging of the usefulness of a charity by such figures as are quoted in your article, managers of lying-in charities must cease to consider the welfare of the sick poor, and refuse to take in all such cases as those I have alluded to, as well as many others who, while suffering from various diseases, seek admission—a result which would be deplorable.

My term of office as Master of this hospital will very shortly expire; I have, therefore, no longer any personal interest in the maintenance of the institution; but in retiring from my post, I wish to express my strong conviction that a properly-conducted lying-in hospital, worked efficiently in conjunction with an extern maternity, is of the greatest possible value to the sick poor.

I am, Sir, &c.,

LOMBE ATTHILL, M.D.,
Master of the Rotunda Hospital.

April 7th, 1882.

CANCER PLASTERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Perhaps some of your numerous readers will kindly give me their experience on the following case:—A patient suffering from epithelioma declines the knife. I have heard of cases being successfully treated by the application of arsenic, and would be glad to know, in what form can the remedy be safely applied?

And oblige, yours truly,

April 1st, 1882.

ALBINO.

Literature.

A PLEA FOR EARLY OVARIOTOMY. (a)

In a practical and interesting monograph of 40 pages, published by H. K. Lewis, Gower Street, the author gives to the profession some weighty arguments in favour of "Early Ovariectomy," and instances some cases in proof that tapping is nothing less than tampering with the disease, and that the time for operation is "as soon as we can be sure of the diagnosis."

Even admitting the value of the early operation, we cannot but think there would be considerable difficulty in obtaining the consent of patients (at least in private practice) who are, comparatively speaking, in good health.

It will undoubtedly be some time before Dr. Bantock's views are generally adopted, but we consider he has made out a strong case in favour of the early operation, and his forcible recommendation, backed by extreme experience, demands respect.

(a) "A Plea for Early Ovariectomy." By Granville Bantock, M.D., F.R.C.S., Surgeon to the Samaritan Free Hospital for Women and Children. 8vo, pp. 40. London: H. K. Lewis, 1882.

THE COLLEGIANS. (a)

ALMOST everybody has read the charming "Autocrat of the Breakfast-Table," but few know that the author is an eminent physician and medical lecturer. We are well aware of Dr. Bigger's eminence as a surgeon; his attainments as a scholar; and his unbounded charity towards the poor; but it took us rather by surprise to learn that he had found time during a busy professional life to woo the coy muse to the extent of producing an excellent epic poem of fourteen cantos, which we have perused with much pleasure. The epic opens with a spirited description of the entrance examination in "Old Trinity," in which two youthful members of the *jeunesse dorée* took respectively first and second places. Their distinguished academic career is next described in a manner which vividly recalled to us our early days. After graduation one of them started on his travels in a splendid schooner yacht fitted out as a privateer; and the other entered the Royal Navy. This gives the author an opportunity of describing their lives of adventure in all parts of the world, which he does with spirit, variety, and a very extensive knowledge, evidently derived from a mixture of reading and personal observation. The volume, in fact, is a mixture of Robinson Crusoe, Tom Cringle's Log, and Don Juan; and as the *décolleté* element of the latter is entirely absent, it will form excellent reading for the young, by whom it will be perused with keen interest and much useful information. The metre is smooth and flowing, and frequently displays considerable power. For example, the following (p. 25):—

"You two must never quarrel, friends are rare,
The friend of youth is dearest friend of all,
The boy's friend is the friend the man can't spare,
His loss no aftertime can e'er recall.
Friendship like this to last the whole of life
Unshaken by time, danger, love, or strife,
Is of God's gifts the richest one to man."

Having said so much, we feel compelled to notice some points which in a future edition we would gladly see altered. In page 173 the following line occurs:—

"The *goodest* kindest man we ever knew."

This is enough to make Lindley Murray turn in his grave, and is beyond all poetic licence. Again, in page 371, the heroine receives a proposal of marriage from an old admiral who has struck his flag to her attractions, and to whom she replies:—

"Surely, dear admiral, you would not teach
Me than my sister maidens to be bolder,
But when, yourself, you to a horse compare,
In taking you I should become a mare,
I'll answer in horse parlance and say nay (neigh)."

This is hardly up to the standard of epic dignity, but we must remember that "*tragicus plerumque dolet sermons pedestri.*" In page 215 the author speaks of a "bran new dirk." According to Forby (as given in Worcester and Webster's Dictionary, page 85) the correct expression is "brand new." Finally, in page 380, Dr. Lenox, who may be described as the medical hero of the epic, stethoscopically examines the chest of the heroine, who was feared to be suffering from pulmonary consumption, which, however, fortunately turned out not to be the case. The scene is thus described:—

"The silent tear stole down the young man's face
As, with *chirurgic* skill, he deftly sought
The incipient signs of dread disease to trace."

The surgeons have much poached the domain of physic, but we must draw the line at auscultation.

The volume is beautifully and correctly printed; it is exclusively produced in Dublin, and the binding and total make-up could not be surpassed by the first houses of London or Paris. The publication reflects much credit on Messrs. Hodges, Figgis and Co., who prove by this and many other of their publications, that in whatever other respects Irish manufactures may be backward, the condition of the Dublin publishing trade leaves nothing to be desired.

(a) "The Collegians." a Poem in Fourteen Cantos. By S. Lenox L. Bigger, B.A., M.B., T.C.D., F.R.C.S.I. Dublin: Hodges, Figgis and Co. London: Simpkin and Marshall. 8vo, pp. 465.

THE FELLOWSHIPS OF THE ROYAL IRISH UNIVERSITY.

THE rumour to which we lately gave currency, to the effect that not one of the many Fellowships of the Royal Irish University which are about to be granted will be given to a medical man, turns out to be well founded; but whether our apprehensions will turn out to be correct depends in great measure upon the energy shown by the profession on the subject. The state of the case we believe to be as follows:—The Senate of the University is, to a great extent, under the dictation of a "standing committee," on the medical division of which the Queen's University and Trinity College, Dublin, are represented, but on which no medical senator outside these bodies has a seat. The medical representatives connected with the Queen's University and with Trinity College have from the first strenuously opposed the grant of a Fellowship to any medical practitioner, and have done their best to restrict the honours and emoluments of the University to classicists, geometers, and *litteraires*.

A report from the standing committee came before the Senate, when, after a vigorous defence of the medical position by Drs. Banks, Lyons, and Cruise, it was defeated by a majority of four, and it was decided that a medical and a surgical Fellow should be appointed in addition to the Anatomy and Physiology representative who had been already determined on. This decision the standing committee is now plotting to reverse, and if their influence is sufficient, no Fellowship will be granted to any member of our profession. The means adopted to quiet the restiveness of medical candidates is to promise them examinerships, if they will only behave themselves, but this bait will not prevent the profession from making its influence felt, if the attempt to trick us out of our position in the University be persisted in.

We are not in the least uneasy as to the ultimate result, because we believe that the profession is well able to crush a palpably unjust and unwise move such as this by its remonstrances to the Irish Government and Parliament. It is, however, an unedifying spectacle to see the Scotch-Ulster doctors in the Senate devoted to an attempt to deprive their own profession of its due honours and emoluments, and the attitude taken by these gentlemen is a fair warning that they are deserving of no confidence on the part of the medical graduates, and will have to be dealt with vigorously whenever opportunity arises.

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.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, can now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and fat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

THE DISCUSSION ON MR. LAWSON TAIT'S PAPER.

To the Editor of the *MEDICAL PRESS AND CIRCULAR*.

SIR,—I have called the attention of the Reporter of the Surgical Society's proceedings to Mr. Lawson Tait's note. He replies as follows:—

"I have read Mr. Lawson Tait's letter. In reference to the two corrections which he purports to make, I have referred to my shorthand notes, and on both points the report is perfectly accurate."

Yours truly,

W. THOMSON,

Hon. Sec. Surgical Society.

24 Harcourt Street, Dublin.

COOMBE HOSPITAL, DUBLIN.—Under "Notices to Correspondents," in our issue of the 8th ult., headed "Midwifery Diploma," the school fee for attendance at the above hospital was inadvertently stated as £4 4s., whereas it should be eight guineas.

DR. L.—You are very awkwardly placed indeed. From your own account even it is clear that you have been guilty of a serious error. Under the circumstances we think you had better not wait for others to move, but send in your resignation and bide the result.

MR. CORNELIUS.—At least twelve hours must elapse after death. No changes taking place within that time could produce the condition you describe. It would clearly be due to mortification of the part setting in before death, and in all probability the primary cause of death.

FUSEL OIL.—In a Bill which Mr. O'Sullivan has brought into the House of Commons he proposes to direct the Board of Inland Revenue and the Commissioners of Customs to detain all spirits whether imported or manufactured, containing forty-five or fifty-five per cent. under proof for a year after being manufactured or received into Her Majesty's bonding stores, or any private stores or warehouse, before they are allowed to be taken out for consumption, so as to deprive new spirit of its dangerous qualities in respect to fusel-oil, which now obtains by its unlimited sale to the public. We wish so desirable a reform every success.

JUMBO.—No good would be done by responding to your request. The subject was referred to in our columns a week or two since. There is no reason for changing the opinion then expressed. Your subscription would be of much greater service to any one of a hundred hospital charities.

AN INDIGNANT CLERK.—We really do not see the gist of your complaint. You seem to imagine that, being a clinical clerk, your physician should leave the whole treatment of his cases entirely to you. This is hardly usual, nor do we think it would be just. Although you do possess an American degree, you must be content to rank in this country as the "mere student" you so sweepingly despise. It is quite possible for an English hospital physician to teach you what you do not already know; at least, you can learn to respect his authority and obey it. You have no grievance that we can sympathise with or ventilate.

PSYCHO.—"The Physical Basis of Mind," by the late George Henry Lewes, is the work most calculated to give you the details you are seeking. You must expect to have a good deal of reading before you, however; Herbert Spencer's works will be especially useful.

THE PATHOLOGICAL SOCIETY.—We cull the following amusing conversation from the *New York Medical Record*:—"What place is this? This is the Pathological Society. How does one know it is the Pathological Society? You know it by the specimens and the smells. What does that gentleman say? He says he has made a post-mortem. All the gentlemen make post-mortems. They would rather make a post-mortem than go to a party. What is that on a plate? That is a tumour. It is a very large tumour. It weighs one hundred and twelve pounds. The patient weighed eighty-eight pounds. Was the tumour removed from the patient? No, the patient was removed from the tumour. Did they save the patient? No, but they saved the tumour. What is this in the bottle? It is a tape-worm. It is a long tape-worm; it is three-quarters of a mile long. Is that much for a tape-worm? It is, indeed, much for a tape worm, but not much for the Pathological Society."

DR. FLETCHER BEACH.—We shall be glad to receive the abstract of your interesting paper for insertion in these columns.

DR. D. BERRY HAET.—Thanks for note. Proof of your communication will be sent you before insertion.

A SUFFERER.—The state of your teeth and gums is presumptive evidence of the reckless and ignorant way you have been treated, or rather maltreated, by the individual into whose hands you have fallen. Refer to a book called "Revelations of Quacks and Quackery;" you will see therein the character of the man who has been base enough to assume the title of "Doctor," to take your money, and to ruin your health. You should at once put yourself under the care of the nearest qualified practitioner, and when sufficiently strong should prosecute the quack for obtaining money under false pretences.

NYE'S MASTICATOR.—This ingenious little instrument, designed and manufactured by Messrs. Nye and Co. (148 Oxford Street, London), will be found of the greatest service in the sick-room, or for those who, from loss of teeth or other causes, are unable to masticate their food properly. Meat, whether cooked or raw, has simply to be put into the machine, and with three turns of a handle it passes through as finely minced as one could wish. By the aid of a clamp it can be instantly affixed to, or taken from, a dining or other table. Having observed its great value in the house of a patient, we are happy to give it a word of commendation to those in search of an article of the kind.

DR. B. C. F.—Thanks for calling our attention to the omission; you will see it has been rectified in the present number.

DR. BEARD.—With much pleasure, if you will kindly send us full particulars.

MR. GRATTON.—A very simple matter; you need not be "depressed at the possibility of its becoming serious" if you take the necessary precautions and at once put yourself under a reliable practitioner. You need not fear consulting the "family doctor;" medical men are not accustomed to divulge the secrets of their patients' illnesses.

MR. F. ARNOLD.—The apparent symptoms of the case are amply sufficient to warrant your making a careful and thorough examination

of the case. You will of course first state your suspicions and proposed plan of verifying them to the parents; but, also, nothing short of absolute conviction can justify your insinuating what you suspect. On the other hand, if you prefer to regard the possibility of an innocent tumour, manipulation of it before proceeding further will enable you to ascertain with reasonable certainty the nature of the growth. It is incumbent on you, however, not to endanger your professional reputation by hazarding a rash diagnosis.

F. E. H.—He succeeded Dr. Lankester. The present coroner is Dr. Danford Thomas, who was for some time deputy-coroner prior to the death of the last incumbent. On the second point referred to in your letter you are misinformed.

NEMO.—We wish it to be thoroughly understood that our columns are open to any local medical society. Many thanks for the graceful compliment contained in your letter, which we should be glad to publish if reasons still existed to make it advisable. Fortunately, as you will have discovered by this time, the circumstances have altered very materially. Please write again.

CANEM.—Mr. Fleming's paper on "Vivisection" to which you refer is to be found in the *Nineteenth Century* for last month.

DR. M.—With much pleasure.

MEETINGS OF THE SOCIETIES.

CLINICAL SOCIETY OF LONDON.—Friday, April 14th, Report of Committee on "Chromidrosis."—Dr. Barlow and Mr. Godlee, "Case of Extirpation of the Kidney for Calculous Pyelitis."—Mr. Howard Marsh, "Case of Pyelitis; Exploration of the Kidney; Partial Removal; Death from Suppression of Urine."—Mr. Pearce Gould (1) "Case of tyina Bifida cured by Injection of Iodine." (2) "Case of Congenital Intestinal Obstruction."—Dr. de Havilland Hall, "Case of Primary Perichondritis of the Larynx."—Dr. C. J. Williams will show a Case of Phthisis which has been treated by Residence at High Altitudes.

HARVEIAN SOCIETY OF LONDON.—Thursday, April 13th, Dr. Mahomed will introduce the subject of Collective Investigation of Disease.—Mr. Juler will read a paper on "The Symptoms, Pathology, and Treatment of Iritis."

Vacancies.

British Hospital, Buenos Ayres, South America.—Resident Medical Officer. Salary, £300 for first year, £225 for second year, and £250 for third year, with apartments, board, &c. Applications to the Hon. Sec., British Hospital, British Consulate, Buenos Ayres, and posted not later than May 1st.

Cambridge County Lunatic Asylum.—Assistant Medical Officer. Salary, £100, with board. Applications to T. Musgrave Francis, Cambridge, by April 15th.

Cheltenham General Hospital.—Resident Surgeon. Salary, £180. Applications to the President, at the Hospital, before April 17th.

Hartlepool Union.—Medical Officer for the District. Salary, £50. Also Medical Officer for the Workhouse. Salary, £55. Applications to the Clerk of the Union by May 17th.

Royal Free Hospital, London.—Junior Resident Medical Officer. Board and residence provided. Immediate applications to the Secretary, at the Hospital, Gray's Inn Road, W.C. (See Advt.)

Sunderland Infirmary.—Junior House Surgeon. Salary, £60, and increases by £10 annually, with board and residence. Applications to the Chairman of the Medical Board on or before April 27th.

Wolverhampton General Hospital.—Physician to Out-patients. Honorarium, £100; he may engage in consulting practice, but not as a general practitioner. Applications to the Chairman of the Board by April 17th.

Appointments.

FRASER, F. M.B., C.M., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer to the Fifth District of the Sevenoaks Union.

HALL, E. T., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer to the Chew Magna District of the Clifton Union.

HOPKINS, H. C., M.R.C.S., Pathological Registrar to the United Hospital, Bath, has been appointed Assistant Surgeon.

LEE, H. G., M.D. St. And., M.R.C.S., Medical Officer to the Haddenham District of the Aylesbury Union.

MCCRACKEN, J., M.B., C.M. Glas., Medical Officer to the Easingwold District of the Easingwold Union.

PARRY, T. S., M.B. Lond., M.R.C.S., Medical Officer to the North-Eastern District of the Chester Union.

PICKWORTH, A. J., L.R.C.P.Ed., Medical Officer to the Second District of the Aston-with-Garrigill Union.

PYE, W., F.R.C.S., Examiner in Surgery and Clinical Surgery at the University of Glasgow.

RAITKE, J. R., M.B. Lond., M.R.C.S., Second Assistant Medical Officer to the Kent Lunatic Asylum.

STEER, W., M.R.C.S., Assistant Medical Officer and Dispenser to the Infirmary of St. Olave's Union.

Births.

CROLY.—April 1, at Tinahely, co. Wicklow, the wife of Dr. Richard Croly, L.R.C.S.I., of a son.

Deaths.

BLEST.—April 1, at Norfolk Terrace, Bayswater, Anthony E. Blest, M.D. Edin., Retired Lt., H.M. Indian Army, aged 85.

CURTIS.—March 28, at his residence, Norfolk Square, Brighton, James Curtis, M.R.C.S., aged 66.

GRAVES.—March 31, at his residence, Barton Street, Gloucester, Ryves William Graves, F.R.C.S.E., J.P.

O'BRIEN.—March 24, at St. Heller's, Jersey, T. O'Brien, F.R.C.S., Surgeon, Bengal Army (Retired List).

STONE.—April 8, at Victoria Road, St. Leonards-on-Sea, Charles H. Stone, M.D.

UNIVERSITY OF EDINBURGH.

SUMMER SESSION, 1882.

The Classes for the different Branches of Study will be opened as follows:—

Botany, Tuesday, 2nd May, 8 a.m.
Practical Botany and Vegetable Histology } Prof. Dickson.
Field Demonstrations on Saturdays

Obstetrical and Gynecological Operations (Tuesday and Friday), in University New Buildings, Tuesday, 2nd May, 10 a.m.—Prof. Simpson.

Practical Materia Medica (including Pharmacy), Tuesday, 2nd May, 10 a.m.—Prof. Thomas R. Fraser.

Practical Chemistry, Tuesday, 2nd May, 10 and 11 a.m.—Prof. Crum Brown.

Practical Morbid Anatomy and Pathology, Tuesday, 2nd May, 11 a.m.—Prof. Greenfield.

Anatomical Demonstrations, } In University } Wednesday, 2nd May,
Practical Anatomy, } New Buildings } 11 a.m.
DAILY } Tuesday, 2nd May,
DAILY

Prof. Turner, and Demonstrator, Arthur Thomson, M.B.

Medical Jurisprudence (for Law and Medical Students), Tuesday, 2nd May, 11 a.m.—Prof. MacLagan.

Clinical Surgery (Monday and Thursday), Thursday, 4th May, 12 noon.—Prof. Annanale.

Clinical Medicine (Tuesday and Friday), Tuesday, 2nd May, 12 to 2 p.m.—Prof. MacLagan, Grainger Stewart, T. B. Fraser, and Greenfield. Prof. Simpson on Diseases of Women.

Chemistry, Advanced Class, Organic Chemistry (Tuesday, Wednesday, and Thursday), Thursday, 4th May, 1 p.m.—Prof. Crum Brown.

Natural History, Tuesday, 2nd May, 2 p.m.
Practical Natural History, Wednesday, } Prof. Ray Lankester.
3rd May, 3 p.m.

Practical Physiology, including Histology, Tuesday, 2nd May, 3 p.m.—Prof. Rutherford.

Operative Surgery and Surgical Appliances (Monday, Tuesday, Thursday, and Friday), Tuesday, 2nd May, 4 p.m.—T. F. H. Spence, M.B., C.M., University Assistant, under the superintendence of Prof. Spence.

Royal Infirmary, Daily, at noon.
Mental Diseases, with Practical Instruction at Morningside Asylum (Monday, Wednesday, and Friday), Wednesday, 3rd May, 3 p.m.—Dr. Clouston.

ROYAL INFIRMARY, Daily, at noon.

SUMMER SESSION ends 26th July. GRADUATION CEREMONIAL IN MEDICINE, &c., 1st August.

The following means are afforded for Practical Instruction:—
The Dissecting Rooms in the University New Buildings, Park Place, are open daily, under the superintendence of the Professor, assisted by Arthur Thomson, M.B., W. Bannerman, M.B., C.M., and other Demonstrator.

The Tutorial Class of Clinical Medicine in the Royal Infirmary, under the superintendence of the Clinical Professors, assisted by J. Murdoch Brown, M.B.

The Tutorial Class of Clinical Surgery in the Royal Infirmary, under the superintendence of the Clinical Professor, assisted by J. M. Cotterill, M.B., C.M.

The Royal Edinburgh Asylum is open to Members of the Class of Mental Diseases exclusively, for Practical Instruction by the Physician Superintendent, Dr. Clouston.

Chemical Laboratories—The Laboratory for Instruction in Analytical Chemistry and for Chemical Investigation, under the superintendence of the Professor, assisted by John Gibson, Ph.D., and Leonard Dobbin, Ph.D., is open from Ten to Four. The Class of Practical Chemistry is conducted by R. M. Morrison, D.Sc., under the superintendence of the Professor.

The Physiological Laboratory is open daily for Physiological Investigation, under the superintendence of the Professor, assisted by T. P. Anderson Stuart, M.B.

The Physical Laboratory is open daily from Ten to Three, under the superintendence of Professor Tait.

The Medical Jurisprudence Laboratory is open daily from Ten to Three, under the superintendence of the Professor, assisted by J. Allan Gray, M.D.

The Practice of Obstetrical and Gynecological Operations is carried out in the Midwifery Practical Room, under the superintendence of Professor Simpson, assisted by Alexander Hugh Barbour, M.A., M.B., C.M.

The Pathological Laboratory is open daily for Pathological Investigation, under the superintendence of the Professor, assisted by German Sirus Woodhead, M.D., and Barclay J. Baron, M.B.

The Natural History Laboratory is open daily, under the superintendence of the Professor, assisted by (vacant).

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, Museum, and Laboratory, are open daily, under the superintendence of Professor Dickson, assisted by Mr. Geddes.

The Materia Medica Laboratory is open daily under the superintendence of the Professor, assisted by Matthew Hay, M.D.

March, 1882.

JOHN WILSON, Sec. Sen. Acad.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 19, 1882.

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Original Communications.

REMARKS ON CLIMATE IN RELATION TO ORGANIC NATURE. (a)

By Surgeon-General C. A. GORDON, M.D., C.B., Honorary Physician to Her Majesty the Queen; Officier de la Legion d'Honneur, &c., &c.

(Concluded from page 313.)

22. HERE I would beg to express a personal view. It is, that inasmuch as the process of metamorphosis is a condition of life leading towards ultimate perfection of organs and performance of their functions, so are the processes which constitute disease, retrocession of life towards physical death, preparatory to reconstruction of elements by which successive generations of organised beings rise up, each in turn to disappear, and be no more seen in its former identity. All such processes, alike of advance and retrogression, are inherent in living things. Whence their ultimate cause pure science tells us not, but philosophy, when unfettered by the finite, points to that Power beyond.

23. Is the remark made, These phenomena are so many of a series all due to "Evolution?" I quote from two recent writers in reference to the principle to which that expression is applied after this manner: "What is 'evolution' but another expression for the effect of natural causation? By strictly defining the limits and potencies of what we call Nature, evolution forces upon the existence of the supernatural." "Throughout nature there is a continual passing from movement to repose, which is not rest—a ceaseless oscillation from life to death, from death to life. The order of physical phenomena, like the order of mental phenomena, is inscrutable, flowing from a past eternity to a future eternity." What, with reference to this subject, concerns our present purpose, is the circumstance that the pheno-

mena indicated have more or less defined relation to season, as well as to periods. Here we touch alike the borders of pure science, and of the abstract, because intangible—the unthinkable.

24. Several of the phenomena of animal life present a distinct relation to meteorological conditions, and seasonal changes. This relation is, for the most part, more apparent as regards what are called the lower forms of life, than what are designated the higher. What, for example, are the ultimate causes which determine the abnormal profusion of insect, or even lower forms of life, in particular years and seasons, as compared with similar periods separated by intervals more or less long? Except that the recurrence of such phenomena takes place during the same periods of the year, little, if anything, further transpires on the subject. Ova are deposited in myriads every year; but only at intervals, sometimes of several years, is full development attained. Equally remarkable is the destruction which, at intervals, sweeps over and destroys entire races of animals. With regard to some forms in which that destruction happens, no relation to season or special locality has been determined. With regard to others, the occurrence of widespread mortality has a distinct connection with seasonal and climatic diseases among plants, and in the human species. In Sweden, for example, the occurrence of pests among flocks and herds at the commencement of the national celebration of the midnight sun—namely, about the first of May, is looked upon as a seasonal "visitation," only to be averted by *surceries*. In India, the seasonal recurrence of what are called malarial diseases in man, is signalised by the prevalence of similar affections, not only among imported animals, but among those indigenous. In that country the phenomena of animal life, in relation to the occurrence of diseases which have a direct dependence upon season, as also those which at intervals are epidemic, have of late years attracted a little of that attention which the subject merits, and will, doubtless, hereafter receive. When, in our investigations, we to a greater extent than has hitherto been done, look upon organic nature as constituting one great unity, the phenomena

(a) Read before the Victoria Institute; or, Philosophical Society of Great Britain, Monday, March 10th, 1882.

of one division as having a relation to those of other divisions of that unity, and all alike influenced by surrounding conditions, then may we expect that greater results than have heretofore followed our inquiries shall be attained.

25. Here, in our own country, the relation of aphidæ and other insect pests to season, and to particular seasons, is sufficiently and unpleasantly familiar. No reference to thermometer, or barometer, is needed to indicate what our senses tell us is weather in which blights appear in gardens and orchards. The circumstance has recently been recorded that the appearance of the *Thrips cereale* takes place in connection, as regards time, with the recurrence of electric disturbances of the atmosphere; hence the popular name "thunder blight" given to that creature. Among other circumstances for which no precise and definite cause has been discovered, are the process by, and manner in, which species and genera of such "pests" as are alluded to succeed each other. Having appeared, their recurrence has reference to season. But how about their first development in myriads? There is no reply.

26. The relation of diseases in animals to season obtains confirmation by what, unfortunately for those concerned, and for their owners, has in this country come to be nearly the usual state of things. Here is a recent illustration. In Norfolk the disease among cattle, known as splenic apoplexy, first made its appearance on July 12, 1874; on the second occasion of its prevalence, the date of its first attack was June 19, 1877; that of its third appearance June 10, 1880. To what special conditions this comparative uniformity in the recurrence of anthrax refers, we have no sufficient data to show. Possibly—so runs the article quoted from—"in this direction meteorological science, aided by topographical considerations, may sooner or later afford us a clue to the solution of the question." It is added—"As in 1874 and 1877, so in 1880, the primary source of infection cannot be urged alone as the centre from which the more general outbreak sprung."

27. No more than a passing allusion can be made to a few of the more striking points that bear upon the natural history of man. Examples occur in the physical characters of races, and the geographical limits within which the majority at least are confined; the tint of iris; colour and texture of skin and hair; relative proportions of parts of the body; relative height and chest measurement, and so on. As with physical, so with mental and intellectual characteristics, the differences which exist among peoples and races are absolute; their occupations, their poetry, their habits, their character—each and all owe their distinctiveness to, as they are adapted to, the circumstances of locality and climate. "That certain races are constitutionally fit, and others unfit, for certain climates, is a fact which the English have but too good reason to know, when on the scorching plains of India they themselves become languid and sickly, while their children have soon to be removed to some cooler climate, that they may not pine and die." Here I guard myself against the assumption that climatic conditions are by themselves the determining cause of races and all the peculiarities by which it is distinguished. The general question is beyond our present scope. All I desire to express is that the characters alluded to coincide for the most part with defined conditions of climate and place.

28. As expressed by a recent writer, "Man, like the productions of the earth, is in relation to the soil upon which he lives. From times the most remote it has been observed, with regard to inhabitants of hot countries, that their habits are those of indolence and apathy, combined with liability to sudden and temporary 'exaltation' of the nervous system, an absence of energy and self-reliance, which render them docile in bondage, and disposed, more than the natives of colder countries, to bear the inequalities and privileges of birth and chance. Let the natives of such countries be removed to colder

regions; there they become incapable of entering into competition with the inhabitants of such regions, even as regards unskilled occupations. And not only this, but when transported to reside in other parts of the tropics than those to which they belong, they suffer to a greater extent from disease in their new locality than do natives of colder climates who leave their country to reside in the same locality." Thus it seems to be that, as under tropical influences, development, growth, and decay in plants and lower orders of the animal kingdom are fostered, without corresponding "tonicity" in their organisation, so with man; the denizen of equatorial regions is by a law of nature restricted to his geographical limits. Are we, then, to view the prospect as a law of nature that tropical regions are destined to be forever peopled by a human race whose physical and mental characteristics are still to be such as have been described? That in those regions, amidst dense forest, dank, luxuriant, but unwholesome vegetation, amidst swamps, marshes, and lagoons, tenanted by fierce animals, hideous and fierce creeping things, tropical man must continue as he has heretofore been. According to my own view, the laws of climate determine that such must happen.

29. The geographical distribution of disease realms is no less defined than that of other phenomena in Nature. Meteorological conditions are among the most important of the factors to be taken into account in determining the growth, development, and health of man, as of other organised beings. But other concurrent circumstances also exert their influence, favourably or unfavourably as the case may be. Among them latitude, local situation, nature and elevation of the soil, the presence or otherwise of rivers, lakes, swamps, forest or other vegetation, desert tracts, and so on—in fact, *physical climate* generally, together with habits of a people, their food in relation to produce of the land, their habits, and so on—all concur to stamp diseases among communities with a special character.

30. The tropical zone is bounded north and south by the mean annual isothermal line of 80 degs. F. The diseases which prevail in greatest constancy and frequency within this realm are well known to Army and Navy medical officers as those which are most inimical to our soldiers and our sailors on foreign service. Here, season exercises a very definite influence upon their rate of prevalence and upon their severity. But throughout the whole of this zone the phenomena of diseases present variations, as do those of physical and organic nature. Certain forms of disease have within it their special limits. One form, namely, cholera, appears in this respect exceptional. Only within very recent years has it ever passed the limits within which for centuries it had been, as it were, confined; within our own day has it assumed the character of a raging pestilence, sweeping over all latitudes, its track everywhere marked by households rendered desolate.

31. The temperate zone extends from the preceding north and southward to the annual isothermal line of 50 degs. F. In the southern hemisphere, the most healthy regions in the world are comprised within this zone. In the northern, while the greatest degree of variety exists in regard to the processes and types of diseases, they are, as a rule, more manageable, less intense, and less fatal than corresponding attacks in the tropics. As, on the one hand, the arctic, on the other the tropical region is approached, extremes and intensity of climatic conditions vary, so differences recur in the types and forms of organic nature, and so the phenomena of disease change, partaking more and more of distinctive characters, which pertain to the boundary regions. The British Isles lie within this zone. In them, as elsewhere, the death-rate of the human population is in a ratio corresponding with the extremes of temperature between the summer maximum in July, and winter minimum in January. Inasmuch, therefore, as that range is less in Scotland, the colder, than in England, the milder country, so is the

death-rate smaller in the former than in the latter. With the colder climate also came those physical characteristics by which "the children of the mist," the brave mountaineer of "Caledonia, stern and wild," was distinguished. Shall I say, and still is? Certainly! That he is so, is as much the result of climatic and other natural causes as that the hardy fir-tree, the *Pinus sylvestris*, the forests, and isolated individuals of which give to highland glens and hill faces their peculiar character.

32. All beyond the isothermal line of 41 F. includes the polar zone of disease. There, malarial diseases such as endanger and often embitter life in the tropics are absent. Climate is absolutely different from, and as nearly as may be, the opposite in character of that near the equator. With each returning spring, and regularly as plant life becomes revived, disease in the form of influenza, asthmatic or catarrhal affections occurs among the human inhabitants. These impair the health even when life is not destroyed, and so the majority of the people are short lived. As with particular forms of plant and animal life, so with regard to forms of disease which affect humanity, the zones in which they are indigenous are limited in extent. But this cannot now be further adverted to.

33. In our own country the relation of climatic conditions to the state of public health is a subject to which the attention of observers is at the present time much directed. It is a matter within the cognisance of all that particular forms of illness rise and fall in numbers according to season and to meteorological conditions. This subject was lately discussed before audiences in this metropolis; on the occasions when it was so, the remarks made by the eminent men who brought it forward were illustrated by diagrams, and by these diagrams the relation was made apparent which exists between particular forms of disease and particular seasons of the year. In fact, inasmuch as in the vegetable world phenomena of life manifest themselves in their several stages according to season, and differently in different orders and genera, so in man do vital phenomena vary under seasonal influences and climatic conditions; retrocession or decay being brought about in varying manners of the process, to each of which a name is given signifying a particular form of disease. Inherent qualities in the individual and mass lead to these changes as regularly and surely as do others inherent in the plant itself, first to autumn tints, then shedding of the leaf, and to the varying manner in which, according to their kind, fruits ripen, decay, and finally drop to earth. Certain forms of disease have what may be termed double crops during the year; but the general rule is as stated. In illustration of these remarks I instance laryngitis, bronchitis, and asthma, as diseases of the first or coldest quarter; small-pox and suicide as the disease peculiar to the second quarter, for no doubt self-destruction is a disease. Nervous affections, intestinal disorder, and, among children, thrush in the third or hottest quarter; scarlatina, pneumonia, diphtheria, and what in recent years has been designated typhoid fever, in the fourth quarter.

34. In India the relation existing between irregularity of seasonal conditions and health and disease is well understood. It is a recognised fact in the Panjab, that an unusually wet autumn will be attended, as a rule, by a heavy fever-rate; while a dry season will be a healthy one; that, on the other hand, heavy winter and spring rains have little, if any, influence on the degree of fever sickness. At Peshawur, the British troops suffer greatly, owing to the prevalence of heat fevers during the hot months, namely, May, June, and July; from those of a so-called "malarious" nature from the month of September to that of December—that is, during the prevalence of the rains. As illustrating the association of unusual dryness with the occurrence of more than usual sickness, two instances must suffice, both having reference to Jhelum. At that station the years 1872 and 1876 were peculiarly unhealthy. In the former year, the autumnal all of rain was below the average; in the latter, while

the rainfall was 22.3 inches as compared to 1875, fever occurred among the troops in the ratio per 1,000 of 960 cases, as against 505 in 1875. Cholera also prevailed. As recently as the month of October last, accounts continued to reach us by each weekly mail that during the autumn unusually heavy rainfall occurred at Umritsur, the quantity amounting to 40 inches, instead of 18, as an average of ordinary years. Pestilence, in the form of choleraic fever, broke out as a result and consequence. In that city 242 deaths were reported as having occurred on September 28th, and on the day following 280, and so on for several days.

TABULAR VIEW OF DISEASES ACCORDING TO SEASON IN ENGLAND. Standard taken as 10.

Months.	1st Quarter. Diseases.			2nd Quarter. Diseases.			3rd Quarter. Diseases.			4th Quarter. Diseases.		
	Asthma.	Bronchitis.	Laryngitis.	Small-pox.	Suicide.	Diphtheria.	Kentritis.	Thrush.	Scarlatina.	Diphtheria.	Typhoid Fever.	Pneumonia.
January	23	21	12	13	9	8	10.5	8	11	10	9.8	14
February	18	18	13	12.5	6	7	7	8	7	11	11	11.5
March	16	16	14	11	11	2.5	10.5	6	6	9	9.8	14
April	7	11	9	13.5	13	9.8	6	6	6.5	9	10	8
May	5	9	10	14	13	4	6	8	6.5	8	8	8.5
June	6	7	6	12.5	14.5	10	10	10	8	9.5	7	6
July	4	6	4	8	11	40	16	19	9	9	9	6
August	4	2	4	8	11	34	13	19.5	10.5	10	12	6
September	4	6	5	8	8	18.5	12	8	14	10.5	12	8
October	7	9	7	8	9.5	7	10	9	16	11	14	10
November	16	16	9	9	8.5	4	7	8	15	13	13	16
December	18	18	12	11	9.5	8	9	8	10.5	11	10.8	16

35. The subject of acclimatisation with reference to plants, animals, and man, can be no more than touched upon. Its importance, however, is manifest. The term itself implies adaptation to conditions of foreign climates at first injurious, and the capacity of surviving and flourishing in such conditions. It has a significance different from that of domestication; also from that of naturalisation. Thus a large number of European plants have been introduced, and flourish in America and in New Zealand, without having undergone the process of acclimatisation properly so-called. In Britain the canary bird is domesticated, but not acclimatised; that is, not capable of withstanding the severity of our climate without protection. In America and in New Zealand, sparrows, rats, goats, and other British animals, including the rabbit, are naturalised without being acclimatised—the bird and the rodent multiplying to such an extent that the creatures have become nuisances. Plants in England are often naturalised without being acclimatised; hence the circumstance that many exotics which flourish in gardens do not become wild. A few, however, do thus spread; these become both naturalised and acclimatised. Tropical plants refuse to live in a temperate climate. Certain animals have greater adaptability. The tiger ranges from the equator to the Amoor and isothermal line 32 degs. F.; the mountain sparrow (*Passer montana*) inhabits Singapore, Java, and a great part of Europe. Horses, wolves, foxes, and other quadrupeds have a similar climatic range; so among birds, particularly aquatic birds, waders and several others. Insects are adapted to a very limited range of climate.

36. With regard to man, the subject of acclimatisation is

beset by difficulties. Here are a few : The American race inhabits alike the parts around Hudson's Bay, and the hottest parts of the tropics, the equatorial valleys and lofty plateaux of the Andes. The African of the third or fourth generation in North America who proceeds to Africa, suffers from the diseases peculiar to the latter climate, as does the European. There are theorists who say that the excessive mortality of British troops and British children in India does not affect the general question. I take leave to say that it does so in a very important degree. There is, however, the indisputable fact that white Jews at Cochin have for many generations propagated their kind, and still remain pure in race as when, by their own tradition, they fled from Syria, A.D. 70. In Southern Africa the Dutch have, during 200 years, thriven without intermixture of native blood : similarly have they flourished in the Malaccas for 250 years. In the Australian Colonies, and in America, our own countrymen flourish. But in India, so far as regards the plains, experience is adverse to a similar prospect for the British race.

37. From the particulars now given—and very many more pointing in the same direction might readily be adduced—the grounds are, I trust, rendered apparent upon which I base my conviction that, inasmuch as the phenomena of organic existences, including development, growth, fructification, decay, are in relation to, and to a great degree determined by, climatic, seasonal, and other conditions incidental to particular localities,—so in respect to man, development, health, functions, disease, death, are similarly necessary results of the same conditions as they affect him. To a certain extent, and within certain limits, he has in himself the power to modify in his own person the operation of those conditions ; but he can do no more. Change, constant change, is part of Nature's laws. Whether looked for in respect to atmospheric, terrestrial, or organic creation, it equally manifests itself. As surely as the genial glow of returning spring leads to the recurrence of vegetable life, the summer sun to the ripening fruit, autumn to the changed tint of woodland leaves, equinoctial gales to havoc, more or less complete, among denizens of forests, fields, and gardens, winter blasts to the cessation for the time being of vegetable life—in like manner, and according to their appointed seasons, corresponding phenomena occur in the animal world, of which man is the highest member.

NOTE OF A UNIQUE CAUSE OF DELAY IN THE THIRD STAGE OF LABOUR.

By D. BERRY HART, M.D., F.R.C.P.Ed.,

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DURING the night of the 14th February, Dr. Hamilton Wylie asked my help at a midwifery case. His note stated that he wished me to come and bring a perforator in order to deliver a hydrocephalic head impacted in the brim, and that the breech and body were already born. On my arrival I found, just as Dr. Wylie had said, the shrivelled and puny body protruding at the vulva. Abdominal palpation revealed the fundus uteri high up, and lying markedly to the right, just below the costal margins of the right ribs. As an arrested hydrocephalic head is always dangerous to the mother, I at once perforated below the posterior ear, and easily extracted the head, now flaccid after the draining away of a large quantity of fluid.

The uterus contracted well, but the placenta was not expelled, and did not lie in the vagina. Palpation of the uterus showed that it had not the rounded shape, and did not project as much above the brim as the placenta containing uterus does. Expression of the placenta failed, and therefore after chloroforming the patient I passed my hand into the vagina in order to clear up matters. What I found was as follows :—The placenta was not in the vagina and not in the uterus proper, but lay loose in a thin bag within the cervix on the left side, from which it was easily extracted.

The whole case was at once clear. The uterus, with a right lateral obliquity had expelled the child's body easily ; it had then driven the enlarged head into the left side of the cervix. During labour the uterine muscle pulls the cervix up, stretches it, and drives the child through it. In this case it drove the child's head obliquely into the cervix, distending it enormously. After the birth of the head the placenta was borne into the cervical pouch, from which I removed it. My fingers could then be passed into a loose membranous sac, with walls so thin that after a gingerly bimanual I resisted all further temptation to accurate anatomical investigation lest I should convert a threatened rupture of the uterus into a real one.

This unique case, slight as it is, bears out so fully the modern ideas of the behaviour of the cervix during labour, as well as the great danger in all labours delayed from hydrocephalus to the mother, that I have deemed it worthy of this short note.

STRICTURE OF THE ŒSOPHAGUS. (a)

By KENDAL FRANKS, M.D. Dub.,

Fellow, Royal College of Surgeons ; Surgeon to the Adelaide Hospital ; Surgeon to the Throat and Ear Hospital, &c.

STRICTURES of the œsophagus are usually classed under four heads—congenital, spasmodic, organic, and malignant. I propose to confine myself to the third variety, firstly, because they are not of very common occurrence, and secondly, because their treatment is on the whole so unsatisfactory that any successful treatment which might tend to give us more hope in dealing with these cases deserves to be reported, and must be my excuse for treating of these strictures somewhat in detail.

Organic constriction of the œsophagus may be of two chief kinds, according to the nature of the constricting agent. A hypertrophic condition of the mucous and sub-mucous tissue, or of the muscular coat, may cause a narrowing of the tube ; or a cicatricial contraction may be the immediate cause, resulting from a loss of substance which may have undergone more or less of the healing process. This, as in organic stricture of the urethra, may be associated with atrophy of the structures engaged, or the opposite condition sometimes holds good. The exciting cause in each case is different. In the hypertrophic form, whether of the mucous membrane alone, or of the mucous membrane and sub-mucous tissue, or of the muscular coat, there is always a previous history of a chronic œsophagitis. This inflammatory state may be brought about in many different ways, but when once well established and strengthened by repeated recurrences or relapses, the inevitable result is the increase of those elements which constitutes a thickening or hypertrophy of these tissues. Unless a retrogressive process takes place, and these elements are removed, one condition can alone result—a greater or less diminution of the original calibre of the gullet, so that on the one hand but little inconvenience may result, or on the other hand, a more or less complete obstruction may ensue.

The more common form of stricture of the œsophagus is that which is caused by cicatricial narrowing, the result of the healing of a loss of substance arising from any cause. When the œsophagus has been injured to such an extent as ultimately to give rise to cicatricial narrowing, there may be two stages of acute dysphagia. The first appears shortly after the injury, and is due to the amount of acute inflammation which follows in the œsophagus, and which may be accompanied by acute gastritis or enteritis, this inflammation rendering the ingestion of either solids or fluids difficult. As the œsophagitis disappears and cicatrization begins, these urgent symptoms subside, and for a time the patient has an interval, often of long duration, during which he may believe that he has completely recovered. But as the

(a) Read before the Surgical Society of Ireland.

cicatrices contract, and deglutition again becomes impaired, he finds the symptoms returning, and ever with increasing severity, till dysphagia is complete, and if unrelieved he goes through all the horrors of slow death from starvation.

The lesions which are followed by the contraction of cicatrices may be due either to external or internal causes. Among the chief external causes I may mention wounds of the neck, whether accidental, suicidal, or gunshot; injuries caused by attempts to remove foreign bodies; lacerations resulting from the presence of foreign bodies, such as fruit stones, fish bones, hard crusts, and the like, which stick in the gullet; swallowing strong caustic solutions, whether acid or alkaline, or boiling water, has given rise to the same sequelæ. In one case a stricture followed the expulsion of a polypus.

The internal causes are rare. Cases have been published in which the narrowing followed a virulent form of small-pox, and in one of these the occlusion was stated to be complete. Another cause, about which there is still considerable controversy, is syphilis. Most contemporary authorities agree in regarding this at the best exceedingly problematical. No doubt cases have been detailed at various periods in which syphilitic disease co existed with dysphagia, and in which the dysphagia was regarded as due to the contraction of the cicatrised ulcer; but a review of these cases shows that the descriptions of these are too meagre and too deficient in exactness to allow of their unreserved acceptance. Most of these reputed cases yielded to specific treatment, but that does not eliminate the fact that the presence of syphilitic ulceration may give rise to a train of symptoms almost identical with those of true stricture, the irritation caused by food bringing on reflex spasm of the constrictor fibres of the œsophagus. That syphilis, however, may be followed by stricture of the œsophagus, though rarely, admits no longer of doubt, since cases have been accurately observed by Virchow, (a) West, (b) and others, who have followed the cases through life to the post mortem room, and who were there able to verify the exactness of the diagnosis. Some of the remoter and more unusual causes to which the formation of organic stricture has been attributed has been collected by Mr. Knott in his essay on the "Pathology of the œsophagus." We find Mondière attributes some cases to the "long continued spasm of the muscular fibres." In two cases Sir Everard Home puts the subsequent constriction down to the irritation produced by prolonged vomiting. In one case Graef throws the blame on the abuse of strong liquors, and above all to the patient's habit of chewing tobacco, the juice of which he swallowed. "The formation of stricture in the œsophagus has been observed in some instances to follow rapidly the suppression of certain unhealthy discharges which had long existed and become habitual. A case of this kind has been recorded by Paletta. It occurred in the person of a female who had for years been the subject of an abundant leucorrhœal discharge. All of a sudden it disappeared, and its arrest was quickly followed by œsophageal symptoms ending in complete dysphagia, which soon proved fatal. In another case recorded by the same writer the symptoms of stricture supervened upon the suppression of a papular cutaneous eruption."

The usual seat of stricture of the œsophagus follows Hunter's general law of strictures in all mucous canals; that is, they are found far more frequently near the orifices of the canals than in their intermediate portions. In the œsophagus the upper extremity suffers most frequently, and next in order comes the cardiac orifice. "There is this one spot immediately behind the cricoid cartilage," says Sir Everard Home, "where the fauces may be said to terminate, and the œsophagus begins, in which such a contraction is so often met with, that I

must consider it as more liable to become diseased than the rest of the canal." These organic strictures may be single or multiple, as many as three having been observed in one individual by Basham. (a) They usually are a few lines in length, but may occupy several inches, or even the whole length of the tube. They may be so slight as to give rise to no symptoms, or on the other hand, the occlusion of the œsophagus may be functionally complete. The depth to which the œsophagus walls may be involved depends upon the original lesion. The mucous and sub-mucous coats may be alone involved; there is then formed a layer of connective tissue which is unusually smooth, but here and there protrudes in little ledges or shelves, like valves, sickle-shaped or circular. (b) The whole thickness of the mucous, sub-mucous, and muscular coats may be engaged; "we shall then have a dense, callous, and most obstinate stricture." The stricture may consist of a mere line of constriction surrounding the tube like a ligature, or the tissue may be extremely dense, often resembling cartilage in structure.

Above the stricture the œsophagus is likely to become dilated. This dilatation may be uniform, or it may protrude to one side, so as to give the œsophagus at this point a pouched appearance, and in this pouch food is liable to collect. The opening of the stricture is rarely met with in the middle line; it is generally met situated to one side of the floor of this bag-like dilatation, so that considerable difficulty may be experienced when attempts are made to insinuate a bougie through the opening. Great stress is often laid on the presence or absence of blood or pus in the vomited materials, or in the mucus hawked up, to show whether the stricture is a benign or a malignant one. But to give its true value to this as a diagnostic symptom, we must remember that simple fibrous stricture is frequently complicated with ulceration both above and below it, and hence the bougie, when withdrawn, may be found stained with pus or blood, and the stricture be all the time of a benign nature.

The symptoms of a strictural œsophagus are in general well defined, and ought to leave little doubt on the mind of the surgeon as to the true nature of the disease with which he has to deal. The earliest to attract attention is the disturbance of œsophageal deglutition. At first this is but slight, and the patient is aware of nothing being wrong, beyond the fact that he chews his food more carefully, and takes more fluid to wash it down than formerly, and even this he may do in a mechanical sort of way, without stopping to consider why he does so. Soon he recognises that there is a difficulty in swallowing solids. In almost all cases, no matter what the situation of the stricture may be, the patient refers this obstruction to the upper extremity of the tube, to a point behind or just below the cricoid cartilage. (a) Should the true constriction, however, be situated near the cardia, this sensation of obstruction gradually descends along the œsophagus, till it is at last referred to its proper place. In the earlier stage the food is not regurgitated; the bolus sticks; and the patient succeeds in overcoming the obstruction by drinking fluid. This causes the solid portions of the ingesta to be driven up into the tube a short distance to allow of the descent of the fluid, after which the bolus again descends, and gradually becoming dissolved, permeates through the stricture.

Soon, however, as the obstruction becomes greater, and allows no solids, and but scant quantities of fluids to pass through, the œsophagus gets overdistended with food, and regurgitation takes place. When the stricture is situated near the upper portion of the tube, the food is returned in a few seconds or minutes. But when the tube is impervious at the cardiac orifice or its vicinity a

(a) "Medico-Chirurg. Trans.," vol. xxxiii.

(b) Zenker, "Ziemssen's Cyclopædia," vol. viii.

(c) M. Brogue, "Revue Médicale," xiii. 81.

(a) "Krankheit Geschwülste." Bd. II.

(b) *Lancet*, 1872.

considerable period of time may elapse, and if the œsophagus be at the same time dilated, an interval of two or three hours may occur before the ingested materials return to view. They are generally accompanied by great quantities of mucus and saliva. Sometimes a mass of food sticks in the orifice of the stricture, and the symptoms which before may not have been severe, assume at once the urgency of complete obstruction. Pain is sometimes unobserved in these cases, but more frequently it is complained of. It may be dull, aching, or acute. It may be localised to one spot, the seat of obstruction, or it may radiate in many directions, sometimes shooting up the throat and into the ear. Sometimes the pain is intermitting in character, sometimes it is continuous. Mondière has observed that the pain is most frequently referred to the xiphoid cartilage, but it may be located between the shoulders and along the vertebral column. Coincidentally with the dysphagia the patient emaciates more and more. Once that solid food is no longer capable of deglutition, sufficient fluids are not ingested to sustain life, and starvation stares the victim in the face. "You know nothing of the pangs of hunger," observed an eminent member of our profession when dying of cancerous stricture of the œsophagus. "Day and night I suffer horrible tortures from absence of food from the stomach; but I can swallow nothing." (a)

Characteristic as this group of symptoms is, still a positive diagnosis can only be attained by means of the sound. A bougie carefully passed down the œsophagus will at once corroborate what was before suspected, and will elicit facts as to the situation, extent, and nature of the stricture, which could only be surmised before. Should the ordinary-sized bougie fail in passing by the obstruction, a small one may succeed, and its passage through the stricture will be at once recognised by the manner in which it is gripped, and by the mobility of its terminal point.

Valuable information may also be derived by what is called œsophageal auscultation, and which was first brought the profession in a practical manner by Hamburger in 1868. (b) "With some care," says Hamburger, "we distinguish the tone and the *timbre*, the form of the fluid bolus swallowed, the energy of the contractions of the œsophagus, the rapidity of the act of œsophageal deglutition, and the course taken by the fluid mass. Each of these elements is modified when the œsophagus is the seat of lesions."

The method of applying auscultation to the œsophagus is described thus by Morell-Mackenzie in the *Lancet*: (c) "We direct the patient to take a mouthful of drink—water does very well for the purpose, but a thickened fluid, such as gruel or arrowroot, answers better. We then apply the stethoscope, and make a sign to the patient to swallow, and listen attentively. . . . If the stethoscope be applied on a level with the hyoid bone on the side of the neck . . . a loud gurgling sound is heard, which may be called the 'pharyngeal sound.' . . . If, instead of listening in the neck, the stethoscope be applied to the left side of one of the dorsal vertebræ, the true 'œsophageal sound' becomes audible." "In œsophageal stenosis," Hamburger tells us, "we can distinguish three degrees. In the first, where there is only a slowness in swallowing the alimentary bolus, in consequence of the swelling of the œsophageal mucous membrane, we hear a bubbling sound produced; in the second degree, where the narrowing is more decided, we hear a gurgling noise, a true *glouglou*; finally, in the third degree, the sound is essentially that of regurgitation. . . . A friction sound, analogous to the pleural rub, would be the consequence of hard and resisting inequalities in the mucous membrane."

Many methods have been recommended for the treat-

ment of stricture of the œsophagus. They may conveniently be grouped into four classes:—1. Dilatation; 2. Cauterisation; 3. Internal and External Œsophagotomy; 4. Gastrostomy.

Gradual dilatation is the method most frequently employed. The object aimed at is to cause gradual absorption of the organised lymph, or when this is not possible, to retain or even to increase the opening through the constriction. Numerous instruments have been devised: carefully graduated gum-elastic bougies, whale-bone bougies with conically-shaped ivory bulbous ends, bougies with varicous-sized sponges at the extremities, bougies daily smeared with a little fresh wax so as gradually to increase the size (recommended by Trousseau), and many others.

Of all these instruments the best, and therefore the most frequently used, are the gum-elastic bougies. Great stress has been laid on the graduation of these by Bouchat (a), who has also laid down rules as to the best methods of employing them. The first of these is that the bougie should be left *in situ* for five or ten minutes, *if the patient can bear it*. The head should at the same time be advanced so as to allow the large quantities of saliva and mucus which are elicited by the catheterisation to flow away easily. Secondly, the size should not be increased till the former one has been used for three or four days. Thirdly, in children from two to fifteen years of age the canal should not be dilated more than from 15 to 19 millimetres, and in adults it should not exceed 2 centimetres (about 4-5ths of an inch). Some have suggested leaving in an instrument permanently. To do this the bougie is passed through the stricture in the ordinary way, and the proximal end is subsequently drawn up behind the palate, and out through the nostril by means of a Bellocoq's sound. Switzer's method is based on the same principle. He employs short ivory tubes of various sizes; the largest that can be introduced is passed through the stricture by means of a whale-bone rod and there left *en permanence*, the whale-bone rod being withdrawn. In order to be able to remove it at pleasure, a strong silk thread is made fast to the ivory tube.

Rapid dilatation, or bursting the stricture, was first proposed by Fletcher, and since then several instruments have been devised, many of them based on similar instruments employed in stricture of the urethra. The results have been for the most part doubtful, though in the case I shall immediately relate it proved most successful. Of course, this rapid method should invariably be followed by patient and persistent use of catheterisation.

Cauterisation seems to have had its day. In spite of the eulogistic manner in which it has been spoken of by Sir Everard Home, Charles Bell, Darwin Andrew and others, it has now almost ceased to be recognised as a legitimate method of dealing with these strictures, though in some cases it seems to have undoubtedly been of use.

Internal œsophagotomy was employed for the first time in 1861 by Maisonneuve, and his example has been followed by Trélat and other French surgeons. The first employed an œsophagotome constructed on the same lines as his urethrotome. He divides the stricture from above downwards. Trélat used an instrument devised by himself, and with which he made three incisions through the substance of the stricture, cutting from below upwards. This method has been employed in eight cases, of which five recovered, one of the failures having died of a complication unconnected with the original disease, or the operation performed for its cure. No serious difficulties were experienced in any of the operations, but catheterism was required subsequently in all the cases. The operation is scientifically a sound one. The experiments of Reybard on

(a) "Holmes' System," vol. iv., p. 494.

(b) "Medizinische Jahrbucher," 1868.

(c) *Lancet*, May 30, 1874.

(a) "Diction. Encyclop. de Médecine," 1850, vol. xiv., p. 674.

the urethra of animals have shown that the longitudinal section of a canal is never followed by a stricture, but, on the contrary, that the cicatricial tissue which develops has always a tendency to become dilated.

I need not here enter into the details of *external œsophagotomy*. It has been practised in three situations—above the stricture, at the site of the stricture, and below it. The last has been most frequently employed, but it is only a palliative measure. The two former aim at being curative. The results arrived at have not been very encouraging, as of nine cases collected up to 1880 (a) eight died within a year, Tarenget's case alone surviving sixteen months.

Nor are the statistics of *gastrostomy* better. Hitherto it has been had recourse to only in very extreme cases, mostly malignant, and at a time when patients were all but exhausted by prolonged suffering and starvation. Of twenty-two reported cases, only one by Verneuil proved a success. Some of the remainder survived a few months. These facts are not discouraging when we remember the urgency of the case, and not only warrant the performance of the operation under similar circumstances, but warns us not to postpone it till the recuperative energy of the patient is at its lowest, for even should the operation be unsuccessful, at least the patient is saved from a painful and horrible death.

To review, then, these various operative procedures, and to determine their applicability in various cases, we must, in the first instance, determine whether the stricture is permeable or absolutely impermeable. In the former case the general consensus of opinion is in favour of the method by dilatation; and this should always be tried, provided that the stricture is not of an undilatable kind. But should the stricture be exceedingly hard, and catheterism be accompanied by violent pain, the use of the bougie becomes intolerable and useless, and our best chances of success lie in the method of internal œsophagotomy, which does not seem to be very difficult, and offers a prospect of a successful issue.

In dealing with any form of stricture of the œsophagus we need not be discouraged by failure. "The treatment of stricture of the œsophagus," writes Mr. Pollock, (b) "is summed up in a very few words. . . . If permanent, from cicatrix or other disease, we can offer very little hope of benefit from treatment." Such is the deliberate opinion of an eminent authority. The result of treatment is doubtful, and the surgeon is bound to give his patient the benefit of the doubt, for without treatment the result is certain, and that certainly is starvation.

The following case, which came under my observation in October last, illustrates some of the points which I have alluded to in this paper:—

M. L., æt. 20, a domestic servant, was admitted to the Throat Hospital on October 27th, 1881, complaining of a difficulty of swallowing. She had always enjoyed good health, and had never suffered from any affliction of the throat until four and a-half years ago, when one morning at breakfast a piece of hard crust stuck in her throat. She could not get it down, and her fellow-servants slapped her on the back. Retching soon came on, and the crust was ejected. There was no subsequent hæmorrhage. Afterwards she experienced pain and difficulty in swallowing, and every day this grew worse. Particles of food used often to stick in the throat, and she used to get them up again with her finger. By degrees even fluids became difficult to swallow. There was no variability in the dysphagia, and she evinced no symptoms of a nervous habit. It made no difference in the degree of the dysphagia whether her attention was fixed on the act or not. She was in one of the Dublin hospitals for a short time, but

a bougie was never introduced. Iodine and blisters were at several periods applied to the throat, but they afforded no relief.

She was when admitted tolerably healthy-looking, though exsanguine and somewhat emaciated. She has lost a great deal of flesh. Before her throat became afflicted she was fat, and weighed between three and four stones more than she does at present. She refers the pain and obstruction to a point about three-quarters of an inch below the cricoid cartilage, where she says she feels as if something were sticking. A laryngoscopic examination shows that the larynx is quite healthy; it was abnormally pale. There was no displacement or swelling. I tried to pass an ordinary œsophageal bougie, but at the point indicated by herself it was obstructed, and no effort could get it past without undue force and laceration of the tube. She bore the attempt wonderfully well; she was very brave, and exhibited no signs of nervousness, and was only anxious that some operation might be done which would give her relief.

After the withdrawing of the bougie she was able, with great difficulty, however, to get down some beef-tea and milk. The next day I tried to get in a No. 8 (English gauge) catheter. Great difficulty was experienced, as the œsophagus seemed dilated above the stricture; and I had to probe about against the floor of this dilation with the olivary point of the catheter before I could find the opening. At last, and after many attempts, I succeeded in worming the catheter through, and I then left it *in situ*. It was retained for an hour, during which period the patient sat on a stool, leaning over a basin, while stringy mucus and saliva in great quantities poured from the mouth. After its withdrawal she experienced great relief, and shortly afterwards was able to swallow some beef-tea with more ease.

On the 20th, two days later, the same catheter was inserted, and retained for a few minutes. After its removal I was able to get in a No. 11, though with considerable difficulty. This was retained for two and a-half hours. She was able afterwards to get down some mashed potatoes.

On the 22nd the No. 11 was again introduced, and retained for three hours.

On the following day she was able to get down a small portion of well-chewed meat, the first she had been able to swallow for four years.

On the 24th the No. 11 was retained for three and a-half hours. She complained still of the sticking pain in her throat, but otherwise was feeling better.

On the 26th the same catheter was retained for four hours.

On the 29th I introduced a catgut guide through the stricture, and over it passed in a No. 12.

On the 31st the No. 12 was retained for five hours.

On Nov. 2nd I introduced Otis' dilating urethrotome without the blade, and dilated the stricture to the full size of the open instrument. This caused a good deal of pain, and for some time afterwards the mucus discharged was tinged with blood. Immediately after its withdrawal I introduced an ordinary œsophageal bougie (about three-eighths of an inch in diameter). This was retained for several hours.

On the 3rd a conically-pointed rectal bougie (a) (about half-an-inch in diameter) was passed with comparative ease, and kept in for six hours. This was passed every second day till the 9th, when I succeeded in introducing Mr. Tufnell's full sized rectal bougie. The part which was held in the stricture was about five sixths of an inch in diameter, and this was retained for one hour and a-half.

I need not detail the further treatment of the case more than to say that this large bougie was passed almost daily till the 22nd of December, and retained

(a) "Diction. Encyclop. de Médecine," vol. xiv., 1830.

(b) "Holmes' System," vol. iv., p. 404. 1870.

(a) As recommended by Mr. Tufnell for stricture of the rectum.

each time for periods varying from one and a-half to four and a-half hours. She was then discharged, and went to a situation in the country. I heard from her the other day, and she then stated that she was able to swallow all kinds of food without difficulty or pain. She expects soon to come to Dublin, when I hope to have an opportunity of again passing the bougie, and thus determining the amount, if any, of contraction.

I do not anticipate that the cure is complete, but I hope by the occasional introduction of bougies to retain the calibre of the oesophagus at its normal size.

The case is, I think, interesting, as showing that satisfactory results may be looked for in cases of fibrous stricture of the oesophagus, and as affording us proof that the slower method of gradual dilatation may be successfully supplemented by the more rapid method of immediate dilation by rupture.

Clinical Records.

ROYAL ALBERT EDWARD INFIRMARY, WIGAN.

Strangulated Inguinal Hernia.—Operation.—Recovery.

Under the care of Mr. WILLIAM BERRY, M.R.C.S. Eng.

[For the following notes of the case we are indebted to Arthur W. Stone, M.R.C.S. Eng., and L.R.C.P. Ed., Junior House-Surgeon.]

J. McN.—, et. 29, admitted December 13th, 1881, to Lower West Ward.

History.—First noticed a swelling in right groin in 1874, which, on examination, proved to be an inguinal hernia, for which he was ordered to wear a truss, and did so for nine months; he then left it off, and since then it has frequently come down, but has on every occasion been easily returned.

On December 10th, whilst going to the works, he slipped and nearly fell, the rupture came down, and gave him great pain, and in the evening vomiting commenced.

A homoeopathic practitioner was called in to see him, and under his advice nine doses of castor-oil were taken up to the time of his admittance into the Infirmary. No action of the bowels resulted, and the pain and vomiting continued unrelieved.

On admission taxis was tried, but failed; chloroform was administered, and the taxis again resorted to, but again failed; an enema of olive oil and a full opiate ordered; the patient passed a fair night, vomiting once or twice only.

December 14th.—Pain and vomiting continuing, Mr. Berry performed herniotomy at 10 a.m. The constriction was found to be situated at the neck of the sac; the knuckle of small intestine, much congested, could not be returned without opening the sac, which was done, and the bowel replaced; a drainage tube was placed in the wound, which was then closed with three silver wire sutures, and two or three intermediate ones of catgut; a pad of absorbent cotton was placed over these, and a bandage applied; a hypodermic injection of morphia was given, and a grain of solid opium ordered to be taken every three hours. To have nothing but ice, soda-water, and milk. 10 p.m.—Has vomited twice, pulse 116, small and thready. Bowels have been slightly moved, and he has passed urine; feels comfortable.

15th.—Vomited bilious matter three times during the night; complains of pain over whole abdomen; wind passed freely; wound dressed and looks well; drainage tube left out; temperature taken hourly through the night, and has not reached 100. To continue opium every three hours. 11 p.m.—Has vomited several times, brownish-coloured matter, of no fecal odour; countenance anxious; feels weak; pulse 128; temperature 100; abdomen tense and tympanitic. Ordered a teaspoonful of brandy every four hours, and a turpentine stupe to abdomen.

16th, 9.30 a.m.—Passed a good night; no vomiting since midnight; wind passed freely *per anum*; wound dressed; pulse 128; temperature 100. 12 p.m.—Bowels have been gently moved; complains of pain at the wound; pulse 130; temperature 101.

17th, 9 a.m.—Has had three motions during the

night; wound looks well; on pressure a little bloody serum oozed out. Pulse 130; temp. 99.

18th.—Pulse 120; temp. 99.

21st.—Pulse 118; temp. 99. Wound painful; sutures removed, and wound opened up; opium stopped.

23d.—Has some peritonitis, as evidenced by pain on pressure over abdomen; pulse 120; temp. 100; bowels relaxed. Ordered 1 grain of opium every 3 hours, and poultices over abdomen.

27th.—Tenderness on pressure almost gone; bowels not so relaxed; wound discharging freely, healthy and granulating. Pulse 118, and temp. 99.

Jan. 2nd.—Wound closing, pain gone; opium to be stopped; solid food given.

He now progressed, and was discharged on Feb. 1st, 1882, with wound almost healed.

Remarks by Mr. Berry.—Considering the length of time from the occurrence of strangulation and the time of operation, also the injudicious treatment by castor-oil administration, this case progressed tolerably well; the knuckle of bowel was very much congested, and the patient very weak; in fact, the *facies hippocratica*, was well marked. I saw him after his discharge, and for some weeks he remained debilitated, and wound discharged a little. It was remarkable that stercoraceous vomiting did not occur; but it is invariably my custom not to wait for this symptom; in fact, I believe when this is present the chances for the patient are small. When we are satisfied of strangulation having occurred and the taxis fails after chloroform is administered, we should operate before the patient recovers sensibility, and by doing so much time is saved, and the patient's chance of recovery is enhanced. I would here also remark that pressure with a bandage and absorbent wool pads acts admirably in these cases; there needs no disturbance of the parts for several days afterwards, or when there is an increase in the temperature.

Department of Lunacy.

THE CAUSES OF INSANITY.

GREAT pains are taken by Dr. Murray Lindsay to ascertain the causes of insanity in the patients admitted under his care into the Derby County Asylum, and a table appended to his annual report for 1881, which has just been issued, clearly shows that a large measure of success may attend etiological investigations, even in pauper asylums, if they are vigorously undertaken and laboriously pursued. Dr. Lindsay was able to fix upon some cause of mental derangement in all but 11 of the 151 patients received into the Derby Asylum last year; and his results are, therefore, in striking contrast with those obtained in another asylum to which we referred some time ago, and in which no cause was ascertained in nearly three-fourths of all the cases admitted. In the Derby Asylum cases, hereditary predisposition was traced out in 25 per cent., while in 21 per cent. there had been previous attacks of insanity, and in 13 per cent. previous intemperance. Salvation Army excitement was credited with some share in the causation of insanity in two patients, both young and of low intellectual calibre.

ATTENDANTS ON THE INSANE.

DR. ARTHUR STRANGE, Medical Superintendent of the Salop County Asylum, deplures, in his annual report to the magistrates, the growing difficulty of obtaining suitable attendants for the male division of his asylum. In no year since he has held office have the applicants been of so low a calibre, and consequently the changes among the staff have been very numerous; and but for the presence of a few old and tried attendants, the management of the department would have been most embarrassing. The short service

system in the army, Dr. Strange says, lets loose annually a large number of young men who appear to have been just long enough in the service to have learnt what is bad in it, without acquiring a knowledge of discipline or a habit of obedience to orders. Several of them who have been taken on trial have failed lamentably, and in some cases summary dismissal was necessary. The long-service men with pensions, who, if they kept sober, made such excellent attendants, are now rarely met with.

THE KILLARNEY DISTRICT LUNATIC ASYLUM.

DR. OSCAR S. WOODS has circulated with the annual report of the Killarney District Lunatic Asylum a reprint of his judicious remarks on the forms in use for the admission of patients into Irish asylums, which appeared in our columns on the 14th of September last. Reverting to the subject in his report, he regrets that Mr. Litton's Bill, introduced into the House of Commons last session, and intended to assimilate the Irish to the English law, had to be withdrawn owing to pressure of business. Dr. Woods does not approve of the proposal for boarding out harmless and incurable lunatics, but he thinks it might be worth while to try the experiment of converting a few of the disused workhouses into intermediate asylums for patients belonging to these classes. Under proper inspection, and of sufficient size, he believes such intermediate asylums would work well and economically.

CLERICAL ENCROACHMENT.

A VERY trifling acquaintance with the history of the treatment of the insane in this and other countries, or the faintest appreciation of the drift of recent improvements in lunatic asylum management would have saved the chaplain of the Hereford County Asylum from committing himself in his annual report to the visiting magistrates of that institution to opinions of a very retrogressive and uncongenial description. The reverend gentleman, speaking from a moral and religious point of view, intimates that he has been for years past puzzled and grieved to understand why often a single, unbearably noisy, and unmanageable patient should be allowed to worry the great majority of inmates in an otherwise comparatively quiet ward, and as he has often witnessed, goad well nigh to distraction a few suffering creatures who are quite sensible enough to ask why they are called on to bear this additional cross. No doubt, he says, by the prevailing system the *summum bonum* is arrived at and possibly secured, while the *minimum* of the injury he deprecates is in comparison but a circumstance in its working, which the disuse of all seclusion and restraint at the present day renders all the more indispensable. Nevertheless, the reverend gentleman thinks that, as has been done in some American asylums, the difficulty might be solved by the erection of a separate detached building, called the refractory asylum, specially built for very violent and filthy patients. We have certainly much to learn from America, but, if the highest authorities who have visited them are to be believed, we should not have thought of going to American asylums for lessons in the management of the insane. The refractory asylum which the chaplain of the Hereford Asylum so earnestly desiderates would be a sure way of demoralising the whole establishment, of spreading noise and turmoil throughout it, and of rendering impossible those satisfactory results of treatment which have hitherto been attained. For, notwithstanding the bewilderment and sorrow that has been caused to the chaplain by the system of administration of the Hereford County Asylum up to

this time, that system seems to have secured a fair rate of recovery amongst the inmates, a low death-rate, and the approbation of the public officials whose duty it is to overlook the asylum. A classification of the patients in a lunatic hospital is of course necessary; but that may be safely left in the doctor's hands, who may sometimes with advantage outrage clerical propriety by scattering some lively maniacs through wards that but for their presence would be given up to the gloom of melancholia or the torpor of dementia. No system of classification adopted at the present day is likely to require the construction of penal settlements into which all noisy and dirty patients might be drafted, greatly to the relief, no doubt, of the officers of the asylum, but much to their own detriment and greatly to the deterioration of treatment generally. The condition of the insane, where under clerical control, has almost invariably been deplorable. Every amelioration that has been effected in their condition has arisen out of the recognition of the truth that they are the victims of disease, and that their treatment, which includes the regulation of their lives as much as the administration of physic, must be left in the hands of medical men. The chaplain of the Hereford Asylum would therefore do well to confine himself to his own department, and to refrain from recommendations which, if followed, would soon lead us back to strait waistcoats, manacles, whips, baths of surprise, and other abominations of the past.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

THE CHLOROFORM DISCUSSION is still occupying the whole attention of the Académie de Médecine, and its termination seems to be as far off as ever. On Wednesday last, M. Trélat attacked in a succinct manner the assertion of M. Gosselin, which, it may be remembered, was that chloroform, when properly administered, and according to his method, could not be attended with any dangerous results. This declaration on the part of M. Gosselin was considered by M. Trélat as of grave importance, in that it was made by one who was generally recognised as an authority on that subject. His colleagues, MM. Labbé, Verneuil, and others, protested against this declaration, and he (M. Trélat) would do the same, for he could not believe that when patients succumbed to the effects of chloroform it was the fault of the surgeon who administered it. When a patient died under the influence of the anæsthetic, was the fatal result to be attributed to always the same cause? Certainly not, for sometimes death is caused by syncope, and sometimes by a reflex action on the bulb. Besides, death does not always occur at the same period, for some succumb at the commencement, when often not more than twenty drops are administered, while death arrives in other cases at the end of the anæsthesia. Also, account should be taken of the shock of the operation. We are no longer at the time when chloroform had only the property of suppressing pain during an operation. Certainly that in itself was already an immense progress in surgical practice, but its application has since been extended beyond measure. How many diagnostics were made to-day that were impossible formerly? Hernia, luxations, abdominal surgery, ovariectomy, hysterectomy, &c., what have they not gained by chloroform? This surgery, by which the abdomen was opened as a valise, either to extirpate voluminous tumours, liquid or solid, or to remove an obstacle in the intestinal canal, to cut a portion more or less extensive of the intestine, and re-unite end to end the parts separated—this surgery,

which has made such progress, and rendered such services during the past fifteen years, would it have been possible without chloroform? To-day, chloroform is too well recognised as a precious resource for the surgeon to be dispensed with or destroyed. If the 250 victims of the anæsthetic were placed in one side of the scale, and those who owe their life to it in the other, it is needless to say which way the scales would turn. In conclusion, he would say that they should continue to use chloroform as in the past, but never to forget that it was never totally free from danger.—M. le Fort was of the same opinion as his friend M. Trélat. The declaration of M. Gosselin was positively dangerous for surgeons. Simpson employed chloroform thirty years with success until the day he lost a young man from syncope provoked by the employment of the anæsthetic in question. In the London hospitals during a period of twenty-six years, seventeen thousand patients were put under chloroform without one death; in the space of six years out of seven thousand five hundred cases there were six deaths. He had been able to collect 250 cases due to chloroform, although he believed that in some of these chloroform was perfectly innocent. In nineteen cases death occurred before half a drachm was administered. M. Gosselin gives five drachms as a safe dose, but in many instances the patients had not taken that amount. In terminating, he would express the opinion that of the deaths which occurred under chloroform there were some which were due to the patients themselves, and others to causes that could not be previously recognised. The method of M. Gosselin possessed, in his mind, no advantages over many others. M. Gosselin will reply on Wednesday next.

NEW OPERATION FOR PHYMOISIS.—At the meeting of the Société de Chirurgie, a member described a new operation for phymosis. It consisted in introducing the points of a tracheal dilating forceps as far backwards as possible towards the base of the gland. They are then opened, and with a dressing forceps the prepuce is drawn down: a cut of the scissors takes off the amount required. In this way the mucous membrane is divided on a level with the skin, and the result is very satisfactory. M. Marc Lee found this procedure deficient in the sense that in the operation for phymosis as little of the skin as possible should be sacrificed, and a method which included the skin and the mucous membrane in the one cut was, in his mind, very bad. M. Horteloup never divides the skin and the mucous membrane at the same time. He makes the section of the skin first, and takes off what he thinks necessary; afterwards he applies himself to the mucous membrane. M. Verneuil preferred dilatation to every other method. In the great majority of cases it alone suffices. M. Launelougue tried all these methods, and pronounced in favour of dilatation. The history often gave bad results. M. Marjolin observed that often serious hæmorrhage followed the bloody operations, and that was why he preferred also dilatation. M. Desprès has always followed the method of Celsus, which consisted in making a simple incision. He never had an unsuccessful case.

IODOFORM DRESSING AND ITS DANGERS.—M. le Dentu, of the Saint Louis Hospital, continued and concluded his lecture on "Iodoform Dressing and its Dangers" on Saturday last. Experiments had shown that the abuse of iodoform could be attended with danger. Eight grains were given to a dog, and the effects were nausea, vomiting, and diarrhœa. Twenty grains produced a kind of intoxication, while, when a drachm was administered, convulsions with tetanic contractions were observed. The experiments of Binz and Högen produced cerebral trouble and alteration of the cardiac rhythm, with visceral degeneration. The toxic effects on man are well

marked and characteristic; they are as follows: General malaise, prostration, headache, loss of appetite, depression, with a tendency to shed tears, the pulse is accelerated, sometimes reaching 150 or 180, when it becomes impossible to reckon it, and, strange to say, the temperature is but very slightly elevated. Symptoms of poisoning might occur even after the suppression of the dressing. Such at least is the case cited by Schede. The brain disturbance is characterised in children by coma, spasm, irregular pupils, and rapidity of the pulse. In the adult delirious agitation and an indescribable anguish are observed. Sometimes the delirium is replaced by a profound depression. Heftmann, out of a thousand patients treated by iodoform, never observed but twice serious symptoms of poisoning. In one case two ounces and a-half of iodoform were used as dressing after resection of the knee in a man 61 years of age. On the ninth day the patient became greatly agitated, pulled off the dressing, and fell into a comatose state, out of which he never rallied. The autopsy gave negative results. The breast was extirpated in a woman, 69 years of age, and iodoform dressing was used. On the tenth day the patient attempted to escape, and refused all nourishment; the agitation was extreme, but there was no fever. Death arrived nine days afterwards. A half-an-ounce was used on a woman, aged 67, for resection of the elbow. The same symptoms were observed, and she rapidly succumbed. Under what conditions were these accidents produced? Account must be taken of the age: 11 times serious symptoms were observed in subjects under 35, and 21 times in patients between 40 and 75. The doses employed were very large—one to four ounces for each dressing. The employment of the porphyrised powder was dangerous, and the iodoform gauze appeared to be the least inoffensive. König, at the end of his memoir on iodoform dressing, arrives at the following conclusions:—"It is no longer permitted to recommend iodoform as an antiseptic in large wounds or after an operation. For tuberculous lesions, as long as a substitute is not found, it will be impossible to abandon the employment of iodoform in that disease." M. le Dentu, in concluding, expressed the hope that French surgeons would not fail to profit by the result of the foolish and imprudent experiments of their neighbours, and that iodoform would be considered, however excellent in small wounds and fungous ulcers, as useless and dangerous when applied too freely and extensively and to the surface of recent wounds.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

A MEETING of this Society was held on Friday evening, March 24th, in the Albert Hall, Royal College of Surgeons, Dr. BARTON, Vice-President of the College, in the chair.

Mr. TUFNELL, Hon. Sec., read the minutes of the previous meeting, which were confirmed.

Dr. BAXTER exhibited an amputated hand and forearm as a specimen of pulpy thickening of the synovial membrane with erosion of the cartilages of the wrist. In July last the patient, a woman, gave the wrist a slight strain or wrench. In December an abscess appeared on the inner surface, and subsequently on the outer side. He decided to remove the arm about the middle of the forearm. Pulpy degeneration was found extending into the palm of the hand, and, as Dr. Abraham in examining the specimen had indicated, there was pus between the metacarpus and the head of the metacarpal bones, showing thereby that excision would not have proved useful. At the end of the radius and the cartilage of the carpal bones erosion was observable.

Mr. LAMBERT H. ORMSBY exhibited portions of bone which

he removed from a man's skull on the previous Tuesday evening. The man was engaged in a saw-mill. In moving towards a circular saw, a board in which there was a knot—the board, in consequence of the knot, kicked back and struck him on the left parietal bone, and he fell down unconscious. On admission into the Meath Hospital he could not find any depression of the bone. During the night the man became very delirious, and continued so for some days. There was no apparent stertorous breathing to justify him in cutting down and examining the condition of the skull. As the patient was getting more delirious in the evening Mr. Ormsby determined to cut down, when he found that a large portion of the parietal bone had been driven in on the dura mater and on the brain. Endeavouring to remove the bone by elevation, he found it had got underneath the cranium, and he then removed a small portion of the skull with the trephine, and he got in the elevator and forceps and extracted the fragments of bone. The man had since got on well. On the under surface of one of the fragments might be observed the middle meningeal artery, which was not wounded in the operation.

Mr. KENDAL FRANKS read a paper
ON STRICTURE OF THE OESOPHAGUS AS TREATED BY HIM IN
THE ADELAIDE HOSPITAL,
which will be found on page 332.

The VICE-PRESIDENT considered the paper of great interest, as dealing with cases which tried the patience and skill of the surgeon.

Mr. TUFFNELL said they had had a case in the City of Dublin Hospital a few weeks ago in which the disease was malignant, and their opinion was that there was nothing to do but to open the stomach. The operation would, he thought, have been successful in preserving life had it been done before the man had completely sunk. It was a case of Mr. Croly's. Gastrotomy was performed, and where the stomach was opened and the mucous surface stitched nothing could be more satisfactory. The stricture of the oesophagus was at the entrance of the stomach, at the cardiac end, and was not above three-quarters of an inch in length. It was undoubtedly a case of malignant scirrhus. At the opening into the stomach there was a firm adhesion. The stomach was perfectly healthy, and there was no cancerous disease in any other part of the body.

Dr. HENRY KENNEDY remarked that the diagnosis in those cases was not at all a simple thing. He had at least twice seen cases that gave rise to a great deal of discussion as to whether there was organic stricture or not, and these were not cases of hysteria, but of men advanced in life. This difficulty was due to a cause that some writers had alluded to—namely, gout, which affected the oesophagus, producing the symptoms that gave rise to the discussion. In his experience there were exceedingly few of those cases that were not malignant. He had seen a good many cases, and he could not call to mind a single one that he considered benign. In this respect, therefore, the case Mr. Franks had brought forward was of great interest, and he appeared to have treated it to a termination which was exceedingly rare in connection with the oesophagus. At the Pathological Society recently a remarkable case was shown where the entire tube was a mass of canceroid ulceration. As a general rule, other parts of the body were uncontaminated with the disease.

Mr. FRANKS, in replying, referred to the great use he found in the bougies, which he gradually increased in size. The girl was so anxious to get relief that she kept worming the bougie in until she got it nearly up to the string, increasing the dilating power. One thing struck him as remarkable, and that was the tolerance of the patient of it in her throat. Holmes spoke of keeping it in "five minutes if the patient could bear it." Here the girl kept in the bougie five and six hours at a time.

(To be continued.)

At Liverpool on Thursday last, Ethenside Tomanzie, a coloured medical practitioner, surrendered to his bail on an indictment charging him with having given false certificates of deaths. The prisoner, who was connected with an Artisans' Medical Society, was convicted and sentenced to two months' imprisonment.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 19, 1882.

INFLAMMATION.

THE Lumleian Lectures for 1882 must rank as equal in importance with any similar series of previous years. The nature of the subject with which they deal, and the well-deserved reputation of their author, combine to make them a considerable incident in the history of medicine; and the interest excited by their delivery is well sustained by the character of the discourses themselves. Although Dr. Burdon Sanderson took the precaution of warning his hearers against anticipating that he had any new discoveries to announce, no one who was fortunate enough to attend the delivery of the lectures failed to have the highest expectations he could have formed about them fully realised. They were in every respect a masterly exposition of the present state of knowledge regarding the pathology of inflammation; and that they exposed views which are original to at least a majority of professional readers it is impossible to doubt. Indeed, this fact may be taken as the prime reason why such means of imparting information as the delivery of annual courses of lectures should be retained. When the task of their preparation and delivery is undertaken by scientific experts, whose business it is as well to make themselves acquainted with the most recent advances of modern research as to prosecute original investigation for themselves, it must necessarily happen that most invaluable abstracts of what has been done and is being done to forward the comprehension of natural and abnormal processes will be presented for the instruction of the busy practitioner, who could not possibly hope by any other means to gratify his honourable desire for such knowledge

as may help him to the achievement of better professional work. Hence it is that an especial value attaches to Dr. Burdon Sanderson's Lumsian Lectures; he is of all Englishmen, perhaps, the most competent to weigh the opinions of other labourers in the field he has himself cultivated with signal success, and to arrange in consecutive series the observations and deductions that make up the sum of all that is definitely known at the present time on the pathology of inflammation.

In the first lecture, Dr. Sanderson dealt at length with the view of inflammation put forth by Bowman and Goodsir, that, viz., it is a modification of existing natural processes. That this is no longer tenable is probably recognised by, at any rate, the present generation of practitioners; but it is not so certain that the error of regarding new growth as the consequence of inflammatory action is generally discarded. Notwithstanding, however, the tenacity with which exploded notions are sometimes held to, there remains no point of support for this particular heresy. The essential nature of inflammation is simply and solely *damage*; accordingly, as the injury is little or much, so is the damage sustained small or severe; and in those cases where it is excessive that amount of damage which produces absolute death of the structures concerned is set up, and the renewal of the tissues then becomes a question, not of extending the inflammatory process, but of a growth from without inwards, from contiguous healthy parts to the dead centre. The illustration of this process has been the growth of years, and has been rendered possible, moreover, only by the introduction of improved means of minute research, and the perfection above all, of the physiological method of observation. In former times, when anatomical studies formed the basis of every pathological doctrine, it was but natural that the processes which go on in health and disease should be explained in accordance with anatomical data; and hence the hold secured in the science of the past by Virchow's cellular pathology. According to it the effects of injury to the tissues gave rise to a series of changes which result both in degeneration and restoration: this must now give place to the more accurate conception, which is, indeed, no longer a conception, since it admits of definite proof, that injury is followed by arrest of function; and, as before said, the degree of arrest is determined by the amount of injury received. This arrest of function is attributable primarily to stasis. Stasis is the mechanism by which inflammation kills, and the necrosis thus set up serves as the starting point for further pathological changes; but it and its attendant phenomena, dilatation of the vessels, and exudation of coagulable liquid, are all stages in the destructive process; and the real results of inflammation must be traced from the occurrence of the actual stagnation in the vessels, a change in the condition of the latter being the exciting cause of the phenomenon. Redness, heat, and swelling may be produced without the injury exciting them being sufficiently grave to induce stasis in the vessels of the part, and in such cases a transitory effect only will be produced.

The part played by micro-organisms in the inflammatory process was carefully discussed in Dr. Sanderson's second lecture, and his conclusions maintained by the record of numerous experiments. He has put the matter so clearly

that it is no longer possible to feel hesitation in accepting the views formulated in this lecture. Briefly they are—
 (1) That in ordinary normal inflammation the exudation liquid is not infective, and that the absorptive powers of the tissue are equal to removal of this tissue in very large amounts without any unusual effects being produced thereby. (2) That neither air nor water usually contains inflammation-producing agents, and that, consequently, these may be injected into the absorbent cavities in large amount without causing serious injury, being quickly absorbed by healthy surfaces. It may be well here to recall the evidence by which this power of absorption has been demonstrated—namely, by the effect of injection of fluid into the peritoneal cavity of animals. So long as such (bland) fluids were injected in amount not too large to be taken up by the absorbent vessels, no damage resulted, but when this rate of injection was exceeded, then damage and inflammation were the consequence. From this state transition to an infective condition swiftly followed, showing that (3) chemical change in the exudation liquid of inflammation renders the latter of infective character. Such changes, moreover, could be attributed only to the introduction of microzymes from the alimentary canal; and once present in the liquid they readily increase, and pass thence into the blood stream *via* the lymphatics. Once established in the circulating fluid they (4) become carriers of secondary infection to distant parts. Thus these minute organisms must be regarded, not as initiators of inflammation, for their presence in an uninjured part would not necessarily produce any ill-consequences; it is only when grown in septic exudations that they become capable of carrying infection to other parts. The mode of demonstration by which this is proved is, of course, purely experimental, but it is also perfectly conclusive. The bearing of these experiments, too, on the explanation of infective processes, and the absence of infection following injury to parts removed from access of germs, is intelligible in the light thus shed on the whole question of inflammation. This may occur to a very considerable extent, as the result of such damage as is daily witnessed in street accidents attended with simple fracture of the limbs. In these it is unusual for worse consequences than a severe inflammatory condition to supervene; but this condition is indubitably truly inflammatory, so that the existence of an open wound for the admission of microscopic organisms to act in extension of the process is by no means essential, as might be assumed from the statements of some Continental pathologists.

Perhaps the most generally interesting of Dr. Burdon Sanderson's demonstrations will be found to be that of the part really played by blood-vessels in the inflammatory process. In accordance with the views propounded the influence of a vaso-motor nervous system can no longer be held to sway the progress of the phenomena; and to the inherent powers of rhythmical contraction and muscular tone possessed by the vessels must be ascribed all the observed results made familiar by oft-repeated description. Indeed it will appear to every one whose physiology is of a remoter age than that of the existing school, that almost a new science has arisen, in becoming acquainted with which the student must of necessity unlearn a vast amount of knowledge acquired at the expense of painful and

time-enduring labour. But whatever may be the opinion held in respect to the changefulness of pathological doctrine, nothing can detract from the admiration with which Dr. Sanderson's masterly exposition of its present state as regards inflammation will be regarded. That he has arranged the many modern discoveries in an orderly and natural manner will be at once conceded; and also that he has painted a picture of recent research in a way that none can fail to comprehend at a glance. The Lumslean Lectures, indeed, of 1882 are a solid and able and incalculably-useful contribution to the literature of pathology.

THE NEW SCHEME OF EDUCATION AND EXAMINATION OF THE IRISH COLLEGE OF SURGEONS.

We learn with much satisfaction that the sanction of the Home Secretary to the much-needed educational reforms embodied in this scheme has at length been received by the College, and we presume that the Council will at once promulgate the new arrangements as in force from opening of the schools in next October. The operation of these improvements in the licensing system of the College has been thwarted and delayed for a whole year by the interested opposition of a few of the Fellows whose feelings as teachers were naturally in favour of the old system, which has proved so pleasant and lucrative to grinders and apprentice-farmers. It is intolerable that, after it had been proved beyond dispute that the College and its Council were determined to reform the *status quo* these gentlemen should have adopted and maintained a policy of obstruction, and, without having the courage to let their names be known, had secretly countermined the College, and by these means delayed the approval of the scheme by the Home Secretary for an entire year. The obstruction party, no doubt, congratulate themselves on the temporary success of their tactics, but they have been at length hopelessly discomfited, and, having had the profit and the credit of an ephemeral success, they cannot be surprised if the Fellows of the College mark their resentment of such proceedings.

There are not—we venture to assert—half a dozen Fellows of the College who believe it honest or right to perpetuate the old system of multitudinous reiterated lectures, false certificates, impractical examinations, impossible curricula, and the "tick" system of fee payments. The Council of the College and the promoters of reform look for the support of the Fellows in their efforts to put a stop to these abuses, and we entreat every Fellow of the College to give that support and to make it manifest by their voices and their votes that they will no longer tolerate the prevalence of what we must designate as educational corruption, and that they condemn emphatically the obstruction tactics which have been pursued. A great question of principle is involved, and personal influences should be set aside when great issues are at stake. It has been and will be a contest of purity of teaching against vested abuses, and we cannot doubt that the Fellows of the College will place beyond doubt or misrepresentation their determination that the obstruction party shall not succeed in their purpose.

THE UNQUALIFIED ASSISTANT SYSTEM.—II.

THERE has always existed a spirit of ambition among parents of lower middle-class status to see their children occupy a position superior to that they have themselves been able to attain; and to such persons the only apparent means of securing their wish which seems likely to offer any chance of realisation is the adoption of a profession. The feeling is, in the abstract, an honourable one, and there would be little need for objecting to any part of the influence exerted by it, were it not for the painful evidence frequently afforded in proof of its being a potent factor in producing vast numbers of the dismal failures at present under discussion. As a rule, it may fairly be said, students drafted from the classes referred to are generally tolerably well educated before entering on hospital practice; they come, usually, from average middle-class commercial schools, and manage to pass without great difficulty the preliminary examination exacted of all candidates for registration as medical students. Of these we have little complaint to make; but it is equally certain that their success exercises a potent influence in determining the future career of sons whose parents are one or two removes lower down in the social scale, whose children enjoy very inferior educational advantages, only such, in a word, as suffice to force them after one or many rejections through the ordeal of even the least exacting preliminary examination. From the nature of their surroundings and antecedents, these unfortunate students are constantly subject to drawbacks arising out of pecuniary embarrassments; and to them the opportunities of at once adding to their own means of subsistence and relieving the burdens imposed by their drains on the home exchequer, which service as unqualified assistants offers, are too great to be resisted; and they form, it must be said, no inconsiderable proportion of the contingent derived from medical students. It would be interesting, were it possible, to obtain a return of the social conditions of all assistants of this description at present under engagement. This, however, cannot be expected, but so far as personal observation can be trusted to for average results, we have no hesitation in declaring that the condition of things sketched forth above is largely contributory to existing arrangements.

We have already hinted that the unqualified assistant is rarely a man of any degree of general education. Further than this, it might be urged that the permanently unqualified are invariably all but illiterate, while very many of them are able to make no pretension to education of the kind demanded by examining boards in candidates for their qualifications. Some sort of classification of them, however, can be made by dividing them into those who are and those who are not *bona fide* medical students. The latter are, unfortunately, by far the more numerous, and as experience goes to prove, the most impudently daring in the discharge of illegally-assumed responsibilities. It may be that the little knowledge gained by a year or two years of study at a medical school suffices to intimidate men from performing duties they show no hesitation in undertaking so long as they remain ignorant of the dangers to which their patients are thereby submitted; and very possibly, or even probably, it may in part be due to a growing sense of fealty to professional ethics which prevents all but a residuum

of actual students of medicine from disgracing its practice by acts of their own. Undoubtedly, too, there are fewer inferior men who enter the profession each year, a fact which is due no less to the higher standard of general education now adopted in the majority of preliminary examinations, than to gradual increase in the scale of fees inaugurated at nearly all the medical schools. These considerations, however, have no weight with those who do not base their claims on previous hospital experience, but who most frequently ascend from the post of chemist's assistant or surgery drudge to that of assistant practitioner. It is to these that the profession is indebted for almost all the scandals connected with unqualified practice; it is they who are the most utterly unscrupulous in their dealings with the unfortunate but credulous poor of our towns and country districts; it is they who are constantly outraging the profession of medicine, and are, with shame must it be admitted, virtually supported by the countenance of their employers.

On this particular point it will avail nothing unless we speak plainly and unsparingly. Every medical man who engages the services of an unqualified assistant and expects him to perform such work as can with propriety be done only by a legally-qualified practitioner is thereby damaging the interests of the profession he is bound by every dictate of law and honour to cherish and defend. Moreover, he is entirely without the semblance even of excuse for his conduct; no justification of it is possible, and deeply as we regret to be compelled to utter the charge, we cannot do other than declare that he encourages one of the foulest impositions of the present day for the mere sake of a trifling economy. Disguise it as he may, he cannot hide the fact that his patronage of unqualified men is entirely due to the easier terms on which they can be obtained; he is content to do irreparable damage to every qualified man not in practice, for that is what it amounts to; and at the same time let loose among his patients a character whose empiricism is of the very worst kind, because it is untinged by culture.

To what extent this statement is founded on truth, may be at once judged by considering the amount of remuneration received by unqualified assistants. This on an average is about £45 in-door, and £85 out-door, for which the recipient is required to be available for duty at all times, to dress respectably, to perform any little extra duties that his employer may require of him; and in effect be "generally useful." None know better than those who seek such servants that it would be impossible to expect to find them in the persons of men who have devoted four or five years, and as many hundred pounds, to qualifying themselves for the practice of medicine; nor, when arranging to engage unqualified assistants, do employers for a moment intend to limit the work they will do, by curtailing their responsibilities. Qualified men could not be obtained on anything like the same terms, in numbers to supply the demand; but nevertheless they alone are legally competent to undertake the duties discharged by an ordinary assistant, and which, but for the cupidity of principals, would never form part of the daily labour of an unqualified person. This matter is one which very nearly concerns the younger classes of the profession; it is they who clearly

suffer by persistence of the abuses we are describing; and it is they who first and foremost should bestir themselves in agitating for amendment in that which is systematic robbery of themselves. In one town in the north of England containing a population of 78,000, and in which there are resident twenty qualified medical men, we have ascertained that there are engaged no less than ten unqualified assistants. Moreover, the majority of these latter are in the service of senior practitioners, so that, of necessity, the principal labour of ten practices in a populous town is performed by unqualified men. This is but one example out of many that might be named; and the salaries enjoyed by all the ten put together is unequal to that of a sanitary official in many districts of ordinary extent. Were it rendered impossible, either by law, or by universal condemnation of the practice on the part of the profession, for senior practitioners, or indeed any practitioners, to enlist other than duly qualified aid in their work, then in the one town referred to alone there would be openings for no less than ten young men to commence the active life of their profession. By careful calculation and inquiry, further, the estimate has been arrived at that in England and Scotland no less a number than 3,000 unqualified assistants are actually engaged in medical attendance, &c., so that 3,000 young surgeons are thereby deprived from holding remunerative posts at just such a time as it would be most convenient for them to do so; they are practically, moreover, debarred from obtaining the necessary assistance and opportunity for enlarging their social experiences by assisting in the duties of a general practitioner of medicine.

Notes on Current Topics.

Patellar Reflex.

THE importance which has in recent years become attached to the knee reflex phenomena could hardly have been anticipated by Westphal when, in 1875, he for the first time drew attention to their absence in *tubercularis*. These reflexes are produced in every sound limb with the utmost readiness, and are now very generally sought by physicians who suspect the presence of lesions of the cord involving the centres whence they originate. In this connection the following description of the most suitable method for obtaining them, taken from Dr. Byrom Bramwell's new work, on "Diseases of the Spinal Cord," will be interesting to many of our readers:—"The patellar tendon reflex is best obtained by striking the ligamentum patellæ when the knee is semi-flexed and the foot at rest. The patient should be seated with his legs dangling over a high table in a pendulum-like manner; or the leg may be crossed over its fellow. The tendon should be struck just below the patella with a percussion hammer, the side of the hand, or the ear-piece of a stethoscope. The knee must be quite relaxed." When there is any doubt as to the presence of the phenomenon the patient's eyes should be bandaged, and the leg struck without his being aware of which is to be selected for experiment. Care also must be exerted to distinguish the jerk of the quadriceps muscle from the movement of the leg set up by the

impulse of the blow, so that the latter may not be commo-
 founded with and taken for the former. In *tabes dorsalis*
 the patellar reflex is considered to be invariably absent by
 a majority of authorities, while others assert that this is
 not the case. Prof. Westphal, early in last year, replied
 to the objections hitherto raised against his views, and
 asserted that though accompanied by symptoms of ataxia,
 such cases had been mis-called *tabes*; and again insisted
 on the universal absence of all knee phenomena in true
tabes dorsalis. It is important also to note that Westphal
 has all along described the patellar reflex as a complex
 occurrence, in the production of which muscular tissue is
 nearly concerned. If, as has been asserted, it is sometimes
 absent in normal individuals, he assumes the fact to be
 due either to physical conditions, such as an undue amount
 of fat interfering with the transmission of the impulse, or
 from any cause interfering with the due extension of the
 tendon. If no reason can be assigned for the want of
 reaction on tapping, then, he thinks, incipient spinal mis-
 chief may be safely diagnosed. The centre for these reflexes
 is in the lumbar region of the cord, and hence it arises
 that when that part becomes the seat of progressive
 disease, it will cease to send out motor impulses. Also,
 in diseases which are attended with hyperæmia of the cord
 in the same part there will be exaggeration of the con-
 dition known as patellar tendon reflex. Similar reactions
 are to be obtained on tapping other tendons, that which is
 called ankle-klonus, and to which Dr. Gowers has drawn
 especial attention, being the most important. In no case,
 however, can it be said that the phenomena thus revealed
 are satisfactorily explained; and we must await the solu-
 tion of several points in connection with them ere this
 can be said to be the case. Amongst investigators who
 are engaged in examination of tendon reflexes are, on the
 Continent, Charcot, Westphal, Erb, and Rosenthal; and in
 this country, Gowers, Buzzard, and Byrom Bramwell. Their
 intimate association with, and diagnostic value in, diseases
 of the nervous system surrounds them with a high im-
 portance.

More Anti-Vivisectionism.

THAT indefatigable enthusiast on anti-vivisection, Mr.
 G. R. Jesse, having considered it incumbent on him to
 attempt the annihilation of Mr. Gamgee's unassailable
 arguments in favour of vivisection, has, it seems, ven-
 tured, with a courage that must command a certain
 admiration, to beard the lion in his den—in other words,
 to address a meeting of the Society before which Mr.
 Gamgee delivered his now famous oration. With
 commendable patience the Society listened to "the
 hon. sec. and treasurer Society Abolition Vivisection"
 for more than ten minutes; and at the end of
 that time, having heard as much as they could be
 expected to tolerate of his oft-repeated declamation, the
 president called upon him to conclude his remarks. This
 course of proceeding Mr. Jesse regards in the light of a
 grievance, and now treats us to several feeble witticisms
 directed at the Society, in the pamphlet latest issued from
 his facile pen. This production is, even for Mr. Jesse,
 unusually feeble, but is, nevertheless, amusing in parts,
 from the coolness with which it sets forth its author's
 claims to consideration for having held a controversy

with such men as Owen, Lister, Spencer Wells, &c.,
 which "surgeons have pronounced convincing and
 conclusive on the question, leaving no opening for
 further debate." It is, however, a mournful sight that
 is presented by this constant hankering after a notoriety
 that carries such diminutive glory; and it is with
 extreme satisfaction we can foresee the speedy extinction
 of anti-vivisection agitators before the sweeping condem-
 nation of their tactics that must follow as the public
 are enabled to appreciate the miserable quality of their
 pretensions. To all of them we most earnestly commend
 the following eloquent admonition of Dr. Billings to the
 graduating class of Belle Vue Medical College, Washing-
 ton:—"Our American life will present to you as much
 variety, as vivid contrasts, as subtle mysteries, and as
 many giants, demons, and sirens to be overcome or
 outwitted as any that legends of old depict. No doubt
 you will come across some of that curious sect, the *anti's*,
 who are beginning to make their appearance amongst us
 —anti-vaccinationists, anti-vivisectionists, anti-anything,
 so that it gives them an excuse to keep their names
 before the public. Taking them all in all, these *anti's* are
 a curious class of cranks, worthy of careful study on the
 part of some of our experts in mental diseases during the
 brief intervals in which they have no medico-legal case
 in hand. Some of them are quite honest in their
 convictions, and all are very theological and emotional
 in their appeals; and to this they owe what success they
 have not achieved by notoriety; and yet, while profess-
 ing the most humane sentiments, they are unscrupulous
 even to cruelty in carrying out their fantastic ideas." This
 description of the men and women who prate about
 kindness to animals, or on the horrors of experimental
 science, is capable of application, *mutatis mutandis*, to
 the English representatives of the *anti* sect in every
 particular. We heartily commend to their notice the
 picture of them thus drawn by an acute American, who
 has very successfully observed their ways.

Milk Typhoid.

LEICESTER Infirmary has recently been the centre of an
 outbreak of typhoid fever, by which no fewer than ten of
 the dressers, nurses, and servants have been attacked, and
 two others have died. Dr. Buck, the Medical Officer of
 Health, has instituted an investigation, from which it
 appears that all the victims had drunk raw milk. As the
 house-drains appeared to be in good condition, an inquiry
 was instituted into the source of the milk-supply, when it
 was found that the persons at the dairy farm, including the
 owner himself, had been affected by similar symptoms.
 The farm premises were subjected to a searching investiga-
 tion, and it was ascertained that the well from which the
 water-supply was obtained was situated near an overflowing
 and leaky cesspool, and that it stood near the end of the
 house-drain. An analysis of three samples was made, and
 it was shown that the water used for domestic purposes,
 and with which the milk-cans were washed, was quite unfit
 for use, being polluted with sewage matter. It was there-
 fore inferred that the outbreak in question had undoubtedly
 arisen from the use of contaminated milk. According
 to the latest accounts the sufferers were progressing favour-
 ably.

Royal University of Ireland.

TWO of the members of the Senate of this University—the Rev. Gerald Molloy, D.D., Vice-Rector of the Catholic University of Ireland, and Dr. Redfern, Professor of Anatomy and Physiology in the Queen's College, Belfast—have, it is stated, resigned their seats on the Senate, in order to qualify themselves as candidates for Fellowships in the new University.

The Illicit Sale of Poisons.

PAULINE LARKWORTHY, wife of a chemist, was charged at Brentford with selling ammoniated mercury, commonly called white precipitate, contrary to the Sale of Poisons Act. The poison had been sold to a woman named Margaret Hewitt, who attempted to commit suicide with it and was only resuscitated with great difficulty after the use of the stomach-pump. Defendant said she only did the same as other chemists, who used the word "poison" without the name and address. The police said this was the case, the Act being constantly violated. The magistrate inflicted a fine of 40s.

Human Milk.

DR. C. KRAUCH, of the Analytical Laboratory of Münster, has found the composition of the milk of certain wet nurses to vary very considerably from that of normal human milk, and further, the milk of the same person to differ within a few days very considerably. He found the fats vary in the milk of different nurses from 6.22 down to 1.98, the normal quantity being 3.90, and the albumens from 1.38 to 0.75, the normal being 2.48. These results show at the same time the importance of the analysis of human milk, and the necessity of a reliable substitute in cases where the mother cannot nurse the child herself.

Death from Ether.

DR. PARSONS, of the New York Dispensary, relates in the *Philadelphia Med. News* the case of a woman in good health, aged fifty-four, who applied to him on account of a dislocation of the humerus into the axilla of five weeks' standing. Finding the heart and lungs sound, he had ether administered, which she inhaled readily. After a good deal of physical exertion the dislocation was reduced, about six fluid ounces of Squibb's ether having been employed. The entire operation lasted about twenty-five minutes, and the woman wished to go home. She was detained for supervision, and in an hour or so fell into a cyanosed condition and soon died (the exact time after the operation not being correctly given). At the post-mortem all the organs were found healthy, with the exception of slight fattiness of one kidney, and deep congestion of the lungs.

AN exhibition on a large scale of pharmaceutical preparations, both organic and inorganic, of laboratory appliances, and of works relating to pharmacy, will be opened in Madrid on November 21st, 1882. The exhibition will be under the immediate auspices of the College of Pharmacy of Madrid, and will be presided over by Don Fernandez Izquierdo, to whom all communications should be addressed.

Intestinal Obstruction.

DR. BITTERLIN, of Baume-les-Dames, relates a case of intestinal obstruction with feculent vomiting in which shampooing and kneading of the abdomen was followed by recovery, in a man, æt. 56, of robust constitution, who never had any illness. The patient sent for me during the night of January 12th. This man suffered intense pain in abdomen. I examined the abdomen, which was slightly swollen; no hernia, clean tongue, regular pulse, and no vomiting. He had eaten a little in the evening, and had a stool during the day. Thinking the case was one of intestinal irritation, I prescribed an opiate, an enema, and poultice to abdomen, which relieved the pain for the time. Pain returned next day. Ordered dose of castor-oil, which was returned; an enema of senna and sulph. mag. had no effect. Bilious vomiting set in; abdomen commenced to swell, and no doubt remained that it was a case of intestinal obstruction. Next day the swelling increased. Ointment of belladonna and hyocyamus to abdomen, with baths, relieved the pain a little. On Jan. 20th feculent vomiting commenced; abdomen distended as far as epigastrium; violent pains; hiccough; features pinched; pulse frequent; ice applied to belly, and tobacco enema given; no motion given. On the 22nd, in the morning, eyes sunken; hollow cheeks; lips discoloured; in a state of stupor; severe dyspnoea; skin covered with clammy perspiration; rapid small pulse; urine scanty and thick; voice husky; intelligence perfect. Fifteen centigrammes of croton-oil given in pill. Vomiting and constipation unrelieved. In the evening, finding the patient dying, I conceived the idea of kneading and shampooing the abdominal region, which caused a good deal of pain. In a few minutes after violent colicky pains set in, with gurgling and passage of flatus. The vomiting ceased, swelling reduced, and the day following bowels acted regularly, and convalescence was established. In the beginning of February I was sent for to a patient who was in the same condition. Shampooing and kneading of abdominal region was successful in this case also. In cases of intestinal obstruction, before having recourse to extreme measures—viz., puncture of intestine, enterotomy, gastrotomy, &c., operations attended by a certain amount of danger, it would be advisable to try the kneading and shampooing of abdomen. In publishing these observations I have been guided by a desire to draw the attention of the medical profession to the successful results which may be obtained by these means.

Salicine from the Irish Willow Bark.

AT the last meeting of the Irish Pharmaceutical Society, Professor Tichborne read a communication on this subject. At the suggestion of Dr. Moore, Professor Tichborne had experimented on willow bark. The salicine procured was of very fine quality, but the quantity produced was small—9 lbs. of bark yielding only about $\frac{1}{2}$ -drachm. The writer thought that later in the season it might be more productive. Dr. Moore said that it was through seeing the large amount of bark that was thrown away induced him to request Professor Tichborne to make the experiment, a large quantity of willow being exported to different parts of England and Scotland.

Army Medical Department.

We are authorised to state that there was no truth whatever in the statement in some of the Dublin papers that after the year 1888 candidates for appointments in the Army Medical Department would be required to hold a University degree in Arts.

Poisons in New York.

A BILL has been introduced into the New York State Assembly ordering all persons selling poisons of any nature to put up the same in a corrugated bottle or box, with a printed label giving the antidote, therefore, printed in English and German. In case of failure to comply with the above, the wholesaler or retailer is declared guilty of misdemeanour.

A New Battery.

MR. BENNETT has described before the Glasgow Philosophical Society a cheap form of voltaic battery, which well deserves notice. The battery consists of a zinc and iron combination in caustic soda solution. In the specimen shown the containing vessels were an Australian meat can containing iron borings and a porous cell holding caustic soda solution, together with a piece of sheet zinc. The Leclanche cell vibrated the bell hammer continuously for twenty days while the "Bennett" cell vibrated a similar bell hammer continuously for thirty-one days.

The Radical Cure of Cancer.

CONCERNING essays upon this subject offered in competition for prizes, it is announced by Dr. Warren, of Boston, who, in October last, was delegated to receive competing essays on the subject of the radical cure of malignant disease, that three essays were presented, and it has been decided that no essay is worthy of a prize.

The same subject, namely, "Probability of the Discovery of a Cure of Malignant Disease, and the Line of Study or Experimentation likely to bring such a Cure to light," is proposed for essays, to be presented not later than the first of December, 1883. For the best essay on the above subject a prize of 1,000 dols. will be given, the right being reserved to withhold the prize in case no essay of sufficient merit be presented. The decision concerning the merits of the essays will be made chiefly from a practical stand-point, it being the object of the donor of the prize to obtain suggestions by which a search for a cure for cancer may be instituted.

The late Sir Edward Sinclair.

At the last meeting of the College of Physicians in Ireland the following resolution was unanimously passed. —Resolved: "That the President and Fellows of the King and Queen's College in Ireland desire to place on record their sense of the great loss which the College and the medical profession have sustained by the death of Sir Edward Burrows Sinclair, King's Professor of Midwifery in the School of Physic; and hereby offer to Lady Sinclair and the other members of the late professor's family their respectful and heartfelt sympathy in the irreparable loss they have sustained by his premature death, at a time when he seemed likely to add largely to the great benefits he had already conferred upon the

medical profession and charitable institutions of Dublin connected with the branch of medicine which he had made his special study."

An Important Decision under the Food and Drugs Act.

A POINT of considerable importance in the application of this Act was decided in Scotland last week. There was a series of summonses against grocers for having sold adulterated mustard, but as all were identical, a typical case was taken before Mr. Sheriff Russell at Jedburgh, it being understood that the rest were to stand or fall upon the decision of the court on this one case. Much interest was manifested as to the result, prosecutions having been very frequent in Scotland, and the manufacturers appeared determined to fight the question on its merits, and to get it settled by an authoritative decision. A good deal of expert evidence was adduced on both sides, the point at issue resolving itself into the simple argument as to whether the public when they asked for mustard had a right to expect the pure flour of the mustard seed. Space will not allow us to go into the various nice points raised by counsel. Suffice it to say that the case was decided in favour of the manufacturers, Messrs. J. & J. Colman upon very common sense, if not on strictly legal grounds. No journal has more strongly supported the Act than this, and we shall not be accused of turning about when we express our approbation of the verdict. In our "Analytical Reports of the Mustards of Commerce" we gave very strong reasons why the public would not tolerate the taste of pure mustard, and contended that if people insisted upon a mixed article, no law should be allowed to interfere, provided the consumer was not defrauded. Our analyses proved that what was stated to be the contents of each tin manufactured by Messrs. Colman was absolutely correct, and as each is labelled "genuine" or "mixed," the public can obtain which suits their tastes or their pockets, and the Act is thereby complied with. In this view the court coincided; and we can conceive nothing more likely to bring a beneficent measure into disrepute than these constantly recurring frivolous charges. We therefore congratulate Messrs. Colman upon the result of their defence of an article of world-wide reputation and utility, and express a hope that this decision will settle for once and for all this vexed question.

Authofer's Iodoform Powder.

AFTER a two years' research on the least objectionable method of using iodoform, Dr. C. M. Authofer, Emerited Sec. Physician in Prof. Zeissl's Clinic, Vienna, has come to the conclusion that its abominable odour is best overcome by powdering it very fine and mixing it with equally finely powdered vegetable charcoal. For the purpose apparently of giving absorbent qualities to his compound, he then advises the addition of calcaris sulph. The proportions recommended by him are—finely powdered iodoform, 1.25—2.5 parts; finely powdered charcoal, 10 parts; calcaris sulph., 5 parts. To be well mixed. He claims for this preparation that it is as nearly odourless as possible; and in proof of this he says that fully one-half of the patients in Prof. Zeissl's clinic have been

using it for some time, and the odour has been imperceptible on entering the wards.

For internal use he has been for some time employing a preparation containing 1 part of iodoform and 2 of vegetable charcoal, either made up into pills with a bitter extract, or administered as a powder in capsules or some other covering. Given in either of these ways in grain doses it produces neither sickness nor unpleasant eructation. In one case, however, in which it was given in conjunction with pot. iod., eructation occurred, which ceased when the order of administration was changed. In another a change in the order of giving food and medicine obviated a similar unpleasantness.

THE Duke of St. Alban's has promised to preside at the dinner of the Samaritan Hospital, to be held on Tuesday, 16th of May next.

H.R.H. THE DUKE OF EDINBURGH has promised to preside at the Festival Dinner in aid of Charing Cross Hospital, at Willis's Rooms, to-day (Wednesday).

DR. T. A. ELIAS, in practice at Southport, died last week from the effects of a poisonous drug administered by himself. He appears to have been a great sufferer from neuralgia. The jury returned a verdict of death from misadventure.

M. LAVERAN some time ago discovered in the blood of ague-patients a peculiar microbion, *Oscillaria malarica*. M. H. Richard, in a communication to the Academy of Sciences, traces the development of these parasites, which live in the red blood globules and destroy them.

At a meeting of the Council of the Royal College of Surgeons of England on Thursday last, the Jacksonian Prize was awarded to William Alexander, M.D., M.C., Queen's University, Ireland, F.R.C.S.E., of Liverpool, for his essay on "The Pathology and Surgical Treatment of Diseases of the Hip-joint."

WE regret to learn that Sir Erasmus Wilson, President of the Royal College of Surgeons, has been suffering from a severe attack of gastro-enteritis. The attack has been followed by considerable prostration, and although we are glad to report an improvement, it will nevertheless be some days before he will be able to resume his ordinary duties.

AN Hospital for Italian Protestants and for sick Americans or English, has just been established in Rome; the medical officer and assistant medical officer are respectively Dr. John Gason and Dr. W. Lyd Aitken. Hospitals should not be established on a sectarian basis, the sick poor should be entitled to treatment irrespective of religious tenets in every hospital and country.

By the will of Mr. Charles Ford, the senior partner of the firm of Messrs. Ford, Lloyd, and Bartlett, solicitors, the Royal Medical Benevolent College, Epsom, receives a legacy of £1,000, and the Royal Asylum of St. Anne's Society, the Middlesex Hospital, the Hospital for Con-

sumption, Brompton, the Cancer Hospital, Brompton, King's College Hospital, University College Hospital, Queen Charlotte's Lying-in Hospital, and the Royal Free Hospital, all of London, receive a legacy of £500 each.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were—Halifax 14; Huddersfield 16; Sheffield, Cardiff 18; Birmingham, Bradford 19; Newcastle-on-Tyne, Hull 20; Bristol, Birkenhead, London, Norwich, Leeds, Derby, Preston 21; Nottingham, Edinburgh 22; Salford, Sunderland 23; Leicester 24; Liverpool, Glasgow, Wolverhampton 25; Oldham, Dublin, Bolton 27; Portsmouth, Blackburn 28; Manchester 29; Brighton, Plymouth 31.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official weekly returns, as follows:—Calcutta 28, Bombay 33, Madras 43; Paris 31; Geneva 29; Brussels 25; Amsterdam 25, Rotterdam 29, The Hague 23; Copenhagen 23; Stockholm 18; Christiania 23; St. Petersburg 57; Berlin 26, Hamburg 27, Dresden 23, Breslau 35, Munich 37; Vienna 41, Prague 42, Budapesth 38, Trieste 34; Rome (week ending December 3rd, 1881), 29; Turin 32; Venice 25; Alexandria 30; New York 34, Brooklyn 23, Philadelphia 24, and Baltimore 23.

In the large towns last week the highest annual death-rates per 1,000 from diseases of the zymotic class were:—From whooping-cough, 2.4 in Brighton, and 2.3 in London; from measles, 5.4 in Bolton, 4.9 in Plymouth and Blackburn, and 4.0 in Portsmouth; from scarlet fever, 2.4 in Nottingham, and 2.6 in Sunderland; and from "fever" (probably enteric) 1.2 in Leicester, and 1.0 in Liverpool and Hull. The 46 deaths from diphtheria included 21 in London, 10 in Glasgow, 4 in Portsmouth, 3 in Edinburgh, 2 in Birmingham, 2 in Nottingham, and 2 in Bradford. Small-pox caused 18 more deaths in London and its suburban districts, 3 in Nottingham, and 2 in Leeds.

Scotland.

(FROM OUR NORTHERN CORRESPONDENTS.)

EDINBURGH UNIVERSITY.—PROPOSED NEW REGULATIONS IN MEDICINE.—On the recommendation of the Senatus, it was resolved to apply to Her Majesty in Council for approval of an alteration of Ordinance No. 5, Edinburgh No. 2, under which attendance on the practical classes of physiology, pathology, and materia medica would be made imperative. The instruction accepted as equivalent to a course of practical materia medica would in future be apprenticeship for not less than two years in compounding and dispensing drugs under a registered medical practitioner or a member of the Pharmaceutical Society of Great Britain; the position of practical midwifery instruction in the regulations would be altered, and the number of subjects in which extra academic teaching might be taken would be increased from four to

five; these alterations to apply to students who commence their medical studies after session 1881-82. Should the above regulations with regard to Practical Physiology and Pathology be sanctioned by Her Majesty the result will be mainly due to our exposure of the pernicious system of farming the chairs in the University. Students will then know what they are to expect and pay for, without the fear of having a mine sprung upon them in the shape of a "practical class," which, though not compulsory, is yet tacitly so. Why are not Practical Botany and Practical Surgery also included in the list. The following will be also accepted as a step in the right direction:—"On the recommendation of the Senatus, it was resolved to agree to the discontinuance of the fee of £1 1s., which the professors of clinical medicine were authorised to charge for their tutorial class." The authority to charge the fee was accordingly cancelled.

UNIVERSITY OF EDINBURGH—DEMONSTRATOR OF ANATOMY.—The appointment by the Professor of Anatomy of Mr. Arthur Thomson, M.B., as his principal demonstrator, in succession to Dr. D. J. Cunningham, now Professor of Anatomy in the Royal College of Surgeons in Dublin, was approved.

RECOGNITION BY THE UNIVERSITY OF PROFESSOR HERDMAN.—Professor W. A. Herdman, D.Sc., University College, Liverpool, was recognised as a teacher of medicine whose lectures on natural history should qualify for graduation in medicine in the University, in terms of Ordinance No. 8, sec. vi. (4).

PROFESSOR OF PHYSIOLOGY IN THE DICK VETERINARY COLLEGE, EDINBURGH.—Dr. James has been elected Professor of Physiology in the above College in the place of Dr. Cunningham, appointed Professor of Anatomy to the Royal College of Surgeons, Ireland.

AYR TOWN COUNCIL.—At a meeting of the Ayr Town Council, held on the 10th inst., it was resolved to give £1,000 towards the erection of Ayr Hospital, and £50 annually, on condition that the plans be submitted to the Council for their approval.

GLASGOW DEATH-RATE.—The deaths in Glasgow for the week ending with Saturday, the 8th inst., were at the rate of 25 per 1,000 per annum, against 25 in the preceding week, and 29, 28, and 26 in each of the corresponding periods of 1881, 1880, and 1879. For the last seven consecutive weeks the death-rate has been 25 per 1,000 of the population.

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 8th inst., was 91, and the death-rate 21 per 1,000. There were 40 deaths from chest diseases, and 18 from zymotic causes. The intimations amounted to 346, of which 309 referred to measles.

FOREIGN EMIGRANTS.—The stream of foreign emigrants having again set in through Glasgow for America, in consequence of over-crowding in lodging-houses, &c., certain types of zymotic disease are beginning to appear. The emigration medical officer has returned cases of measles detected on the eve of the emigrants' sailing.

THE INVERNESS POISONING CASE.—The Inverness poisoning case, referred to in our last impression, still continues a mystery. Dr. Littlejohn, of Edinburgh, to whom specimens of the buns were forwarded for analysis, reports that he has found no mineral poison such as arsenic, antimony, tin, or any metallic poison in the articles submitted to him. Extracts from these articles were taken, and experiments were to be made on mice and birds, but the result of these experiments has not yet transpired. The rumour that the poison was in the barm employed is without foundation, for the barm

used was the same as that used in the loaves, which had no hurtful effect.

NEW SANITARY ASSOCIATION FOR GLASGOW.—A meeting of gentlemen favourable to the formation of what is called a "Sanitary Protection Association," was held in the Religious Institution Rooms, Glasgow, on the 13th inst. Mr. J. J. Broms occupied the chair, and among the gentlemen present were Drs. Fergus, Eben. Duncan, Christie, Beaton, Russell, &c. The chairman stated that "the proposed Association was intended to give a professional staff to assist anyone in the inspection of a house, not only in Glasgow, but by-and-by at the coast," and moved accordingly. Dr. Russell, in seconding the motion, said the officials of the city viewed this movement with cordial sympathy. A provisional committee was appointed.

ILLEGITIMACY IN SCOTLAND.—From the Registrar-General's monthly return of the births, deaths, and marriages during March, 1882, we learn that the proportion of illegitimate births is unfortunately very great, especially in the manufacturing centres. Thus, during the month there were registered in the eight principal towns of Scotland the births of 3,916 children, of whom 2,078 were males, and 1,843 females. Of these 3,598 were legitimate, and 318 illegitimate, being in the proportion of 1 illegitimate in every 12·3 births, or the illegitimate births constituted 8·1 per cent. of the whole. In Perth 3·6 per cent. of the births were illegitimate; in Greenock, 5·1; in Leith, 6·7; in Glasgow, 7·0; in Edinburgh, 7·8; in Paisley, 10·1; in Dundee, 11·9; and in Aberdeen, 13·7 per cent.

IS MIND A DISTINCT ENTITY?—On the 13th inst. Dr. Henry Muirhead read a paper before the Philosophical Society of Glasgow, "On a Mode of Mental Intercommunication in Thought Willing and Thought Reading." This subject, Dr. Muirhead said, was first suggested to him by the paper read by Mr. Barrett at the Glasgow meeting of the British Association on "Some Phenomena associated with Abnormal Conditions of Mind," and at the meeting of the British Association held in Plymouth in 1877 the thought flashed on his mind while listening to a lecture by Mr. Preece on the telephone, then newly introduced—"Here we have a mode of communicating ideas which may afford a scientific explanation of mind-reading manifestations." He therefore wrote a letter to Professor Barrett, in which he suggested, as in the telephone unbroken metallic communication was not at all necessary for the production of idea-inducing vibrations, that therefore brain might communicate with brain by means of ethereal induction across air-occupied space. They had only to assume that the molecularly-induced vibrations which must undoubtedly accompany brain action in the mind of A., and was communicated by it to the ether pervading its substance, was propagated to an unknown distance, doubtless to the ether pervading neighbouring brains, and then was able to set up in the brain of B. similar molecular vibrations. If these vibrations were intense enough, and B. peculiarly sensitive and attentive for the nonce they might be able to induce like action—that was to say, like ideas—in his mind without the intervention of better and more accustomed modes of transfer. The alteration in the mode of transit seemed to him to be somewhat analogous to leaping on board a steamer instead of using the gangway. At some length Dr. Muirhead illustrated his theory, and concluded by recommending it as at least a probable explanation of the phenomena of mind reading. Dr. Andrew Buchanan said he had not heard the whole of Dr. Muirhead's paper, but so far as he had heard it he had never heard more objectionable doctrines in the society. Dr. Muirhead seemed to ignore

the existence of mind altogether. He held the idea that vibrations of the tissues of the nerves of the brain were our ideas. Now, the mind thought for itself. Thought was the essence of the mind. Thought, feeling, and willing were like length, breadth, and thickness—essential characteristics of the human mind; and not only that, but of the mind of the lower animals wherever thought in them existed, and was not merely reflex. Dr. Muirhead's doctrine was the doctrine of Darwin—not the present Darwin, but his grandfather—with this difference, that Darwin held that the brain was impressed by rays of light acting upon it, and thus produced reason, thought, and will.

ELECTIONS IN THE IRISH COLLEGE OF SURGEONS.

THE vacancy in the Council of the College of Surgeons which has occurred in consequence of the resignation of his seat by Dr. Jacob, who seeks the vacant Professorship of Ophthalmic and Aural Surgery, is competed for by Mr. Baker, lately Dental Surgeon of Dr. Stevens' Hospital, and by Mr. Nixon, Surgeon to Mercer's Hospital. The election will be held on Thursday next.

The annual election of Examiners will take place—as required by the charter—on the first Tuesday in May, and we believe that all the outgoing members of the three Courts of Examiners will present themselves for re-election. It is yet too soon to enumerate other candidates, but we understand that Mr. Ormsby, of the Meath Hospital, will be one of the competitors.

The second Monday in May is fixed for the election of a Professor of Ophthalmology, *vice* Mr. Swanzy, who has obtained the new Ophthalmic Examinership. For this Professorship, Dr. Jacob, Ophthalmic Surgeon to the Richmond Hospital, and Oculist in Ordinary to the Lord Lieutenant, and Dr. Story, Surgeon to St. Mark's Hospital, will be candidates, and probably other applicants will present themselves before the election day.

THE New Course of Instruction in Practical Physiology which was decreed by the Irish College of Surgeons last year was commenced in the school of the College on last Monday, under the direction of Professors Mapother and Cunningham.

Literature.

DISEASES OF WOMEN. (a)

NOTHING is more remarkable in medical literature than the number of books on "The Diseases of Women" which have issued from the press within the last ten years. Previous to 1870 there was not any work by a British author which could fairly claim to represent the opinions held by those who, since the example was set them by Simpson, had carefully studied the pathology, symptoms, and treatment of the important diseases to which the reproductive organs of women are liable; but within the last ten or twelve years there has been published works of very varied character by Barnes, Graily Hewett, Atthill, Lawson Tait, Mathews Duncan, Galabin, Smith, and others; and, lastly, the manual under consideration. In fact, hardly a season has elapsed in which there has not been a new work in gynaecology from the pen of a new author. It is hardly possible that all these were needed, and quite certain that some of them will speedily sink into merited neglect.

(a) "Diseases of Women, including their Pathology, Causation, Symptoms, Diagnosis, and Treatment: a Manual for Students and Practitioners." By A. W. Edis, M.D. Smith, Elder, and Co., London.

The present work is entitled a "Manual," and when the "pathology, causation, symptoms, and treatment" of the diseases of women are treated of in some 500 pages, printed in good type, and of which a very large portion are occupied by the 148 illustrations, it will, we think, be admitted that the author is correct in stating that "the task of condensing within the limits of a manual all that has stood the test of time and experience has been difficult,"—indeed, we feel inclined to add "impossible," the more so as we fear the author will be found to have included in the text not a few things which, in our opinion, have not "stood the test of experience," and which would have been better omitted.

Dr. Edis's book being a "Manual," differs from most of the works we have named, in that in it the clinical element is wanting; it is a compendium, giving the views and treatment of different authorities, some of whom are acknowledged, others are not: it will prove useful to students "getting up" an examination, but we do not think it is calculated to promote a practical knowledge of the treatment of diseases of women, and as we shall presently point out, appears based on a careful perusal of other, especially American, authors, than to a personal experience.

The first twenty pages are taken up with the directions as to the mode of examining patients as ordinarily conducted, and these are clearly and fully given; but when we come to the portion devoted to the consideration of the modes of effecting dilatation of the cervix uteri, we see at once that the author feels that he is treading on uncertain ground, and the directions consequently are defective, and indeed misleading. Thus, with reference to the use of laminaria for this purpose, he contents himself with quoting the late Dr. Nott on the subject, but entirely omits all reference to the method of using it some years since by Dr. George Kidd, of Dublin, and which is certainly superior to any other. We fear that the inexperienced practitioner who, relying on the statement that "where laminaria is employed it is seldom necessary to use a speculum," proceeds to try and introduce this agent without exposing the cervix will find himself speedily at fault, while the following passage (page 25) shows still more clearly what ignorance exists as to the proper method of dilating the cervix:—

"In cases where the tent has been passed completely *in utero*, the os remaining closed over it, so as to prevent the extraction, if the end cannot be seized by a properly-constructed pair of forceps, and the os dilated by pulling on the tent, it may be requisite to incise the os slightly, or to insert another tent by the side of it, until the os is sufficiently dilated to allow of its withdrawal."

Any "student or junior practitioner" reading this in many ways remarkable passage would naturally suppose that to allow a laminaria tent to slip out of sight and beyond the power of instant withdrawal is a common occurrence, and would be a matter of no importance. We unhesitatingly assert that such should never occur, that it could never occur if due skill were exercised, and that if in a case in which the cervix were rigid it did occur, very serious consequences might follow. We knew it once to happen, and the result was death. Dr. Edis should have warned his readers that laminaria tents should never be used in such short lengths as to permit of their thus being lost sight of, and that if tents sufficiently long cannot be obtained, that bougies of laminaria should be procured (they are to be had of any instrument makers), and cut to the requisite length. It is quite evident from the whole passage, as well as from his quotation from Dr. Thomas, that Dr. Edis has in view the use of only one tent of laminaria at a time. If this be his idea of dilating the uterus he will never succeed in opening it sufficiently to remove a tumour of even small size; he will not even be able to open it sufficiently for the introduction of the smallest of Barnes' bage, which latter method, however, is not satisfactory in the class of cases referred to. We agree, however, with the author in his remarks as to the danger of tents when used for the cure of dysmenorrhœa, but we would go even farther. To dilate a small os uteri and conical cervix is a very dangerous proceeding, and should never be attempted—indeed, the practice has on several occasions been followed by serious and even fatal results.

Lawson Tait's dilators are referred to, but no allusion is made to Hagar's bougies, which, if rapid dilatation be wished for, are very far superior to the former. Nor is it pointed out that rapid dilatation should never be practised except when the cervix is soft and dilatable—in fact, the directions for dilating the cervix are faulty in the extreme.

Sixty-six pages are devoted to displacements of the uterus, with the descriptions of numerous pessaries. Here the author

is evidently more at home, and woodcuts of pessaries of various forms are given.

Chapters on "Menstrual and Vascular Disorders of the Uterus," on "Inflammation of the Uterus and on Endometritis" follow; and then we come to that devoted to "Subinvolution, Hypertrophy, and Hyperplasia of the Uterus, or Chronic Metritis." We do not dispute the author's statement that if these are stages of the same affections," if it be understood that other causes as well as subinvolution may and do give rise to "hypertrophy, hyperplasia, and chronic metritis." Some of the most painful and intractable cases of these affections are to be met with in sterile women. Surely we are not to understand that Dr. Edis has never seen such. Yet so it appears from the context. And again, are we to suppose that subinvolution has no other results than the causing "hypertrophy, hyperplasia, and chronic metritis"? Yet this, too, is really what the "student and junior practitioner who have neglected to make themselves familiar" with gynecology would infer from the chapter we are speaking of. All this confusion, to use a mild term, comes from the system of writing "Manuals." These, as a rule, are books made up of bits and scraps culled out of this and that author's writings, and which tend to produce far from satisfactory results, the "students and juvenile practitioners" who read them, as a rule, picking up but crude and ill-digested ideas.

Some seventy pages are devoted to the consideration of "Ovarian Tumours, including the Diagnosis of Abdominal Tumours," cancer of the uterus, pelvic cellulitis and peritonitis; and various other forms of disease to which the pelvic viscera and genital organs of the female are liable are all referred to in succession. Indeed, no subject is omitted. Great industry has been shown by the author, and it is a matter of regret that the result is not of a nature to impart a practical knowledge of the important diseases under consideration; but we suppose in these days of cramming such a work was inevitable, once the examiners commenced to ask questions in gynecology. The book is printed in good type, and the illustrations are very numerous.

Correspondence.

MATERNITY CHARITIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As Dr. Atthill, the distinguished Master of the Rotunda, accuses the writer of the article that appeared under date of April 5th on the above subject, of having fallen into "grave error in the facts or figures by which the result is arrived at," the person accused feels it incumbent on him either to confess his error or attempt some justification of himself. On consideration, he prefers the latter course. In the first place, he is confident that, whilst the death-rate (maternal) in childbed may be given correctly for Ireland and the Antipodes by the authorities quoted by Dr. Atthill, it is much too high for the United Kingdom as a whole.

There are very strong grounds for believing that in England, at least, a death-rate of 1 in 200 is a much nearer approximation to the truth than 1 in 120, or 1 in 110. At any rate, there is the high authority of the Registrar-General to confirm the writer in the opinion that the estimate is not too low.

Although the figures brought forward give a maternal death-rate of 1 in 53 in hospital cases, and 1 in 363 in outdoor, the total figures, indoor and outdoor, give 51,274 cases with 357 deaths, or 1 death in every 143 cases, a much higher death-rate than that given by the Registrar-General. This fact is strong presumptive evidence that the error fallen into is not so grave as Dr. Atthill would have us believe.

The writer, moreover did not state that the whole excess of the deaths in in-door maternity charities over that in outdoor maternities was due to preventible cause, but only that a large percentage of it was, thus conceding beforehand that a certain part was due to legitimate and non-preventible causes.

No better proof of the correctness of the writer's assertion, viz., that a large percentage of the maternal deaths in lying-in hospitals is due to preventible causes, can be found than in the reports of the hospital over which Dr. Atthill so ably presides. We may safely presume that this is a "properly conducted lying-in hospital."

In the year 1875, 1,065 cases were treated in the Rotunda,

and of this number 27 mothers died (1 in 39). Twenty of these deaths were classed as due to peritonitis, and 9 of them occurred in one month—the month of May. In this month a death from this cause took place on the 11th, two on the 17th, and one on each of the following dates, viz., 20th, 23rd, 24th, 25th, 27th and 28th.

In the year 1876, the first of Dr. Atthill's mastership, there were 1,047 cases and 85 deaths (1 in 29); of this number no less than 27 were classed as due to zymotic causes, variously named as peritonitis, septicæmia, pyæmia, metritis, and phlebitis, or to a complication of two of these diseases, as septicæmia and peritonitis.

The better results of more recent years show us how largely dependent lying-in hospitals are on "luck" for favourable returns, and the whole show that bad years, like comets, will surely come round, although we cannot predict the date of their return.

The writer leaves it to the readers of the *Medical Press* to judge for themselves whether his assertion that a large percentage of those deaths was due to preventible causes was correct or not; of one thing he is convinced, viz., that such unlucky years are not met with either in private practice, or in out-door maternity charities, but are the unenviable characteristics of great lying-in hospitals.

THE WRITER OF THE ARTICLE.

THE DISCUSSION ON MR. LAWSON TAIT'S PAPER, "FATAL OSTEOTOMIES."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Much as I admire the admirable arrangements of the Surgical Society of Ireland in having its discussions reported by shorthand, I am too familiar with newspaper work to admit that a reporter is ever entirely free from the possibility of mistakes. I do not think Dr. Thomson's reporter has given what I said, though doubtless he has transcribed his notes accurately enough. When I spoke of fatal osteotomies, I had no intention of speaking of Birmingham. I had another and more metropolitan locality in my mind, and if I did say anything to make my hearers believe I meant Birmingham, I am very sorry for it.

I think, however, that Mr. Chavasse, Mr. Bennett May, and Mr. William Thomas will have still more cause for regret at the mistake, for I find the statement of their letter is by no means accurate. I went immediately to the records of deaths of this borough and found some curious information, of which I shall at present give only one item: When it has been fully discussed, others may follow if necessity should arise.

I find that, in one of the three hospitals spoken for, J. H., set. 4, died on February 18th, 1881, after osteotomy had been performed for genu varum. The certificate is filled up by "cellulitis" as the cause of death, and this is admittedly one of the forms of pyæmia, and I find on inquiry that there can be no doubt that it was a case of pyæmia occurring in spite of complete Listerian precautions.

I am &c.,
LAWSON TAIT.
Birmingham, April 14th, 1882.

Society for Relief of Widows and Orphans of Medical Men.—The usual quarterly Court of Directors of the above Society was held on Wednesday last, Mr. Charles Hawkins, Vice-President, in the chair. A letter was read from the President, Sir George Burrows, Bart., expressing his regret at not being able to attend the meeting. Dr. Pitman, Vice-President, proposed a resolution expressing the sympathy of the Court with their President on his recent severe domestic affliction, which was carried unanimously. Four new members were elected; the deaths of three were reported, as well as the resignation of another. Applications for grants were read from fifty-six widows, seven orphans, and three recipients of relief from the Copeland Fund, and it was resolved that a sum of £1,126 should be distributed among them. Three fresh applications for relief from widows were read, and grants to them were made amounting to £55. The death of one widow was announced, and the marriage of another. The directors recommended that Dr. Bisset Hawkins should be elected at the annual general meeting a Vice-President, in the place of Dr. Billing, deceased; and that Dr. H. Weber, Dr. Burdon Sanderson, Mr. John Sebastian Wil-

kinson, F.R.C.S., Mr. Walter Rivington, F.R.C.S., Mr. G. Carrick Steet, F.R.C.S., and Mr. Arthur Evershed, M.R.C.P., should be elected in the place of the six senior directors who retire. The annual general meeting was fixed to take place on May 17th, at 5 p.m.

NOTICES TO CORRESPONDENTS.

Mr. J. Muir.—The appointment was scarcely worth the struggle; but as you have obtained it, we are happy in having exercised some influence in the result, and thus upset the calculations of interested parties.

BRIBERY BY THE ANTI-VACCINATIONISTS.

A correspondent at Peckham sends us the following letter, a copy of which was sent to all the candidates by the South London Anti-Vaccination Society. He pertinently asks if such a base attempt to influence votes does not render the writer liable to prosecution under the "Bribery at Election Act." We are decidedly of opinion that it does, but would advise our correspondent not to put the law in motion himself. He might usefully draw the attention of the Local Government Board thereto, and leave that body to prosecute:—

The South London Anti-Compulsory Vaccination Society,
Committee Rooms, 333 Albany Road,
Camberwell, S E, April 8, 1882.

SIR.—With reference to the forthcoming election of guardians of the parish of Camberwell, I am instructed by the Committee of the above-named Society to inquire whether, if elected to serve upon the Camberwell Board, you will use your influence against prosecutions being instituted under the Vaccination Acts. You are probably aware that there have recently been some notorious prosecutions in your district, and that ulterior proceedings are still pending. Such continual prosecutions against conscientious objectors to vaccination really amounts to *persecution*, and resolutions have been passed by the above and other societies against voting for any person who does not pledge himself to resist the enforcement of what is erroneously designated "compulsory vaccination."

I shall be happy to supply you with scientific evidence upon the subject if desired.

Your reply will influence a number of votes, and as the papers have to be given in on Tuesday next, I shall be glad to hear from you, ay or no, per return—i.e., so that I may receive it by not later than the second post on Monday next.

I am, Sir, yours obediently,
GEO. BONE, Hon. Sec.

DR. PIERSON.—We hope to refer to the subject contained in your letter next week.

MR. J. MILLIGAN (Edinburgh).—No correspondence of the nature referred to has been received.

DR. W. W. P.—The delay in replying to your note was occasioned by the Easter holidays. Enclosure received with thanks.

DR. GOYDER is thanked for his kindly interest.

MEDICAL PRACTICE IN NATAL.

In reference to the letter which appeared in our issue for the 5th inst., a correspondent writes that he hopes that no considerable body of young medical men will be induced to leave this country in the expectation of immediately jumping into a lucrative practice in the Cape Colony, as they will be sadly disappointed. He professes to know the Colony well, and thinks that, although in times of epidemics there are insufficient numbers of medical men to cope with the outbreaks, at ordinary times he considers there are quite enough, many more, he thinks, would find it difficult to live.

DR. MORTON is thanked for his interesting cases, which shall appear in an early number.

DR. E. PROSSER WHITE is thanked for his report, of which proofs shall be sent him shortly.

TENDON REFLEX.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I have frequently of late come across the phrase "Tendon Reflex" and Patellar Tendon Reflex as a valuable sign in the diagnosis of paralysis, but never read how it is produced—the constant statement that "on tapping the knee tendon reflex was very considerable," &c., &c. But I am quite at a loss to know what the writers mean by tapping the knee or the patella for indications. Will you kindly say in "Answers to Correspondents" how, and by what process, this is effected—the steps necessary to produce it.

Yours sincerely obliged,
TENDON REFLEX.

[As we frequently receive letters of inquiry similar to the foregoing, we have thought it better to refer to the subject more fully than we could do in this column, and have devoted a short article thereto in our editorial columns, present issue.—Ed.]

MR. F. N. NEWCOMB.—We shall be pleased to receive and examine the papers on "Chinese Medicine," and if suitable, to devote space thereto in our columns.

DR. J. MAXWELL ROSS (Edinburgh).—We will look up references and answer your queries in our next.

MEETINGS OF THE SOCIETIES.

SANITARY INSTITUTE OF GREAT BRITAIN.—This evening (Wednesday), at 7.45 o'clock, Mr. Henry J. Stephens, F.C.S., on "An Obstruction by the Law to Sewage Disposal."

HUNTERIAN SOCIETY.—This day (Wednesday), at 8 p.m., Last Meeting of the Season.—Dr. D. Grant, "On a Case of Myxœdema."—Mr.

C. T. Symonds, "On Acute Palmar Bursitis treated by Pressure."—Dr. Hughlings-Jackson, "On Multiple Neuroses the result of Syphilis."—Mr. Gilbert, "On a Case of Neurotic Asthma."

MEDICAL SOCIETY OF LONDON.—Monday, April 24th, at 8.30, usual communications.

HARVEIAN SOCIETY OF LONDON.—Thursday, April 27th, at 8.30 p.m., Mr. Malcolm Morris, "On the Treatment of Severe Acne Rosacea by Scarification."—Mr. Cripps Lawrence, "On Rotheln."

ROYAL INSTITUTION OF GREAT BRITAIN.—Tuesday, April 25th, at 8 p.m., Dr. E. B. Tylor, "History of Customs and Beliefs."

Vacancies.

Alnwick Infirmary.—House Surgeon. Salary, £100, with board. Applications to the Hon. Sec. before May 6th.

Bristol General Hospital.—Assistant House Surgeon. Salary, £50, with board. Applications to the Secretary by May 4th.

Chester General Infirmary.—Visiting Surgeon to Out-patients. Salary commencing at £80, with board, washing, &c. Applications to the Chairman by April 22nd.

Hartlepool Union.—Medical Officer for the District. Salary, £50. Also Medical Officer for the Workhouse. Salary, £65. Applications to the Clerk of the Union by May 17th.

Manchester, Clinical Hospital for Women.—House Surgeon. Salary, £80, with board. Applications to the Secretary by April 22nd.

Sunderland Infirmary.—Junior House Surgeon. Salary, £60, and increases by £10 annually, with board and residence. Applications to the Chairman of the Medical Board on or before April 27th.

Wolverhampton General Hospital.—Physician to Out-patients. Honorarium, £100; he may engage in consulting practice, but not as a general practitioner. Applications to the Chairman of the Board by April 24th.

Appointments.

AINSLEY, T. G., M.B.Durh., M.R.C.S., Medical Officer to the Hartlepool District and Workhouse of the Hartlepool Union.

BURROWS, H. C., L.R.C.P.Ed., M.R.C.S., Medical Officer to the Benington District of the Newark Union.

CLARK, Mr. N. M., Resident Surgical Assistant to the Western Infirmary, Glasgow.

EDWARDS, O., L.R.C.P.Lond., Medical Officer to the First District and Workhouse of the Leominster Union.

EVANS, T., M.R.C.S., Medical Officer to the Cardiff North and Cathays District of the Cardiff Union.

FOX, A. E. W., M.B., C.M.Ed., Assistant Physician to the Royal United Hospital, Bath.

GILL, J., L.R.C.P.Lond., M.R.C.S., Medical Officer to the Gallafield District of the Llanfyllin Union.

HEWKLEY, F., M.R.C.S., House Physician to the London Hospital.

HOPKINS, H. C., L.R.C.P.Ed., M.R.C.S., Assistant Surgeon to the Royal United Hospital, Bath.

LITTLE, J. W., M.R.C.S., Surgeon to the Choriton-upon-Medlock Dispensary, Manchester.

MACLEAN, A., L.R.C.S.Ed., Medical Officer for the Leatherhead District of the Epsom Union.

PENNY, E., M.B., M.R.C.S., Resident House Physician to the Seaman's Hospital, Greenwich.

Births.

CAUSTON.—April 11, at 1 Pomona Place, Hammermith, W., the wife of W. A. Causton, M.R.C.S., of a son.

GIVEN.—April 8, at Gortin, the wife of George K. Given, M.D., of a son.

MARTIN.—April 8, at Gorse Hill, Ballibay, co. Monaghan, the wife of Brownlow R. Martin, M.B., T.C.D., &c., of a son.

JONES.—April 16, at Loughton, Essex, the wife of George T. Jones, M.D., F.R.C.S., of a son.

ROBERTS.—April 11, at 6 Eaton Gardens, Kaling, the wife of H. Prescott Roberts, M.D., of a son.

Marriages.

KIRWAN-ARMSTRONG.—April 2, William P. Kirwan, L.R.C.S.P.E., Galway, to Margaret, youngest daughter of the late Thomas Armstrong, Esq., of Ballinrobe.

Deaths.

BRAMLEY.—April 8, at the Eplanade, Scarborough, Lawrence Bramley, F.R.C.S., late of Halifax, Yorks, aged 75.

BROTHERTON.—April 10, at Graham House, Cambridge Road, E., of syncope, William Henry Brotherton, M.R.C.S., L.R.C.P.Ed.

COTTON.—April 10, at Gedding, Bournemouth, Thomas Forrest Cotton, late Staff-Surgeon, aged 87.

JACKSON.—April 9, at his residence, 14 Harcourt Street, Dublin, after a few days' illness, Thomas Jackson, M.D., &c.

JONES.—March 21, at Dudley, Alfred Jones, M.R.C.S., Honorary Surgeon to the Guest Hospital, aged 39.

LYOETT.—April 8, at his residence, Flagrave, Scarborough, John Lyoett, M.B.C.S.Eng., L.R.C.P.Ed., aged 77.

MARTIN.—March 9, at Kilangowan, Landour, India, Curtis Martin, Brigade Surgeon, of Richmond, Surrey.

MOORE, March 24, at his residence, Beesborough Street, S.W., Alfred W. Moore, M.R.C.S., aged 54.

POPE.—April 10, at Woodridings, Pinner, John Robinson Pope, M.R.C.S., Medical Officer of the Pinner District.

WILSON.—April 18, at Upper Norwood, after a short illness, J. Grant Wilson, M.D.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 26, 1882.

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Original Communications.

DISPLACEMENT OF THE SEMI-LUNAR FIBRO-CARTILAGES OF THE KNEE-JOINT.

By E. NOBLE SMITH, F.R.C.S. Ed.,
Senior Surgeon to the Farringdon Dispensary.

THE peculiar accident which sometimes happens to the knee-joint, and which has been attributed to displacement of one of the semi-lunar fibro-cartilages, or to some other derangement of the internal structures of the joint, presents many of the characters of a sprain, and is often treated for that affection. The treatment for sprain, however, will not cure these cases, and if the surgeon is tardy in forming a correct diagnosis, the difficulties of dealing with the case may become increased.

Mr. Hay, of Leeds, described this accident as "an internal derangement of the knee-joint." He recorded several cases and described accurately the manner in which he had cured them. His treatment consisted in extending the leg quietly as much as possible, and then suddenly flexing it while the patient sat in a high chair before him.

Although Hay's description of the above treatment is quite plainly stated in his work, yet, when referred to by more modern surgical writers the method of manipulation is usually wrongly described.

Sir Astley Cooper does not describe Mr. Hay's mode of reduction correctly when he states that it is "by bending the limb back as far as is possible, which enables the cartilage to slip into its natural situation; the pressure of the thigh-bone is removed in the bent position, and the leg being brought forwards, it can then be completely extended, because the condyles of the os femoris are again received on the semi-lunar cartilages." (a)

Syme, who recorded some cases, states that he adopted Mr. Hay's practice, and after flexing the leg upon the thigh, brought it forwards suddenly, whereas Mr. Hay states

that he extended the leg quietly and then "suddenly moved the leg backwards, that it might make as acute an angle with the thigh as possible."

Sir Benjamin Brodie (a) refers to these cases as described by Mr. Hay. He writes: "By making more complete flexion, and then sudden extension, &c., the mobility of the joint is restored."

I have many times found the treatment as employed by the above surgeons successful, but it is not that which Mr. Hay employed, and I refer to the matter because some cases have occurred in which the derangement could not be relieved, (b) and it is possible that if Mr. Hay's procedure had been adopted, the result might have been more satisfactory.

The administration of an anæsthetic might facilitate reduction in difficult cases, although I have never had occasion to resort to such assistance.

The following are records of the more remarkable of the cases which I have treated during the last few years.

Case I.—In January, 1880, Mrs. C. M.—, æt. 58, stated that she had suffered for many years from "rheumatic pains" in her joints. There was considerable laxity of many of her joints. Upon descending a flight of stairs the heel of the left foot became fixed upon an edge of the carpet which suddenly arrested the forward movement of the leg. Severe pain was immediately felt at the knee, and was referred chiefly to the posterior border of the joint, just internal to the tendon of the biceps femoris muscle; the pain also extended to the muscles of the calf, and followed the course of the peroneal nerve. The patient had to be assisted down stairs, and the pain recurred upon every attempt to move the leg, especially when ascending and descending stairs. I found the limb could be completely flexed and extended by passive movement, thus differing from the usual condition of such cases in which one or other of these actions is restricted. Rest, fomentations, and liniments were employed for a week, but no improvement took place. Taking into consideration the nature of the symptoms, coupled with the lax and rheumatic con-

(a) Works edited by Charles Hawkins, 1865.

(b) Sir B. Brodie, p. 292, also Sir Astley Cooper, p. 187.

(a) "Dislocations and Fractures of the Joints," p. 187.

dition of the patient's joints, I presumed that some "internal derangement" of the joint had occurred, and that probably the internal semi-lunar cartilage had slipped slightly forwards and inwards. Acting upon this supposition, I applied pressure with my thumb upon, and just above the edge of the internal condyle of the tibia, and at the same time firmly and quietly flexed and extended the leg upon the thigh with my other hand. Relief was afforded immediately, and the patient was able to walk quite soundly, but the joint felt weak. A few hours afterwards the accident occurred again, and I endeavoured to restore the parts by flexion and extension without the thumb pressure, but in vain. A repetition of the former mode of procedure immediately set the joint right, and the patient could again walk without any pain. Slight swelling, painful upon pressure, occurred the next day at the spot upon which I had pressed, and continued more or less for a few weeks. During the few weeks the derangement occurred many times, always presenting the same symptoms, viz., great pain upon the outer and posterior part of the joint, extending down the calf of the leg. Flexion and extension *without the thumb pressure* (which I tried upon several occasions) always failed to relieve the symptoms, but a gentle pressure applied chiefly during rapid extension caused a sensation to the thumb and to the patient of something slipping backwards, and relief followed immediately. Stimulating liniments, warm fomentations at night, and cold douche in the morning were used for many weeks. The joint gradually gained strength and the accidents became less frequent and less severe. Four months after the first injury my notes report: If the patient turns suddenly, or slips, a slight return of the displacement takes place, which she relieves by standing upon the sound limb and swinging the other in a lax condition. Jan., 1881:—A year after the first injury I find that the displacement has only occurred once during the last six months. May, 1881:—No recurrence of the displacement has taken place.

Case II.—Miss W—, *æt.* 17. In November, 1878, during some active movements, the knee was injured; severe pain occurred immediately, and in a few days inflammation seems to have set in, for the patient states that the joint was swollen, red, hot, and painful. These symptoms gradually subsided, and the patient was able to get about a few weeks after the injury; but the joint remained weak, and could not be perfectly extended. About a year afterwards the accident happened again, upon which occasion the symptoms were more severe, and it was longer before the patient could walk about again; the knee remained weak, and the leg still could not be fully extended. On August 8th, 1881, a similar accident happened to this young lady, and I was called in, and saw the case in less than an hour after its occurrence. The patient was recumbent upon a sofa; the leg was flexed, forming an angle of about 30 degrees from its normal extended position, and she could not straighten it; pain prevented her from standing or moving. I placed the patient upon a high chair, extended the leg as much as possible slowly, and then flexed it suddenly; after a few such movements, reduction of the displacement was accomplished; the leg could be brought into a straight line with the thigh (a position which it had not been able to assume for nearly three years); all acute pain ceased, and the patient was enabled to walk about the room in a perfectly natural manner. A feeling of weakness of the joint alone remained, which was remedied in a few weeks by means of passive movements and the use of a stimulating liniment. A light lateral support was constructed for this patient, and she was advised to wear it for at least six months. This instrument was so made that extension and flexion were not interrupted, but lateral, rotatory, and sliding movements of the tibia upon the femur were prevented. This apparatus is a modification of one used by Mr. Howard Marsh.

Case III.—Mrs. P—, *æt.* 24, while standing with her back towards a bedstead, and resting partly upon the left leg, and leaning against the bedstead, slipped, and in

some way injured the right knee; the leg could not be quite extended, and the knee was painful and swollen. A medical practitioner treated it for sprain; but, as in a few days no improvement occurred, I was consulted. I diagnosed displacement of one of the semi-lunar cartilages, and the case was immediately cured by Hay's plan of manipulation.

Case IV.—Mr. H—, *æt.* 30. This patient first hurt his right knee in 1870 by a fall from a bicycle. After a fortnight it seemed quite well, and remained so until 1874, when, in running up hill backwards, he again hurt it, and walked lame for a week. "I ricked it again," he writes, "at different times, but not badly until 1876, in August, when I was laid up for about three weeks." During these three weeks he could not get the leg straight. A month afterwards the same kind of accident occurred again. After this occasion, the leg used often to give way suddenly; it seemed to him that the leg "slipped out of its place." This sensation, which was probably caused by pressure upon the cartilage in an abnormal position, occurred after this time very frequently, until, in the beginning of 1878, it used to occur nearly every time he walked, and also when he turned in bed. Notwithstanding this condition of the joint, he used to hurry to catch the train, until upon one occasion, while walking quietly with a friend, he fell down suddenly, and he found the leg fixed at an angle of flexion of about 60 degrees from the straight line. He saw a London surgeon, who told him to "lay up with it," and use very hot poppy fomentations. He was also seen by a Brighton surgeon, who approved of this treatment; he was unable to use his leg at all for six weeks, after which, "I could," he writes, "hobble about with it very much bent," at an angle of 40 degrees. He was now again seen by the London surgeon, who blistered it several times, with very good effect; he was able to get about better, although the leg was not straight. Six months after he hurt the joint again, after which he found it somewhat straighter. A celebrated London surgeon was now consulted, who advised the use of a stiff knee-cap, "which hurt very much and seemed to make it very weak, but which most certainly made it straighter." However, neither this nor any other knee-cap prevented the joint "going out" occasionally, the intervals varying from a week to three months, and he could never get the leg quite straight.

September, 1881.—This patient consulted me, and I diagnosed a displaced semi-lunar cartilage. After moving the leg frequently in the manner already described for about half-an-hour, I succeeded in replacing the cartilage, and the patient left my house with a perfectly straight leg, he having been unable to place it in that position for more than five years. He is now able to walk comfortably, and the leg remains straight, and instead of the tightly-fitting laced knee-cap which he had been obliged to wear, he now uses the lateral support which I have already described, which allows perfect freedom to the movements of flexion and extension, but prevents all other movement of the joint.

Probably many of the readers of this journal have met with similar cases, and have treated them successfully, but it appears that the nature of the injury is not always recognised. I therefore publish the above cases with the view of drawing more attention to the subject. I hope upon some future occasion to publish the results of some experiments which I am making with a view to determine the exact nature of these displacements.

THE Temperance question is again occupying a good deal of attention. Last week Dr. Norman Kerr read an important paper on the subject before a large audience at Exeter Hall; and Mr. Stephen Bourne brought it before the Statistical Society of London in an exhaustive paper "On the National Expenditure upon Alcohol."

ON "RESTORATION OF THE EYELID BY TRANSPORTATION OF SKIN FROM DISTANT PARTS OF THE BODY." (a)

By ARTHUR H. BENSON, M.B., F.R.C.S.I.,

Assistant Surgeon St. Mark's Ophthalmic Hospital, Lecturer on Ophthalmic and Aural Surgery in the Ledwich School of Medicine.

CICATRICES, following large superficial burns, wounds and ulcerations, and the distortions to which, by their contraction, they give rise, are amongst the most difficult and unsatisfactory cases on which the surgeon is called to operate, and to the ophthalmic surgeon the displacement and destruction of the eyelids similarly produced present a most perplexing series.

Nothing shows this better than a glance at the vast number of operations which have, from time to time, been invented, practised, lauded, and in due time abandoned, all having for their object the cure of ectropium.

The particular operation of which I wish to speak to night is one which has recently been devised by Dr. Wolfe, of Glasgow, and which, as far as I am aware, was not performed in this country before May 1881, when I operated upon the first of the series of cases the details of which I shall read presently.

Before going further I may state that the plastic operations I am about to describe are not cases of skin grafting, as introduced by M. Reverdin, or cuticle scraping, or paving a granulating surface with little pieces of skin; but they consist, as Wolfe says, in the transference of skin flaps, cut to shape from any part of the patient's body, or from any other person who feels disposed to make a present of a portion of his skin to supply deficiencies elsewhere.

Moreover, it is not a renewal of the Tagliacotian operation, but more resembles that performed by C. F. Grafe in 1818, following whom Lawson in 1870 transplanted two pieces of skin from the arm to the eyelid of a patient, the pieces being respectively the size of 4d. and 3d.

Of the various plans which have been previously recommended and practised for the cure of ectropium, such as twisting of flaps, transplanting flaps from the face with pedicles, sliding of flaps, &c., all possess the serious disadvantage from which Wolfe's operation is free, viz., that if union does not take place, and if the flap sloughs, the deformity resulting after the operation is greater than before, and the last state of that man is worse than the first. Whilst in the most successful case the deformity of the eyelid is diminished at the expense of increased deformity in the face.

The following are briefly the notes of eight cases in which I and my colleague Mr. Story have performed the operation in St. Mark's Ophthalmic Hospital during the past year.

Mary O'Connor, from Tralee, æt. 23, came under my care in St. Mark's Hospital on 17th March, 1881, suffering from an extensive burn of the face caused by a glass of vitriol having been thrown at her a few days before. Large sloughs were still adherent over the left eyelid, both upper and lower; over the forehead and temple and over the whole surface of the ridge of the nose and the space between the eyebrows. The right eyelids had escaped injury except at the inner side of the upper lid where a slough the size of a two-shilling piece existed. When the sloughs had separated leaving granulating surfaces, a piece of skin the size of a shilling was removed with a scissors from the shoulder and placed on the upper eyelid. This sloughed away without any fight for life. A number of small skin grafts were then applied over the raw surfaces, but without any result. Cicatrisation finally became complete, and with it the upper and lower eyelids were everted, the former to an extreme degree.

Operation I.—On May 14th, 1881, about two months after the primary injury, cicatrisation having fully occurred, the condition of things was, complete ectropium of the left upper eyelid; the free edge of the lid was adherent to the eyebrow, the hairs being mingled together, and the cilia pointing directly upwards. When an attempt was made to close the eye the cilia margin of the lid remained fixed and immovable, but the conjunctiva became prolapsed to an extreme degree, and the eye could not, even then, be completely covered. The cornea being uninjured by the vitriol was transparent. Dense cicatricial masses occupied both the inner and the outer canthus, and similar hard cicatrices existed all round the lids, producing a hideous deformity. The left lower lid was also everted from the contraction of a linear scar just below it on the cheek, but not at all to the same degree as was the upper lid.

The woman was a fat, florid, bibulous person, who even during her stay in the hospital not unfrequently had spirits smuggled in to her, and of which she partook freely.

The deformity was so great, and the cicatrisation in the neighbourhood so extensive that I determined not to risk increasing it by any of the methods of sliding or twisting a flap from the neighbourhood, but rather to try the effects of transportation from the arm.

The patient being placed under ether, an incision, one inch and three quarters (4.5 cm.) long, was made a line or so above the cilia border of the upper eyelid, separating, as thoroughly as possible, the eyelashes from the brow hairs with which they were blended. This incision reached from within half an inch of the internal canthus to beyond the external canthus, and divided the cicatrix. The lid was then dissected down by division of the cicatricial bands, &c., which held it up, and was brought so that its free edge lay easily in contact with that of the lower lid, these were then kept in contact by two sutures.

The raw surface which resulted from this dissection was freed from cicatricial tissue and the edges of the skin around were slightly raised, so as to allow the new skin flap to be inserted, more or less like a watch glass.

The size of this raw surface was then measured, and a piece of lint cut into the shape required, to act as a guide in dissecting up the skin flap from the inside of the left forearm. It measured two inches by one inch (2.75 cm. × 5.25 cm.). Four sutures were inserted into it before completing its removal.

In making the flap it is necessary to allow about 40 per cent for shrinkage; it is therefore necessary to make it so much larger than the wound it is required to fill. All cellular tissue and fat were carefully cut off the flap with a curved scissors, so that nothing but the white firm skin was left. It was then washed in warm water to remove blood coagula, and applied to the raw surface on the eyelid, the bleeding of which had by this time ceased. It fitted satisfactorily, and was made fast by the sutures and moulded into its place, care being taken to avoid allowing it to curl up, as it had a tendency to do at the edges. Hot sponge stupes were then applied to it for ten minutes, and a piece of lint wet with warm water placed over it, which was covered with oiled silk; over that absorbent cotton-wool, and the whole was kept in place with a figure-of-eight bandage. The whole operation occupied at least an hour and a half!

On the 4th day after the operation the sutures were removed from the flap; those joining the lids being left in. The inner half of the flap looked well, but the outer angle was getting soft and bluish looking.

6th day.—Epithelium separating off, outer angle of flap sloughing, body of flap has a pinkish hue, hardly any discharge.

The remainder of the flap gradually sloughed, pieces

(a) Read before the Surgical Society of Ireland.

from time to time being removed with the scissors until the whole was gone, that is, the whole of the epithelial surface, for it is probable that in the centre at least, the inferior surface of the flap became vitalized, though the superficial died; for on the 19th day the centre of the space was healed over, the angles not yet having healed. As the contraction recurred eversion also returned, but not at all to the same degree as before the operation.

The operation may therefore be regarded as therapeutically a partial success, though surgically it was a failure; by which I mean that the flap which I transported from the arm did not become vital in its new place, though it may have partially done so, and certainly, exercised a retarding influence on the cicatricial contraction.

The lower eyelid, not being at all so extremely everted, was treated by the ordinary V.Y. incision and sliding flap, with fairly good result.

Operations II. and III. were performed by my colleague, Mr. Story, who has kindly allowed me to quote his cases.

Patrick Toole, *æt.* 11, was sent up to St. Mark's Hospital by Dr. Pike, of Achill, on 22nd June, 1881. The history given was that, ten years before, he had fallen into the fire when one year old, and burned the left side of his face, forehead and eyelids.

The conjunctiva of both upper and lower lids was exposed at all times from the contraction of cicatrices in its neighbourhood, leaving the cornea exposed sleeping and waking.

The patient being placed under ether both eyelids were freed from their attachments by Mr. Story, and the free margins made fast by a single central suture, skin flaps were then dissected off the back of the arm to fit the raw surfaces left on both upper and lower lids. These, with the precautions above mentioned, were applied and fixed by means of four sutures in each flap. Warm sponges were not applied, but the whole was covered over with gold beaters' skin, over which was laid a layer of vaseline on lint, and absorbent wool, and a figure-of-eight bandage completed the dressings. The occupation occupied about an hour and a half. The size of the upper flap on the third day was $1\frac{1}{2}$ inches by $\frac{3}{4}$ of an inch (3.5 cm. \times 2.0 cm.) The lower flap was $\frac{3}{4}$ of an inch by $\frac{1}{4}$ of an inch (2.0 cm. \times 0.5 cm.). The resulting wounds in the arms were 2 inches and $1\frac{1}{2}$ inches (5.5 cm. and 3.5 cm.) respectively. Two days afterwards the flap was examined, but the gold beaters' skin was not removed. The upper flap was dark looking and the lower one white.

3rd day.—Some slight purulent discharge; the gold beaters' skin was changed.

4th day.—The upper flap seems to be adherent except along its upper margin, where it is of a blueish black colour. A good deal of discharge is coming from the lower flap, which seems to be disintegrating.

8th day.—Upper flap vital except along its upper margin, from which 2 mm. of a slough was next day removed. The lower flap is loose and sloughing off, leaving a granulating surface.

10th day.—No sensation, except by some pressure, can be obtained in the upper flap which is looking well, but the epithelium is peeling off.

13th day.—The epidermis of the flap has all separated, but the hairs in it are still visible. The length of the growing flap is one and a sixth of an inch, its breadth seven lines (3.0 cm. \times 1.5 cm.). No sensation can yet be observed in the flap.

21st day.—Flap gradually contracting; it now measures less than 3.0 cm. \times 1.3 cm.

32nd day.—The flap measures 2 cm. \times 1 cm., no sensation yet. The lid does not cover the eye as completely as some days ago.

47th day.—The transported flap has sensation. When the boy tries to look up there is a strong tendency to entropium, but the cilia do not actually touch the cornea. About the 30th day of the above history, the

flap on the lower lid having sloughed, and the ectropium having recurred, a flap with a pedicle left attached, was taken from the boy's temple and twisted round to supply the lower lid. Much of this flap sloughed, but the part near the pedicle retained its vitality, and the ectropium was thereby lessened.

An interesting point noticed while giving ether for this last operation was that the flap on the upper lid became equally congested with the rest of the face during the process, showing the circulation in it to have been very fully established. though at that time (36th day) there was no sensation yet observable in the flap.

This case was therefore to be classed as a complete surgical and therapeutical success in the upper lid; whilst the lower flap was a failure in both regards.

Operation IV.—Frances Joseph Carney, from Newry, *æt.* 18 months, was sent to me at St. Mark's Hospital on August 9th, 1881.

The history was that five months before he had been let fall into the fire, receiving a severe and deep burn on the forehead, brow, upper eyelid, and cheek. The contraction of the resulting cicatrices had produced extreme eversion of the outer portion of the left upper eyelid, exposing the conjunctiva to its superior *cul de sac*.

This seemed a favourable case to test the value of transported flaps, as the deformity was so great and the child so small. On August 15th, 1881, the child being under ether, I dissected down the lid as I had done in the previous case, and sewed the edge of it to that of the lower lid by three sutures.

A flap was then dissected from the child's left arm, over the inside of the biceps muscle, the skin having previously been carefully washed. This was cut to shape in the same way as in the first case, allowance being made for shrinkage, and kept in its place by means of sutures.

The bed on which it was laid looked very unpromising being little else than orbital fascia, which seemed almost non-vascular; a nick through it, however, allowed some of the orbital fat, &c., to appear.

The flap was covered with gold beaters' skin, over which dry wool and a figure-of-eight bandage were applied. In this case I wished to try the effect of dry dressing, as it seemed more likely to yield satisfactory results than the warm wet pledgets recommended by Dr. Martin, of Cognac. The operation occupied nearly two hours.

The size of the flap applied to the lid was $1\frac{1}{2}$ inch, by $\frac{1}{2}$ inch, (3.0 cm. \times 1.60 cm.), the resulting raw surface in the arm being proportionately larger.

3rd day.—A good deal of purulent discharge.

7th day.—Epithelium still adherent to the inner half of the flap, that on the outer half is nearly gone.

8th day.—The hollow of the lid seems filled by a vascular, granulating, or papilla-like, substance, as if the under portion of the flap had adhered, and become vitalized, whilst its epithelial surface had died, leaving the very vascular papillæ of the skin bare.

12th day.—The inner part of the flap has taken well; at the outer corner there is a bare granulating surface which shows a tendency to skin over.

26th day.—The eye has been exposed to the air for the last five or six days, and the lids can nearly be closed.

In this case, unfortunately, there was no record of the degree of sensation observed in the flap, or of the time that elapsed before its appearance, as the age of the child rendered such investigations impossible.

The operation may be regarded as a success, both surgically and therapeutically, though not in either respect a complete one.

Operation V.—Michael Carroll, *æt.* 28, from Roscrea, stated that when a child he fell into the fire, the result of which was a tense and extensive cicatrix occupying the forehead, cheek, and eyelids, which latter were drawn downwards and outwards, and upwards and outwards respectively, exposing the conjunctiva to a great degree, and permitting constant lachrymation.

On August 18th, 1881, ether having been administered, Mr. Story proceeded to make the necessary dissection for bringing down the upper-lid margin into apposition with that of the lower one, as in the previous cases, and retained them in that position by a single suture. A flap was then dissected up from the left arm over the biceps muscle of the required size and applied; five sutures retaining it in position. The flap was covered with gold beaters' skin, over which a fold of lint soaked in carbolic oil was placed, over this some oiled silk, and finally, dry wool and a bandage as before. The size of the flap transported was $1\frac{1}{2}$ inches, by 1 inch (4.50 cm. \times 2.75 cm.); the length of the wound in the arm was $3\frac{1}{2}$ inches, (8.7 cm.). This measurement was taken the day after the operation.

2nd day.—Good union seems to have taken place along the lower edge of the flap, but some hæmorrhage has occurred beneath the flap and along its upper border.

4th day.—More hæmorrhage from under the flap.

8th day.—The upper part of the flap has gone, but the lower part looks as if it had taken.

18th day.—The flap is lying on the surface of the upper lid, as a foreign body, its edges raised above the surface of the lid.

21st day.—Lower half of flap looks well, upper half black and sloughy.

22nd day.—On raising the flap the under part seems to be entirely absorbed, and only the epithelium left; it is attached somewhere about the centre, as it does not come off on pouring water on it from a height.

27th day.—The outer edge and upper margin of the raw surface is covered with florid, succulent, vascular granulations, which project above the skin-level. There is a crescent-shaped portion inside, which is paler, does not bleed, and is covered with small regular papillæ, each papilla exactly similar to the rest.

These papillæ, similar to what I mentioned as occurring also in Case II., are, perhaps, the papillæ of the transported flap, which have lost their superficial covering.

Considerable contraction subsequently occurred in the upper lid, and the patient was discharged on the 42nd day, the lids having healed, leaving, however, an interspace still existing of half an inch between the upper and lower lid border.

The case was therefore considerably improved, and the operation may be placed as a partial surgical, and a partial therapeutical success. The time was not taken, but the operation must have lasted considerably over an hour.

Operation VI.—The same patient, Michael Carroll, was re-admitted to St. Mark's Hospital on December 6th, 1881, when a somewhat similar operation to the previous one was done, a single catgut suture being used to join the lids together, and a flap $1\frac{1}{2}$ inches by $\frac{3}{4}$ inch (3.0 cm. \times 2.0 cm.), was transported from the inside of the right arm, leaving a wound $2\frac{1}{2}$ inches \times $1\frac{1}{4}$ inch (6.0 cm. \times 3.0 cm.). This was fixed in its new position by eight small sutures. The life history of this flap is short, for on the eighth day it had entirely separated.

This was therefore a failure from both the surgical and therapeutical aspects. The operation only occupied $\frac{3}{4}$ of an hour, the increased speed being partly to be accounted for by the fact that while Mr. Story was operating on the lid I was raising the skin flap from the arm.

Operation VII.—Michael Carroll was again, on January 7th, 1882, operated on in a similar way, the flap this time being applied to the lower lid, in which an extreme degree of ectropium existed.

As with the upper lid, so now with the lower one, while Mr. Story freed the lid margin from its attachment as before, and dissected it down, I dissected off the flap from the arm, $1\frac{1}{2}$ inches by $\frac{3}{4}$ of an inch (4.0 cm. \times 1.75 cm.). This he fixed into its place by three sutures covered it with gold beater's skin, then vaseline on lint, over which as before, wool and a bandage.

6th day.—The upper part of the flap is losing its white colour, and becoming pinkish, the lower half is still dark in colour.

7th day.—Some of the lower part of sloughing flap removed with a scissors, purulent discharge considerable.

9th day.—The remains of the slough removed leaving the upper part of the flap adherent, and vital,

10th day.—The remains of the flap measure $\frac{3}{4}$ of an inch by $\frac{1}{2}$ of an inch, (2.0 cm. \times 0.5 cm.).

17th day.—Size of flap 7 inches by $1\frac{1}{2}$ inches (1.5 cm. \times 0.375 cm.).

The improvement in this case was very great, and it may be regarded both as a surgical and therapeutical success, though not a complete one in either respect.

Operation VIII.—Francis Joseph Carney, æt. 2 years and 3 months, the same child on whom Operation IV. was performed in August, 1881. This is the last of the series, and as the operation was only done on Wednesday last, it is at present impossible to do more than describe the condition of the child after seven months absence in the country, and state in what the operation recently done consisted.

The flap which had been transported in August last was smooth, and of good flesh-colour, its boundaries were clearly marked by a cicatricial line of varying breadth, greatest at the outer side. The flap measured 1 inch by $\frac{1}{2}$ of an inch (3.5 cm. \times 1 cm.). The eyelid margin was still everted at the outer side, showing a considerable mass of conjunctiva still exposed when the eyelids were closed, as in sleep; but the deformity was very greatly lessened, and the condition of the eye much improved from what it was before the operation. The convergent strabismus still existed, but the cornea was free from opacity.

The operation was done on Wednesday, March 8th, 1882, under ether; time, 45 minutes. I made an incision 2 mm. above the cilia margin of the upper eyelid, and along its whole length, to beyond the external canthus; and the lid was freed and let down till in contact with the inferior lid, to which it was made fast by three silk sutures but the lid margins were not revived.

A flap of skin the required size was, in the meantime, dissected up by Mr. Story from over the right biceps muscle, and being placed in position was fixed with five silk sutures, as in previous cases; two of the sutures were inserted in the flap before completing its dissection from the arm.

The flap measured $1\frac{1}{4}$ inches by 7-12ths of an inch (3.25 cm. \times 1.5 cm.).

The resulting wound in the arm was 2 inches by $1\frac{1}{4}$ inches (5 cm. \times 3.0 cm.).

The eyelid was dressed with gold beaters' skin, over which was passed a layer of vaseline on lint, then absorbent cotton wool, and finally, a bandage. The other eye was likewise tied up, both being included in the one bandage. To still further ensure rest to the lids of both eyes, I put a strip of india-rubber plaster over the sound eyelids to preclude the possibility of opening them under the bandage.

The arm-wound was closed by carbolic gut sutures, as in former cases, and dressed with gold beaters' skin, vaseline wool, and a bandage.

Next day child had passed a good night, but was feverish, pulse 140, skin hot and dry. The bandage on the eye was comfortable.

2nd day.—Feverishness abated. Bandage and dressings still undisturbed.

3rd day.—Bandage and dressings had been worked off in the night, and were found lying on the cheek with the skin flap dragged off, the sutures having torn through except at the outer angle. There was some suppuration.

I left the first dressings unchanged for three days, thinking thus to give the best chance to the flap by allowing perfect rest, but I did not anticipate such a catastrophe as occurred.

The healing of the large new surface which resulted was very remarkable, there being hardly any purulent discharge, and not a vestige of a granulation was ever present. The surface from the first showing a tendency to scab over. It was treated since with yellow oxide of mercury and vaseline, and is now nearly healed. The eversion of the

lid appearing to have been considerably diminished even by this surgically unsuccessful operation. It seems to me probable that the cicatrix, resulting even from an unsuccessful plastic operation, though it contracts, does not do so to the same extent as the primary cicatrix, and that benefit results much in the same way as in Van Buren's operation for entropium. The patient is in waiting.

In all the cases except the first the edges of the wound in the arm were brought together with sutures and dressed with gold beaters' skin, vaseline or carbolic oil, and wool. In some the union was by first intention, in others the sutures gave way and the gaping wound healed by granulations.

The arm wound should, if the patient's health be good, heal by primary union, unless the portion of skin removed be so great as to put undue strain upon the sutures. In any case then in which the arm wound fails to heal readily we may anticipate danger to the flaps.

Such are the main facts of the eight operations which have been performed in St. Mark's Hospital since May last. I regret that in some interesting particulars they are deficient, especially as regards the degree of shrinking in the flap, and the time at which sensation returned.

Having regard to the very unsatisfactory condition in which plastic operations have hitherto been, and the hideous and destructive deformities which they are designed to remedy, every improvement in the method of performing them must be regarded as a boon. And if it can be shown that a skin flap of any size required may be taken from the arm or leg of the patient or any one else and planted on a fresh surface, without a pedicle, with a fair chance, at least, of its growing, the discovery must be regarded as marking an epoch in the history of plastic surgery.

For, compare the result in the two cases, in one the flap is taken from the arm, in the other it is taken from the face:—

I. If both fail, the first case is no worse than before; whilst in the second, the surgeon has the mortification of seeing an additional scar added to the face, without a corresponding improvement in the eyelids.

II. If both succeed, the first case derives unmixed good, whilst in the second case the improved eyelid is formed at the expense of the increased scarring of the face, for it must be of healthy skin that you form your flap. There is, moreover, the disadvantage of a large granulating wound in the neighbourhood of the eye, the contraction from which may seriously interfere with the after growth. Moreover, the twist of the pedicle not unfrequently leaves an unsightly ridge.

Are then the chances of success by this method sufficiently good to justify us in attempting it? The above series of cases show, I think, that they are; for though not very brilliant the results were, on the whole, satisfactory.

I have, in quoting the cases, adhered rigidly to facts and figures; the notes were taken from day to day, all the cases were done in the hospital, and they are the *only* cases of the kind done there. I think, therefore, that such a series is infinitely more valuable than the record of any number of isolated successes, whose relation to the number of failures is an unknown quantity. Several such isolated cases have been recorded by Martin, Aub, Wadsworth, Lawson, and many others, but I have seen no statistics of failures and successes. I wrote to Mr. Wolfe, of Glasgow, who kindly informed me that Dr. Agnew, of New York, has published eleven cases with seven successes, but giving me no definition of the elastic term "success."

If by success is meant that the whole flap lived in the same form in which it was transplanted, why then in my series we had only one such. In five out of the eight some of the transported flap lived, in two of these the greater portion survived, in two a smaller portion than half retained its vitality, whilst in the other one the flap seemed to slough through some of its depth, leaving the portion of it in contact with the raw surface alone vital. Three were

complete failures, the last being torn off with the bandage and dressing during the night.

The appearance of cutaneous sensibility in the flaps seems to occur very late, though statements do not agree very well on this point. In the boy, Toole, Operation II. of the series, no sensation was observed till the 47th day. It has been suggested, and with some probability, that there is a primary sensibility early in the process which subsequently diminishes as contraction produces constriction of the nerves, but which again becomes restored when contraction ceases.

The extent to which a flap is liable to shrink, not when first cut off the arm, but after it has become adherent in its new bed, is very considerable, and it is an aggravating thing day by day to watch the young nursing growing small by degrees and beautifully less. The cause of this contraction seems to be interstitial absorption due to the contraction which, even under the new flap, still goes on in the healing tissues.

Other interesting questions suggest themselves but I fear I have already exceeded the limits of the society's patience, but I wished to lay the cases before you as fully as time would permit, as though the successes have not been uniformly satisfactory, or anything like it, still I think they justify a continuance of the operation which I believe will revolutionise modern plastic surgery. Nor is the interest of the subject confined to the ophthalmic surgeon, for what is true of cicatricial contraction of the eyelids, is no less true of cicatrices occurring elsewhere, with this difference, however, that of all portions of the human body the eyelid is, perhaps, the most unfavourably circumstanced for plastic operations. If, therefore, operations such as I have described succeed in the eyelid, *a fortiori*, they will succeed elsewhere.

The little child, subject of Operations IV. and VIII., is in waiting and, with your permission, sir, I would wish to let the Society judge of the result of one successful and one unsuccessful operation.

SOME EXPERIMENTS WITH LAWTON'S ABSORBENT COTTON.

By R. PRO SER WHITE, M.B.,

Senior House-Surgeon, Halifax Infirmary, Yorkshire.

ABSORBENT cotton-wool is the product of American ingenuity, and is thrown upon the market as a dressing suitable for every purpose where a dry surgical dressing is required, and it is advertised to possess qualities giving it advantages over other forms of dry dressing. Its value can only be estimated from the results of clinical experience.

The sample of absorbent cotton-wool submitted to my notice was a piece of very finely carded cotton; upon comparing it with ordinary fine cotton-wool one was struck with the white, almost metallic, lustre of the former, upon squeezing the absorbent cotton it gives a rough crackling sensation very much like freshly fallen snow when pressed in the hand. This crackling sensation is possessed to a slight extent by other medicated cotton-wools and is a fair test that the wools are fresh and that their absorbent properties have not been deteriorated by exposure to damp and moisture. A familiar experiment with Lawton's cotton is the readiness with which it sinks in water, ordinary cotton remains floating almost indefinitely. Salicylic cotton possesses this property of sinking rapidly in water, almost equal to the absorbent cotton. If we place these three wools upon oil the absorbent and salicylic cotton sink most quickly, but ordinary cotton-wool in this fluid is not far behind its more absorbent rivals. For glycerine again the absorbent and salicylic wools show a decided affinity and very shortly sink, ordinary cotton remains floating a long while. The amount of water that absorbent cotton will hold in suspension is decidedly greater than either salicylic or ordinary cotton. 3m. of absorbent cotton saturated with water and hung up for 10

minutes will suspend 3ij. more water than either of the other two wools of the same weight and placed under the same circumstances. Thick fluids will filter through salicylic, absorbent, and ordinary cotton-wool in the following respect, viz., ratio 9 to 13 to 20 in time.

From these foregoing experiments this special wool possesses absorbent properties greatly in excess of ordinary cotton-wool, and this not only in crystalloid but also in semi-colloid fluids, and it compares favourably with other wools made absorbent by the suspension of antiseptic or other crystalloid substances in their texture.

Our next point must be to consider its advantages as a dressing to wounds, and it will at once be admitted that it is a soft easily applied and comfortable dressing, and one which admits of an equable pressure being applied to the parts, a very important point and one which cannot be said of all the dry dressings of the present day.

The secretions of a wound may be roughly divided into two portions—the solid and the fluid, the solid being those parts of the tissue that slough together with the corpuscles, either of blood or of pus; the fluid part consists of the serum. If we filter the secretion of a wound through absorbent cotton, the blood corpuscles, the serum, and if the filtrate be placed under the microscope a few of the pus-cells will be found, but the main bulk of the pus-cells will be found not to have filtered through even a thin layer of the cotton; and this is what occurs on applying the absorbent cotton wool to a freely suppurating wound, part of the serum filters through the cotton, but the cells form an impermeable coating on the inner layer of the dressing, and gradually joining, the dressing, runs along the least resisting points and appears at the border of the dressing. When thorough antiseptic precautions have been taken, or the wound has been one where there is little discharge, I have seen excellent results in cases under the care of Mr. Wright in this hospital, such as in the removal of small tumours from the breast, the dressing has been left on for three or four days, healing has taken place by scabbing after very few dressings, and with no discomfort.

The uses of absorbent cotton-wool are, I believe, as follows: It is the best medium for applying remedies in gynaecological cases; it is a valuable medium to apply such medicaments as styptics; it is a useful dressing when equalised pressure is required, and holds a prominent position as a dry dressing to small wounds without much discharge; but as an immediate dressing either to large wounds or to wounds with a profuse amount of discharge its use is contraindicated.

The perfect dressing has, in my opinion, not yet made its appearance; its structure should, I believe, be on some such lines as the following: its meshes should not be all of the same size, or at least should be large enough to allow all the excretions to freely pass through its superficial layers. The fibres should not all run parallel with the surface of the skin, and to admit of this it seems desirable that the material should not be homogeneous. Its inner surface should be devoid of all irregularities to admit of its perfect adaptation to the surface of the wound. It should be aseptic and powerfully absorbent; it should be clearly elastic; and last, but not least, it should be cheap.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official weekly returns, as follows:—Calcutta 24, Bombay 32; Paris 28; Geneva 27; Brussels 24; Amsterdam 28, Rotterdam 30, The Hague 26; Copenhagen 26; Stockholm 25; Christiania 19; St. Petersburg 57; Berlin 22, Hamburg 25, Dresden 20, Breslau 29, Munich 40; Vienna 36, Prague 38, Buda-Pesth 38, Trieste 27; Turin 29; Venice 23; New York 32, Brooklyn 24, Philadelphia 22, and Baltimore 23.

Clinical Records.

GLASGOW ROYAL INFIRMARY.

Case of Spina Bifida.

Under the care of Dr. MORTON.

Reported by C. BUCHANAN HUNTER, M.B., C.M.

CAROLINE JOHNSTON, *æt.* 2 weeks, was admitted into ward 28 on the 6th February, 1882, with a spina bifida tumour situated in the middle lumbar region. It is globular in shape, and about the size of a hen's egg. The skin over all the surface is thin, having the appearance on its posterior surface of being somewhat shrivelled, and slightly ulcerated. There is no paralysis about the child, excepting probably deficient power of the sphincter ani, she being able to move her legs about and respond to the sensation of touch. At present she has a slight cough.

Feb. 14th.—By this time the tumour had somewhat filled up, and to day Dr. Morton inserted a medium sized trocar and canula into the tumour and drew off two drachms of clear fluid, one drachm of the iodo-glycerine fluid was then injected, and the puncture carefully closed with collodion.

19th.—There has not been any appearance of inflammatory action about the tumour beyond what was expected from the injection, and it feels very solid.

March 15th.—The child has never been disturbed by the operation, and is improving in health. The tumour is getting less in size.

April 3rd.—The tumour is quite solidified, and flattened to about half its original size. Skin nearly normal in appearance, slightly puckered over site of tumour.

Remarks by Dr. Morton.—Though at first this was not thought a favourable case for treatment, the child is now quite safe, no further procedure is required, and gradually the puckered surface will come more and more to resemble sound skin. The statistics of this operation continue to be very favourable, a recent summing up of results showing a saving of over 80 per cent. of the cases treated. It is very desirable that attention should be given to the closure of the puncture made by the trocar and especially since an idea has been entertained by many practitioners that the operation as devised by me consists solely in the injection of the iodo-glycerine solution, nothing more being necessary. Now it must be evident that the draining away of the cerebro-spinal fluid will kill as it does when these tumours burst of themselves; accordingly, this escape must be prevented, hence, the careful closure of the puncture is one of the most important parts of the operation, and the mother or nurse should be instructed to keep a close watch, and report any signs of oozing to the surgeon, or his assistant, if in an hospital. The case here reported is a good example of contraction of the sac as the result of one operation, and that some considerable time (in this instance over six weeks) is required to allow consolidation to take place. Should this not follow the first operation, a repetition of the same becomes necessary.

GLASGOW ROYAL INFIRMARY.

Double Compound Fracture.

Under the care of Dr. MORTON.

Reported by C. BUCHANAN HUNTER, M.B., C.M.

J. S., *æt.* 43, a miner, was admitted into ward 27 on the 16th December, 1881, suffering from a compound fracture of both legs, each situated in the middle third. The right leg suffered much more severely than the left, the tibia being fractured obliquely, the proximal portion projecting downwards, riding on the distal fragment, and being exposed and stripped of its periosteum for 2½ inches; ¼ inch of the lower portion of bone was exposed, but covered with periosteum. The bone was also comminuted; a piece about ¼ inch square was removed at the time of admittance.

The size of the wound in the left leg admitted the forefinger to the seat of fracture; there was no comminution in this one.

The patient being put under chloroform, the right leg was got into position with a slight amount of extension; in the left leg there was no displacement. Both put up in side splints. The wounds were dressed with a solution of terebinthine. The right leg was so badly injured that it was a question

whether amputation should be performed or not at the time, but it was decided to attempt saving it.

Dec. 18th.—The right leg looking rather suspicious of cellulitis, irrigation was put on over the wound, the splints and bandages being adapted to allow its free play on it. This was kept on till the 10th of January, when it was dressed with lint soaked in a solution of terebina. From this date on to the 25th February the wound in the soft parts was closing in size till there was about $\frac{1}{2}$ square inch of bone exposed, which exfoliated at this time. After the exfoliation the leg got much healthier looking, the soft parts coming together quickly, till at the present time (April 8) there is almost no wound. The bone has united, though not firmly yet, there being a slight amount of mobility.

On February 6th the wound of the left leg was healed, the bone united, there being very little movement at the seat of fracture. It was put up in a starch bandage at this time. Ten days afterwards the patient could raise it off the bed.

Remarks by Dr. Morton.—The recovery in this case, which may be said to be now complete, has been unexpected and astonishing, chiefly on account of the very emaciated and anæmic condition of the patient, which was extreme, so much so that all who saw him imagined there was not sufficient vitality in him to effect repair of such severe injuries. As Listerism is not practised in my wards, the case may at least serve the purpose of showing its advocates that recovery in the most unfavourable conditions may take place under another mode of management. The irrigation was of great service.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, APRIL 14TH.

T. SMITH, F.R.C.S., Vice-President, in the Chair.

THE committee on Chromidrosis presented their report, in which the results of a long inquiry into the case presented at a former meeting were detailed. The patient, a woman, was kept under examination in University College Hospital for some time, and various experiments were made to test the reality of the colour appearances she presented at intervals. Finally, being one day suddenly removed to the bath-room, without prior notice, her clothes were searched, and in the pocket of her dress a piece of black lead was discovered, which, being shown to her, she at once admitted the whole imposture. The committee further examined the patient described by Dr. Colcott Fox, who was the genuine subject of chromidrosis. They consider the sebaceous glands are primarily the seat of the colour changes. The latter being *bona fide* appearances in genuine cases, the colouring matter was not dissolved by chloroform or indigo when removed from the seat of its appearance. The committee would not venture to express any definite opinion on the nature of the pigment.

Mr. HOWARD MARSH read notes of

A CASE OF PYELITIS, IN WHICH THE KIDNEY WAS EXPLORED AND PARTIALLY REMOVED; DEATH OCCURRING IN THIRTY HOURS FROM SUPPRESSION OF URINE.

The patient, a blacksmith, æt. 35, was admitted into St. Bartholomew's Hospital in October last. He had had severe pain in the right loin for three years, and for eighteen months the urine had been ammoniacal and had deposited a light-coloured sediment. He had never observed blood. On admission he was pale, and his countenance was worn and anxious. The urine showed pus equal to a third of its bulk on standing, and also a small amount of blood; it was highly ammoniacal and very fetid. The patient complained of pain shooting down from the right kidney in the course of the ureter to the testis. There was some tenderness on pressure over the kidney, but nothing abnormal could be felt either in the back, or anteriorly. There was no stricture of the urethra, and no stone in the bladder. The patient was kept in bed, and in order to ascertain whether his symptoms depended on any bladder disease complicating the mischief of the right kidney, the bladder was injected every morning, on days, with one grain of quinine dissolved in an ounce

of slightly acidulated water, and subsequently with water gradually raised to a temperature of 120°. He was also put on a pure milk diet. But none of these methods improved the condition of the urine. At the end of two months, as he was still passing large quantities of fetid pus the kidney was explored through an incision extending downwards and forwards from the last rib to the crest of the ilium. It was found greatly enlarged, sacculated, and very firmly bound down by dense inflammatory tissue. On stripping off its capsule—a matter of considerable difficulty—and puncturing its cortical substance a large quantity of thick and strong-smelling urine escaped. As the whole kidney was evidently disorganised an attempt was made to remove it, but it was so firmly adherent that this could not be accomplished. What had been exposed was therefore included in a double ligature and removed by curved scissors. No hæmorrhage of any moment occurred during the operation, but the patient died in thirty hours, of complete suppression of urine. On post-mortem examination the right kidney was found converted into a number of large cysts. Three inches below its commencement the ureter was so narrowed that its canal would only admit an ordinary probe. Above this point it was considerably dilated, these conditions seemed to have been produced by the healing of an ulcer in the ureter, perhaps of a tubercular character. The left kidney had the appearance of being fairly healthy. It weighed six ounces. The author remarked that he was induced to resort to an operation in this case—though in consequence of the patient's general condition he did so very unwillingly—in the hope of doing good either by extracting a stone, or establishing free drainage, or of removing the kidney if it proved to be extensively diseased. It might be a warning for future cases that the condition of the kidney was much worse than there seemed reason to anticipate. Though it could not be felt during careful examination under ether it was very large: it was so far destroyed that very little renal structure remained; and it was so firmly adherent that its removal was found to be impracticable. Seeing how limited is the space afforded by the incision in the loin the author thought that experience was likely to show that the best method of removing large kidneys, or kidneys that are bound down by firm adhesions was by abdominal section, the incision being made just external to the rectus muscle. He concluded by remarking that though recent cases show that the kidney may be safely explored by the loin incision, and though calculi of small size may be safely extracted from kidneys that are structurally healthy, further experience alone can teach us in what cases the kidney may be safely removed. One point must be carefully borne in mind—namely, the liability to suppression of urine from the opposite kidney. He thought the removal of the kidney in persons over thirty was, on this account, one of the most dangerous proceedings in the whole range of legitimate operative surgery.

Dr. BARLOW and Mr. GODLEE read a case of

EXTIRPATION OF THE KIDNEY FOR CALCULOUS PYELITIS.

The patient was a laundress, æt. 57, of somewhat intemperate habits, who came under Dr. Barlow's care in June, 1881. Her family history presented no feature of interest, and though she recollected, on being carefully questioned, that she had passed a small calculus twenty-six years previously, she maintained that the present illness dated only from three months previously. She suffered now a considerable amount of pain, which prevented her from getting about, and had at one time a good deal of œdema—of the right leg especially—which subsequently disappeared. The urine contained a large quantity of pus; it was in fair amount, but not much more than about two-thirds of the normal quantity of urea was secreted in the twenty-four hours. The kidney was easily felt, forming a large tumour in the hypochondriac region. The woman was somewhat anæmic, and had a slight cardiac murmur, but was otherwise in good health. The amount of pain, and the quantity of pus in the urine, seemed to justify the authors in suggesting the operation to the patient—though not at pressing it—notwithstanding her comparatively advanced age, and after due consideration, she consented to its performance. The existence of calculus had been previously ascertained by puncturing the kidney with the needle of an aspirator. The operation was performed, with all antiseptic precautions, by Mr. Godlee on July 14, that chosen being the abdominal section. It presented great difficulty from the density of the structures round the kidney, but was

astatisfactorily accomplished, the patient at the time suffering remarkably little from shock. A morphia suppository was at once administered, and some tincture of opium was given by the bowel later in the day. The patient appeared to be progressing favourably for the first twelve hours, and then passed into a quiet sleep. When aroused next morning it was found that the temperature was high; that little or no urine was being secreted; that the respirations were becoming very shallow; and that the patient was in a state of semi-consciousness. From this condition she did not recover, but she died about twenty-four hours after the operation. At the autopsy the left kidney and the other viscera were found to be practically healthy. It was suggested that the amount of morphia administered had something to do with the patient's death, and that possibly the carbolic acid absorbed during the operation may have helped to this result, though, doubtless, the suppression of urine, from whatever cause it arose, was the most important factor. The parts removed, and half the kidney of the opposite side, were shown at the meeting.

Mr. CLEMENT LUCAS considered the age of the patient an important factor to be taken into account on deciding as to operating for nephrectomy. He believed his own case the only one in this country in which it had succeeded on a patient over thirty. He would not care to risk the operation on any one over forty. He thought greater room would be obtained by prolonging the incision upwards, but when the front of the abdomen is selected, Langenbuch's incision along the outer edge of the rectus was undoubtedly the correct one. He strongly recommended division of the ureter before dealing with the renal vessels when the lumbar incision was preferred. This plan enabled the kidney to be freely turned up, and thus offered great advantages for un-fettered manipulation of the organ.

Mr. BARWELL thought the thanks of the Society were due to those surgeons who reported their failures before it, since such cases often taught more even than successes. When the kidney was not unduly large, he preferred the lumbar incision, as safer. At the late Congress he had described an operation of the kind in which he found much difficulty in removing the kidney. He concurred with Mr. Lucas's opinion as to the value of the inverted L incision, which he himself had first introduced when operating on a large kidney which he had removed in masses. He had never encountered suppression of urine in his own cases; pus continued to be discharged for 12 or 16 hours after the operation, it might arise either from suppuration of the ureter or bladder, or from having been squeezed into the latter organ from the kidney. The regulation of diet following nephrectomy was a difficult matter, and especially with regard to stimulants. He thought cases favourable for the operation of nephro-lithotomy were exceptional. In recent examples of that operation the stone removed had been small; and when the patient's age exceeded 25 years, he considered it better to remove the whole kidney in order to avert possible reformation of the calculous deposit. Experience, however, could alone decide the appropriate course to follow in different cases. He had at present under his care a man who exhibited similar symptoms to those observed in Mr. Marsh's patient, except that blood also was present in the urine. The subject in this case was 87 years old, and dreaded any operation. Should he, however, find a stone on incision he should remove the whole kidney through an opening in the loin, following the same plan as he had formerly adopted.

Dr. SOUTHEY urged that the condition of the urine in respect to the amount of urea contained in it ought to be the sole guide to operation. No such proceeding should be adopted where the estimation of urea showed the patient to be reduced to a condition in which he would be readily liable to any septic disease. When, however, the amount of urea secreted proved the possibility of resorting to operation without seriously endangering the chances of successful recovery, then arose the question as to whether operation should be performed. In this connection valuable results might be attained by employing Dr. Agnesley's double trocar aspirator, by means of which cavities could be effectually cleansed through two minute openings. In a case of his (Dr. Southey's) in which this plan had been followed in dealing with the kidney, the organ subsequently shrank very perceptibly; the abscess was subsequently opened, the wound treated antiseptically, and in two months recovery was complete, and the urine free from pus. The patient,

however, had passed a fair amount of urea in proportion to her bodily weight.

Dr. DYCE DUCKWORTH related the history of a boy, *æt.* 13 or 14, who came under his care in hospital practice. There was pain in the left loin, the urine was charged with pus, and paroxysmal attacks occurred at intervals of five to seven days. His condition was uninfluenced by treatment as an out-patient, and being re-admitted into the wards, consultation on the case was held, when it was decided that it was one of pyelitis, and suitable for exploration. This was performed by Mr. Morratt Baker, when a large quantity of pus was evacuated, and a drainage-tube inserted. The pelvis was much dilated, but no stone was found. The wound healed well, and after some months the boy left, wearing the drainage-tube, which he still continued to do.

Mr. M. BAKER said the case referred to by Dr. Duckworth was really one of hydronephrosis; he had recorded it at the late International Congress. The kidney was largely distended, but no question arose as to its entire removal. Incision and drainage permanently relieved the pain experienced from it. Months after the first operation he had again explored the organ, but without successfully determining the limits of the cyst; and as the patient was fairly comfortable, having become accustomed to wearing the drainage-tube and bottle to receive the discharge, he decided against removing the kidney. Mr. Baker considered the use of the spray essential to secure the patient's safety in cases of abdominal incision, but thought there was less ground for its employment in the lumbar operation, except for the protection of the peritoneum until the latter had been safely secured from danger. Respecting extirpation of the kidney, he would advise it only when nephro-tomy would obviously lead to no good result.

Dr. MAHOMED was impressed with the fact that great benefit had followed the operation of nephrotomy in all the cases he had seen in Guy's Hospital where this proceeding had been adopted. No patients died after the operation, and nephrectomy he believed to be necessary in extremely rare instances. He had carefully examined—post-mortem—a patient in Guy's Hospital a patient who had died from tuberculosis, but who exhibited extensive perinephritis. He found the existence of the perinephritic suppuration did not in any way complicate the case as regarded nephrectomy. The mass could all be peeled freely away except at one point. He considered that nephrectomy, without previous nephrotomy, a rash proceeding.

Mr. BARKER thought the surgeons at Guy's Hospital were to be congratulated on their exceptional success, if all cases of nephrotomy recovered. The literature of the subject, indeed, taught that, sooner or later, death followed in all such cases. The choice of operation between the abdominal and the lumbar plan should be carefully considered. Some cases must exist in which no removal of the kidney would be possible. The result of opening up the abdomen in such cases would be to direct a constant discharge of pus into its cavity; but this dangerous proceeding would be avoided by selecting the lumbar situation for the opening. Drainage for a time might be expected to bring the kidney into a better condition for performing nephrectomy. The age of the patient on whom this operation is done ought not to exceed thirty; only two successful cases had been recorded over fifty years old. *Uræmia* very rarely caused death. Mr. Barker endorsed Mr. Baker's recommendation on the use of the spray. He described a recent case in which he had manipulated and drained the kidney of a young boy, and in which a good result was achieved.

Dr. MAHOMED explained that he referred to *immediate* results when speaking of the non-fatal termination of nephrotomies at Guy's Hospital.

Mr. GODLEE thought Dr. Mahomed would except the tubercular kidney from his calculations, and those cases in which large calculi existed, in which no amount of drainage would be of service. His own opinion was favourable to nephrectomy without previous nephrotomy. Having lately seen the case referred to by Mr. Lister at the last meeting of the Society, he found that in it the same result as was experienced in similar cases was occurring, *viz.*, the nephrotomy was being succeeded by a worse condition than preceded it. Langenbuch's incision was of advantage as enabling the intestines to be removed well out of the field of manipulation. The vessels supplying the large intestines gave no trouble when tied and divided. The lumbar incision was objectionable because of the difficulty of avoiding

injury to the adjacent colon when working through it. He argued that the estimation of urea afforded an important criterion of the propriety of operation, but it remained to determine what precise amounts might be accepted as safe indications of a favourable bodily condition.

Mr. HOWARD MARSH likewise expressed agreement with Dr. Southey's views as to urea. He had adopted the oblique incision in operating on his case, because no other would have afforded sufficient room for the necessary manipulation.

SURGICAL SOCIETY OF IRELAND.

(Continued from page 339.)

Mr. ARTHUR BENSON read a paper

ON RESTORATION OF THE EYELID BY TRANSPORTATION OF SKIN FROM DISTANT PARTS OF THE BODY,

which will be found on page 353.

The VICE-PRESIDENT said the Society had listened with great interest to Mr. Benson's paper, and every one who had any experience of plastic operations should feel obliged to him for the manner in which his cases had been brought forward, as stamped with the evidence of having been truthfully reported from the bedside. He had been often struck with the strange and remarkable invigoration that took place in the surface to which a flap was applied and adhered in only a partial way. Transportation from distant parts he regarded as an important addendum to plastic surgery; but he did not think it would take the place of transplanting skin from the immediate neighbourhood where it was possible to get healthy skin. He had lately had a case of a young man who received an injury of the head, resulting in inflammation of bone, followed by numerous abscesses, which puckered the skin in various directions over his head. At length all the abscesses passed off except one, which puckered the eyelid of the right eye, pinning it down to the frontal bone. The patient recovered in every other respect. But his appearance was so disfigured that he (the Vice-President) undertook a plastic operation, transplanting a piece of skin from the temporal region into the upper eyelid. The flap adhered perfectly and restored the eyelid, while the part from which it was taken adhered by first intention, and with such accuracy that, at the expiration of two months, when the patient left, there was absolutely no scar. Transportation from a distance would come in very well where healthy skin could not be got in the immediate neighbourhood. Mr. Benson's cases were of great interest in bearing upon general surgery as well as on the special position in which he had operated.

Mr. STORY said, in the operation of transportation the chances of success were much less than in the ordinary Tagliacotian operation, and transportation, therefore, should only be adopted where the other was not likely to be so easily carried out. All these cases at St. Mark's Ophthalmic Hospital, in which Woulfe's operation was adopted, were cases of great disfigurement, very large cicatrices about the brow, temple, and cheek. So that if there was any operation performed by transplantation of a flap with a pedicle the pedicle would have to be abnormally long, or the flap should consist of cicatricial tissue whose vitality was far inferior to healthy skin. Hence, with such chances of failure by the ordinary transplantation with pedicle, they thought that Woulfe's operation would lead to a much more satisfactory result. Under ordinary conditions the chances of success in Woulfe's operation were infinitely less than in the operation of transplantation with pedicle. Indeed, he did not think that the operation where a flap was transplanted ever failed unless the sutures were drawn so tight as to constrict the arteries or capillaries supplying the vitality of the flap. In his operations he had met with no failure where he did not think the failure was due to undue pressure on the pedicle, or an undue pull on the flap in one position so as to constrict the arteries running through it. The difference in the appearance of a piece of skin which had been removed from its position with a pedicle attached and put into a new place, even twenty-four hours after the operation, as compared with the appearance exhibited by a piece treated by Woulfe's method was so marked as to decide that the chances of vitality in the latter were infinitely less. In his cases of a flap with a pedicle, twenty-four hours after the operation the flap was as red and

vascular as any portion of skin could possibly be, while the Woulfeian flaps even a month after the operation were white. It was not until the thirty-sixth day in one of the operations they were doing—a second operation on the lower lid—that under the influence of ether they observed that the flap had become congested like the rest of the face, and that was the only perfectly successful case where the whole flap lived. If operating on an adult again, whom he could keep quiet for twenty-four or forty-eight hours with his arm bound up to his head, he would attempt the operation of transplanting from the arm with a pedicle attached. But it was impossible to keep children quiet. He would, therefore, in future, try and perform the ordinary Taliacotian operation in preference to Woulfe's. In the *Dublin Medical Journal* of July he saw in a report of the American Pathological Society thirteen cases discussed. Two gentlemen read papers on the operation, and, in the discussion which followed, thirteen cases were mentioned. Of these the American surgeons acknowledged that only four were failures, leaving seventy per cent. of successes. He did not know what they regarded as success, but his standard was where the whole flap lived, and only one of the eight cases, the subject of the paper, reached that standard, while in five others considerable improvement was produced. In other words, they had had one complete success and five partial successes out of eight cases.

Dr. BENNETT said the Society no doubt felt indebted to the two surgeons of St. Mark's for the cases recorded, and especially the completeness of their reports. Having had an opportunity of observing the cases now and then, he considered they deserved still higher credit for working up-hill against what seemed to be very unfavourable odds; because, in the absence of personal experience in the earlier cases, he was certain one or two had failed to a large extent from want of that skill in the particular operation necessary to its success. The operation was one different from any other, it being absolutely necessary to pare away everything underneath the skin itself; in fact, the complex and difficult task had to be performed of removing all fat, dissecting the under-surface perfectly clean and white, and taking away all extraneous material without injuring the flap. As the series of operations was continued the higher degree of skill attained would ensure greater success. The conclusion was true that the operation, while it was a great advantage, was vastly inferior to the plantation with the pedicle. Transplantation, provided the pedicle and flap could be arranged judiciously, could be done with certainty, whereas transportation was an uncertain method. At the same time, where a pedicle could not be obtained, transportation, though precarious, was of immense advantage to fall back upon.

Mr. ARTHUR BENSON replied: He did not think transportation would take the place of all the others, but it would in many cases render operation possible where the others would be impossible. It was only in a certain percentage of cases they could hope to obtain such a perfect result as the Vice-President had achieved. The real and important question—and which it would require more experience perhaps than any of them had of the operation to answer—was as to whether the chances of success were such as to warrant the operation? The operation was a new one, and the number of cases recorded by competent surgeons was very limited. What Mr. Bennett said was true, that as their manipulative skill increased the results would be considerably improved in their hands. Before they could finally decide whether or not the operation was one to adopt, even when a flap could be had in the neighbourhood, they should wait until there was a considerably larger number of cases, failures and successes together, placed on record.

The Society then adjourned.

It is officially announced that enrolled members of the Volunteer force who may be injured on duty, and thereby rendered incapable of resuming their occupations, will in future be allowed a gratuity not exceeding 3s. 6s. per day, and for a period not longer than six months; but the allowance will not be given while the patient may be in a military hospital.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 26, 1882.

CHARLES DARWIN.

CHARLES DARWIN is dead. These simple words possess a significance for us that in the first moment of grief we cannot fully appreciate; the full realisation of their meaning will, alas! be increasingly apparent as in the future we wait in vain to witness fresh evidences of activity from that grandly conquering intelligence which will never again unfold for us the secrets of the natural universe. Charles Darwin is dead. The mournful news strikes with a force the stronger, perhaps, because with almost impious expectation we had cherished the idea that one who had done such vast labours in behalf of science and of all human knowledge, could with difficulty be regarded as a merely mortal being; we have, in a spirit of almost unconscious adoration, connected the man with his work; and because the one was beyond question immortal, we had associated the persistence of it and its consequences with its author. At this time it is scarcely possible to do more than bewail the loss that weighs so heavily on us; but with the sense of desolation, nevertheless, there arises also a certain conviction, that though the presence has departed from our midst, nothing can ever dim the greatness, the splendour, or the value of the achievements that presence wrought. For ever and ever, while men continue to reap the benefits that Darwin has conferred on the whole of humanity, human gratitude and human love will testify to the immeasurable treasures bequeathed to every member of a civilised community during his life-long devotion to the study of nature.

And what has he not done to deserve this tribute to his memory? In what department of knowledge is there not something gained through the exercise of his great genius? Even the world of politics, usually the last to be influenced by the spirit of discovery and research, has, equally with every other sphere of intellectual excitement, shared in the application of those natural laws for the first time founded on firmly-rooted bases by the late apostle of evolution. Medicine, the most conservative of sciences, is no less his eternal debtor, and this, perhaps, even the more considerably by reason of the potential progress of which it is capable, in consequence of the means of study presented to it in the Darwinian philosophy. Though not of it, in the sense of being actually a member of the medical profession, except in so far as he was made so by the conferring on him of an honorary M.D. degree by the University of Leyden, Darwin was, nevertheless, in spirit and in thought, pre-eminently *with us* in every act and conception of his life. Not yet, indeed, can we see the immensity of his services to medical science, because we are not yet more than without the threshold of that science of comparative medicine which, by-and-by, will assuredly enlighten every existing mystery of disease. The study of etiology along the lines of developmental history, and of the evolution of disease through the animate world, is, by slow degrees, assuming definite shape and limits; and can we hesitate to acknowledge that the impetus given to its prosecution originated in the labours of the philosopher who is now numbered among the illustrious dead?

In this country, it may be safely said, the author of the modern theory of descent was, during his life, regarded with less veneration than was universally accorded to him abroad. But even here he was always surrounded by a circle of earnest and devoted friends, whose remaining years will be solaced by the recollection of their close-drawn intimacy with the modest, kindly, unassuming spirit that shed such lustre on his name and nation. With the exception of certain honorary distinctions—granted somewhat late, it must be said, by Universities—Darwin received no recognition from sources whence marks of admiration of great powers and great deeds usually proceed. We cannot but regret that the greatest genius of our century was permitted to dwell in close retirement at the very doors of the State, without one single mark of national pride in his possession, while foreign countries not only accepted, and adopted, his teachings, but in many ways showed the honours which they would have delighted to shower upon him. The subject of such shameful neglect was himself careless, if not even unconscious, of the slight. Confident of the truth his life was spent in unfolding; happy beyond measure in his social relations; surrounded by friends who gladly acknowledged his supremacy, and faithfully observed his doctrines, he doubtless rejoiced in the immunity he enjoyed from the cares inseparably associated with mere worldly exaltation. But though we may be unfeignedly glad that so noble a representative of English thought and English science was enabled to pursue his path through life under circumstances the most advantageous for the fulfilment of his own designs, this can never absolve the responsible agents of his

neglect from the censure merited by their conduct. Whether this was dictated by narrow, spiteful opposition to views which, because they were, to them, incomprehensible, were therefore unpalatable, or due to inability to perceive the important nature of the consequences of Darwin's work, detracts nothing from the conduct itself. It is well that the same little, ignoble feeling has not been permitted to influence the performance of the last act of tardy acknowledgment that is possible in this direction. There is but one appropriate resting-place for the greatest naturalist in the world—the founder of the modern school of biology, the most illustrious scientific *savant* of the century—and that place is amidst those who are by right regarded as the creators of our intellectual superiority—in the national fane of Westminster.

Darwin was born in 1809; it was fifty years later that his most important work was given to the world under the title of "The Origin of Species." The story of its appearance in consequence of the simultaneous production of an essay of a similar nature by Mr. Wallace, is sufficiently familiar; but it should be remembered, too, that Mr. Wallace was from the first an ardent champion of Mr. Darwin's superiority and priority; and especially of the claim the latter possessed to the greater honour in consequence of the vast array of facts and observations on which his theory was based. Of the storm of opposition created by the "Origin" nothing need now be said. Like every invulnerable truth, it has triumphed in all directions; and so unanimous is the opinion now expressed on it by every competent critic that it is unusual to hear it controverted by any save a very few individuals. Thinkers of the type of the late Louis Agassiz attacked it at first; Agassiz, indeed, to the time of his death refused acceptance of its conclusions; but it would be unfair to criticise too closely either the grounds or the manner of his opposition, or of that shown by those who were at one with him on the question. In the future, evolution as propounded by Darwin will be considered not so much on account of the data which support it, as in respect to the outcome of the theory in every civilised relation; on account of the impetus it has given to progress; and the unmistakeable intellectual development to which it has everywhere given rise. For though others before him had evolved crude notions of a somewhat similar character, such as Lamarck and the author of the "Vestiges," incorporated in their accounts of the creation, does this take anything from the importance of Darwin's performances? He not only expounded and rendered intelligible the clouded ideas of these forerunners, but, above all, he established them on an impregnable basis of facts gathered during the long years of unceasing toil that preceded their presentation in the volume which brought on its author the outspoken condemnation of frightened conservatives. Fortunately this period of combat has long been passed; and firmly established as the groundwork of natural science, the theory of evolution no longer excites angry discussion whenever it is mentioned, but is even accepted as consonant with the views of those who would formerly have regarded its acceptance as evidence of the most outrageous heresy.

Darwin's life has been continuously that of a student.

We cannot but congratulate ourselves, too, that from an early age he was absolutely freed by family circumstances from the necessity of disturbing his researches for the purpose of following a remunerative profession. To this mainly is attributable the extent and consecutiveness of his labours; and hence, chiefly also, the remarkable value they possess. That he would have achieved great triumphs in any case, we must feel assured; but that he could have accomplished what he has done under less favourable surroundings is hardly probable. Moreover, all that he has left in the way of intellectual treasure has been a free gift to mankind; no assistance has been bestowed by the nation or by societies, and this is hardly another matter for congratulation to us as a people.

We have not deaired to write the life of Darwin, or to detail his numerous labours. Both the one and the other will, ere this is in type, be familiar to every reader of these lines. We have wished only to testify, in the feeble way that words permit, the sense of loss that we experience at the death of one who can never be replaced—who was familiar as a friend, though chiefly known because his influence is all-pervading. We of this generation shall never judge him as he is worthy to be judged; but as the world grows better and greater in the magnitude of general good, each succeeding generation of men will be better able to appraise the value of him to whom, in most part, their improvement will be ascribable.

THE ROYAL IRISH UNIVERSITY.

THE latest Irish educational bubble has burst, and the Royal Irish University created—amidst much political trumpeting—to solve the problem of unhampered higher education in Ireland, has stepped down from the educational elevation which it was designed to occupy, and has taken its lowly place amongst the numerous other politico-religious jobbing *cliques* to which Ireland is already condemned. The long expected appointment of Fellows and Examiners by the Senate has taken place, and the list of names which we publish to-day is a complete justification of the apprehensions which we have already expressed that the occasion would be seized to degrade science in Ireland, and perpetrate a wholesale job. The Senate has made it clearly understood that industry-attainments and scientific character have no value in their eyes, as compared with politics, religion, and personal influence, and has by this, its first act, given the public to understand that the degrees to be granted by this University may probably be manipulated as the Fellowships and Examinerships have been, so as to maintain a contemptible standard of education.

We do not feel it our province to criticise the appointments made outside the medical faculty, but we cannot refrain from observing that the list of Fellows in *classics*, English and Moral Philosophy is conspicuous by the absence from it of the names of those universally recognised as the greatest Irish literates in these departments, while it contains the names of several who clearly obtained the £400 a year salary of a Fellow, not because

they were in any respect the most deserving, but because they were needy educational failures, or because they were the *protégés* of great people.

With reference to the medical faculty of the University, the proceedings of the Senate can hardly be discussed with temper, and can produce no feeling other than disappointment. In the first place, they have for no perceptible reason, postponed the appointment of Fellows in the natural and medical sciences to an unfixed date, and possibly for ever. But the course they have followed with respect to the examiners is still more incomprehensible. They had not advertised their intention to make these appointments, nor either solicited or received the applications of those who wished to compete. Nevertheless, they have—in secret conclave—appointed to these important offices a number of gentlemen, some of whom had never asked for the office, and might, possibly, not accept the function thus thrust upon them, and few of whom could be said to be in any respect the best men for the duty which they will have to discharge. The Senate seems to have proceeded on the principle that the whole of the Catholic University, and a good proportion of those attached to the Queen's Colleges, should be provided for, no matter what their respective qualifications might be, and that—if any crumbs of office remained over—when these institutions had no more persons to appoint, then the rest of the Irish world of Science and Medicine might have the leavings. With one swoop every single teacher in the Cecilia Street School—the most insignificant amongst Dublin medical institutions—was caught up and placed in office. Next the grasp of the Senate was extended to the Queen's Colleges, whence six examiners out of the seventeen which make up the full Court were co-opted. Having thus disposed of thirteen out of the seventeen examinations, the medical teaching institutions of Ireland were favoured with three places, and one was given to a London gentleman, whose special claims to be brought over to examine Irish medical students are to us unknown. Neither the School of the University of Dublin, nor the Ledwich School, contribute a single examiner; the School of the Royal College of Surgeons is honoured with one appointment of the lowest grade, and the Carmichael School contributes one name to the list.

We shall leave to another occasion the consideration whether this wholesale and disgraceful educational job is even legal, for we very much doubt whether the Senate has not, in its haste to provide for its *protégés*, outstepped its authority, and made an unlawful use of its powers. But, whether the transaction be legal or not, it is, at least, discreditable in the highest degree to the University, and to every member of the Senate who consented to the proceeding. The gentlemen who constitute the governing body of the University have declared, in the face of the world, that scientific rank and fame are secondary considerations within the Royal Irish University, and have pronounced emphatically that anyone who is to be connected with that Institution must at least be of the right politics and religion; must have friends at his back; and must be able to

trace his educational pedigree to one of two favoured institutions, and if, after he has satisfied the Senate on these points, he can show any claim to consideration on scientific or medical grounds, that fact will not be considered any disqualification for office.

THE UNQUALIFIED ASSISTANT SYSTEM.—III.

It has been suggested that any attempt to prevent the employment of unqualified assistants would be indirectly detrimental to medical education by checking the tendency that may exist to apprentice youths to medical men. The question from this point of view is worth a brief consideration. Unfortunately, or fortunately, as the case may be, there is no consensus of opinion respecting the advantages of apprenticeship; while many whose authority to speak on questions of education is undoubted agree in advocating such a method of commencing professional training, there are others occupying equally authoritative positions who emphatically condemn what they denominate the idling of apprenticeship. We cannot, however, be blind to the fact that direct encouragement to the system is given in the regulations of various examining boards, which recognise the time spent with a general practitioner as pupil, in lieu of actual hospital attendance, on the part of candidates for diplomas. So long as this continues to be the case it is futile to urge objections against the practice; and both its existence and the consequences it gives rise to must be met and dealt with in the best way possible. There is, however, a wide and very evident distinction between the apprentice and the assistant, a distinction which, if *always maintained*, would be amply sufficient to remove any danger of confusion between the terms. The great difficulty about the matter, however, is that the distinction is sometimes overlooked, and may very well be forgotten altogether. In former times the apprentice was a mere schoolboy of sixteen years or so; but now more time and attention are devoted to preliminary education, as is necessary, indeed, to meet the requirements of examining bodies. Hence, commencing at an older age, modern apprenticeship extends over a more limited period, and during the eighteen months or two years usually thus occupied, the student does not acquire sufficient confidence or presumption to undertake any duties that may not with safety be entrusted to him. In the capacity of pupil there is very much that he can learn, very much that it is desirable he should know; and at the same time there are many things he can do to assist his master, from the doing of which he will derive excellent instruction. But these duties are certainly not such as visiting or prescribing for patients, no matter what their condition; and even after a pupilage of two years it is doubtful how far the conduct of the most ordinary labour case should be left in the hands of the apprentice. In the proper acceptation of the term, however, there can be no valid reason why any medical man should not become the tutor of an apprentice; and with due precautions in the interest of his patients, permit that apprentice to follow the course of his practice, and learn from it as much as he may be able to gather. In very rare

cases it may even occur that the apprentice may be allowed to report on the condition of convalescent patients; but, as a rule, the safest course to follow is to permit nothing of this kind, no independent action, no divergence from the strict routine of instruction; otherwise, there must gradually arise a laxity and a willingness to avail of junior service that slowly but surely degenerates into the worst type of unqualified assistance.

Another class of case is that of the third or fourth year man, who from circumstances of one kind or another proceeds to pass the final year or year and a half of his curriculum, not as assistant, but as pupil to a general practitioner. The advisability of such a proceeding is very doubtful; opportunities that hospital practice afford, for instruction in medicine and surgery can, of course, never be found in the narrow limits of even the most extensive private practice; but this need not now be considered. Under such conditions it is a certainty that the position of the pupil will be abused, and he will become, in act at least the, unqualified assistant of his master. There are probably very few who do thus proceed as pupils in so late a stage of their studies; but the number of similarly placed students who act as unqualified assistants is very considerable indeed. Scarcely a week passes without advertisements from, not one or two, but dozens of men so placed, appearing in the medical journals; and that they find employment somewhere is testified by the applications for "a senior student to dispense and attend midwifery," that are constantly being made through the same media. As long as the demand is thus maintained, the supply will be forthcoming; and it is therefore incumbent on all who desire to witness improvement in this direction to do their best to put a stop to the countenancing of illegal practice thus regularly advertised.

The apprenticeship system of old, under which a period of five years was required to be passed before attendance on hospital practice commenced, possessed certain advantages that are wholly wanting in the unqualified assistant system. The apprentice was taught from the beginning under the eye of his master, who could speedily determine the amount of intelligence he exhibited, and as he progressed in professional knowledge, the extent to which he could safely be trusted alone. Practically, the apprentice was educated for a couple of years with a view to fulfilling certain minor duties in the latter periods of his apprenticeship; and though we cannot but think it was improper to confer even the power they did possess on apprentices, yet it was unmistakeably less disastrous in results than the truly vicious method now commonly pursued. As a rule, the apprentice was always under the eye of his master, and it is difficult to imagine that the latter would have been guilty of any such gross departures from professional rectitude, in covering the faults of his junior, as are again and again daily committed at the present time. In a case that transpired a few months ago, an unqualified assistant was heavily fined for attending a woman during her confinement, and who subsequently died. In this instance the assistant was a medical student of three years' standing, and who ought

properly to have been described as a pupil of the man for whom he acted in the capacity of principal. Had he, however, been this in reality, it is certain that something more serious than a reprimand would have been dealt out to the employer, who, as instructor merely, would have been utterly unable to offer any defence for sending or permitting his pupil to execute his duties.

In considering the question how to amend the existing state of affairs, it will be well worth while to discuss the advisability of inserting a clause in any future amendment of the Medical Acts, to provide for every unqualified assistant being in a legal sense the *pupil* of his employer, who should, moreover, be bound in heavy penalties to exercise direct supervision over his performances. Any attempt to actually suppress the employment of unqualified assistants will be difficult to carry out; though it certainly need not be insuperably so; but if the law refused to consider such assistants in any light but as the pupils of those by whom they were engaged, and who would, of course, be held responsible for them in all respects, we should quickly cease to be worried by such scandals as from time to time disgrace the profession under the present system. Moreover, this proposition could not possibly be opposed by employers of unqualified assistants; for if they defend their action, as being influenced by no improper motives, then they can raise no objection to their assistants being regarded in the light by which they themselves can alone justify their proceedings. Whatever the consequences to employers of cheap labour, however, the gain to the profession and the public that would ensue on the adoption of the proposed reform is unquestionable.

Notes on Current Topics.

Muddling at the Royal College of Surgeons of England.

STIMULATED by some inexplicable desire to distinguish themselves in a new and entirely original fashion, the Council of the Royal College of Surgeons of England have, through a special committee, invented a batch of new regulations in respect to the examination for the diploma of Member, which must take future rank as the most curious document ever issued from Surgeons' Hall. The rules are to the following effect: "That on and after October 1st, 1882, no candidate be admitted to the final or pass examination for the diploma of Member until after the expiration of two years from the date of his passing the primary or anatomical physiological examination, unless he should before presenting himself for such previous examination have completed the curriculum of professional study for the diploma, or should possess a degree or diploma in medicine or surgery, or shall show reasons for exemption from this rule such as shall be satisfactory to the court of examiners." In order to complicate this foolish provision as much as possible the committee have drawn up a series of conditions under which exemption may be claimed; but it seems to have been overlooked that the consequence of their new rule will be

very often most improperly prejudicial to the interests of hard-working and deserving students. Neither is it at all an equitable proceeding for the College to erect its own staff of examiners into a court of arbitration on the merits of candidates in any sense but that of their educational attainments. The reputation enjoyed by these officials as a body for urbanity and consideration is not quite such as justifies the hope of their being likely to deal at all times with applications for remission as the applicants would desire. It is probably due to the action taken by the Royal College of Physicians that its surgical rival has felt called upon to adopt the proposed restrictions; but it remains to be shown with what success the College of Physicians entered on the new departure. We do not now, as we did not at the time they were made, approve of the time clauses in the Royal College of Physicians' new scheme of examinations; examining bodies have a right only to demand the fulfilment of a curriculum and the passing of their particular tests, and the College of Surgeons will find, if it persists in the proposed changes, that the gratification of a momentary craze will be indulged in at the expense of lasting unpopularity.

Parkes Museum of Hygiene.

AN important general meeting of the subscribers to the Parkes Museum of Hygiene was held on the 18th inst., at which it was decided to apply to the Board of Trade for powers to reconstitute the management of the Museum and convert it into a corporate body with a view to extending the operations and influence exerted by it. Owing to the rapid growth of the Museum, its present quarters are inadequate to its requirements, and in addition the authorities of University College have signified that they will require the room in which the museum is housed for their own purposes at the end of the session. Under these circumstances the museum committee consider it advisable to follow the course named above, as, when once firmly established as an incorporated institution, the museum will be in a position to benefit to any extent by legacies, &c. That they are justified in aiming at increasing its sphere of usefulness is demonstrated by the progress of the movement, which was first started in 1879, to found a museum of hygiene in memory of the late Dr. Parkes. Since the opening of the museum it has been visited by over 5,000 persons interested in sanitary progress, exclusive of those who attended the lectures and demonstrations which were given gratuitously during the winters of 1880 and 1881 by members of the executive committee, and those who attended the inaugural meeting in 1879 and the first annual meeting at the Mansion House in 1880, both of which were of great service in drawing public attention to the necessity of a knowledge of hygienic principles. During the past winter, owing to the crowded state of the museum, the lectures and demonstrations have had to be discontinued, and the committee trusts that under the régime which it is hoped is about to be instituted the museum will receive such an amount of public support as will enable it to continue its career of practical utility under conditions more suitable for conveying instruction than it at present enjoys.

The Visitation of Examinations by the General Medical Council.

THE short notice which we recently gave of the reports of the Visitors has evoked a remonstrance from one of the authors of the reports against our publication of the contents of documents which he considers private. As these documents have been officially communicated to all the licensing bodies concerned, for the purpose of being considered and criticised by them, and as they do not bear any impress of privacy whatever, we did not anticipate any objection to our making the decisions of the Visitors public. Moreover, we do not understand or sympathise with any whispering confidences about such matters, and we altogether object to a policy of secrecy about subjects which are submitted to inquiry by the Medical Council in order that the state of affairs may be fully ventilated. If it does not please the President of the Council to convene that body until the dog days, when Parliament and all the world beside has begun to nod after the fatigues of the year's work, we think it a very objectionable arrangement that visitations which were made last November should be allowed to grow mouldy awaiting the formal submission of the reports to the Council seven months afterwards. Notwithstanding this, we feel unwilling to commit what the Council pleases to consider a breach of confidence, and will, therefore, refrain from making public the judgments of the Visitors until we are officially in possession of them. Probably before that time comes the visitations will have been forgotten, and the decisions on the merits or demerits of examinations will have become musty and useless.

Poisoning by Jam.

SEVERAL members of a family living in a village near Wellington, in Shropshire, were recently attacked with all the symptoms of poisoning by some irritant material, after consuming a quantity of so-called "jam." This stuff was found on analysis to be composed of "gooseberry tops," and other refuse, and to be a mass of fermentation, so that the effects produced in those who indulged in it were not difficult to account for. It will naturally be wondered at why such deleterious compounds are permitted to find their way through tradespeople into the homes of the poor. No excuse of cheapness ought to be allowed to countervail the injury done the public by manufacturing and selling such abominable rubbish; and it might prove beneficial to the community, perhaps, if sanitary officials more generally devoted their energies to checking the sale of really injurious articles, instead of confining their attention to prosecuting or directing action to be taken against vendors of harmless articles of food.

PROFESSOR OWEN has recently received from the Duke of Mantua a gold medal, bearing on one side a portrait of the Duke, in bold relief, and on the other the names of the great men (including Dante, Michael Angelo, Raphael, Napoleon, Cuvier, &c., and, lastly, Professor Owen himself) to whom this mark of distinction has been presented.

The Royal University of Ireland—Appointment of Fellows and Examiners.

THE Senate of the Royal University met on Tuesday week, and resolved to allocate for the present 24 of the Fellowships, as follows:—Classics 6; English 4; Mental and Moral Philosophy 4; Mathematics 4; Natural Philosophy 4; Chemistry 2. The following gentlemen were elected Fellows and Examiners in Medicine and the correlative subjects:—

Professors in Natural Philosophy—Prof. John D. Everett, M.A. Glas., F.R.S.; Prof. Joseph Larmer, M.A. Cantab., Senior Wrangler and Fellow of St. John's College; Rev. Prof. G. Molloy, D.D. In Chemistry—Prof. John Campbell, B.A., M.B.; Prof. Maxwell Simpson, B.A., F.R.S.

Examiners in Surgery—A. H. Corley, M.D., Q.U.I., Gold Medallist, F.R.C.S.I.; P. J. Hayes, F.R.C.S.I. In Medicine—B. G. McDowell, M.D., M.C.L., Dublin; S. M. M'Swiney, M.D., University of St. Andrew's, F.K.Q.C.P.I. In Midwifery—John A. Byrne, B.A., M.B., Dublin, L.K.Q.C.P.I.; H.M.N. Jones, B.A., M.D., Q.U.I. Materia Medica—F. J. B. Quinlan, B.A., M.D., Dublin; J. S. Reid, M.D., Edinburgh. In Medical Jurisprudence—E. W. Davy, M.A., M.D., Dublin; M. O'Keefe, M.A., M.D., Q.U.I. In Anatomy—C. J. Nizon, B.A., M.B., Dublin; J. P. Pye, M.D., Q.U.I.; P. Redfern, M.D., London, D.Sc., Q.U.I. In Physiology—J. J. Charles, M.A., M.D., Q.U.I.; C. Coppinger, F.R.C.S.I., Catholic University. In Botany and Zoology—A. G. Melville, M.D., Edinburgh; G. Sigerson, M.D., M.C.L., Q.U.I.

Royal Medical Benevolent College.

THE twenty-first festival dinner of the Royal Medical Benevolent College took place on Wednesday last, at the Langham Hotel, Professor John Marshall, F.R.S., Vice-President of the Royal College of Surgeons, presiding, in consequence of the regrettable illness of Sir Erasmus Wilson. In proposing success to the institution, Mr. Marshall remarked: Since the opening of the College by the late Prince Consort, it had been again and again extended to meet the growing wants of benevolence and education. That by the munificence of Sir Erasmus Wilson the health and comfort of all the residents of the College had been greatly increased. An infirmary had been built at his cost in addition; good water had been secured, and the sanitation of the whole institution rendered very nearly perfect. During the existence of the College 56 aged men and women have secured a home within its walls; and 1,380 boys have creditably passed through the school, a goodly number of whom have achieved success in the various walks of life, one having obtained the Victoria Cross for conspicuous bravery and gallantry on the field of battle. At the present time fifty foundation scholars, the orphans of members of the profession, were receiving an education of the highest class, and were clothed, fed, and boarded, together with 162 resident pupils, at an average cost of about fifty pounds a year, and all of whom are well trained for the Universities' matriculation and preliminary scientific examinations. So that besides being a charity doing inestimable service to the children of those medical men who from early

death, or other misfortunes, have been unable to provide for their families, it is also a great educational institution, by means of which the whole profession is benefited, and, as such, it is entitled to our hearty co-operation and support.

By the voting papers just issued it appears that there are no less than twenty-one candidates for two vacant pensionerships, and no less than forty-two for six vacant foundation scholarships. There is not a case in the list that does not command our warmest sympathy. It is therefore much to be regretted that so large a proportion of them are doomed to feel the bitter disappointment failure naturally involves. There is, however, no help for it, for the College is in debt. The Council have been obliged to sell out stock to meet pressing liabilities, and it is feared that a further sacrifice may have to be made, unless old or new subscribers can be found to lend a helping hand. It would be deplorable to have to reduce the already inadequate number of pensionerships or foundation scholarships, but this must come about if support is not forthcoming. It was stated that an old benefactor of the College, Mr. France, had placed another presentation to the St. Ann's School at the disposal of the Council, and the Secretary announced that the subscription lists of the dinner stewards amounted to nearly a thousand pounds.

Militia Surgeons.

A STATEMENT has appeared to the effect that, in pursuance of a circular issued by the War Office in 1881, militia surgeons are now called upon to resign their appointments on reaching the age of sixty-five years, but without pension or allowance of any description. Two applications have been made by the Parliamentary Committee of the British Medical Association to the present Secretary of State for War on behalf of the militia surgeons, asking for an interview to lay their claims for compensation before him, but it is asserted that no attention has been paid to these communications.

Afternoon Lectures in Trinity College, Dublin.

By permission of the Provost and Senior Fellows, the following course of lectures will be given in the Examination Hall in Trinity Term. It is intended to apply the profits of the course to aid in the construction of a suitable house for the reception of the young Burmese elephants, "Rama" and "Sita," now in the Zoological Gardens in Dublin:—I. Saturday, April 29, 1882—Rev. Samuel Haughton, M.D., senior lecturer: "Dogs." II. Saturday, May 6—Rev. J. P. Mahaffy, professor of ancient history: "The Horse in Ancient Times." III. Saturday, May 13—Alexander Macalister, M.D., professor of anatomy: "The Egyptian Monuments in the Libraries and Museums of Dublin." IV. Saturday, May 20—Robert Atkinson, LL.D., professor of Sanskrit: "Origins of the Celts." V. Saturday, May 27—Rev. T. K. Abbott, M.A., professor of Hebrew: "The Origin of the Alphabet A, B, C." VI. Saturday, June 10—J. Emerson Reynolds, M.D., professor of chemistry: "The Life-work of an Oriental Plant." VII. Saturday, June 17—Sir Robert P. Stewart, professor of music: "Music:

illustrated with Examples of Various Epochs and Styles." VIII. Saturday, June 24—Anthony Trail, M.D., LL.D., high sheriff of the co. Antrim: "Electricity as a Motive Power: illustrated by Dr. Siemens' Working Models of Electric Railways." A payment of one guinea will entitle the subscriber to two transferable tickets available for the entire course.

A COLOURED medical man is reported to have been appointed assistant-physician at the Central Lunatic Asylum, Richmond, Virginia. This is stated to be the first time a man of negro blood has received a public office in Virginia State.

MR. EDWARD BELLAMY, F.R.C.S., Surgeon to Charing Cross Hospital, will commence his course of lectures "On the Anatomy of the Human Form" on Friday, the 5th prox., at four o'clock, in the Science and Art Department of the South Kensington Museum.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were—Derby, 16; Newcastle-on-Tyne, Sheffield 18; Cardiff, Birkenhead 19; Leicester, Hull 20; Edinburgh, Halifax 21; Leeds 22; London, Bradford 23; Nottingham, Birmingham 24; Plymouth, Bristol, Huddersfield 25; Preston, Liverpool 26; Norwich, Glasgow, Oldham, Salford, Blackburn 27; Dublin 28; Bolton 29; Portsmouth 31; Brighton 32; Wolverhampton 33; Manchester, Sunderland 34.

In the large towns last week the highest annual death-rates per 1,000 from diseases of the zymotic class were:—From whooping-cough, 3.8 in Brighton, 2.1 in London, and 2.0 in Bolton; from measles, 6.4 in Bolton, 6.0 in Portsmouth, 5.4 in Wolverhampton, and 3.9 in Bradford; from scarlet fever, 2.7 in Nottingham, and 2.0 in Wolverhampton and Hull; and from fever (principally enteric) 2.0 in Portsmouth, and 1.0 in Liverpool. The 44 deaths from diphtheria included 28 in London, 5 in Glasgow, 4 in Portsmouth, and 3 in Edinburgh. Small-pox caused 9 deaths in London and its suburban districts, 3 in Bolton, one in Oldham, and one in Hull.

Scotland.

[FROM OUR NORTHERN CORRESPONDENT.]

THE CHAIR OF NATURAL HISTORY IN THE UNIVERSITY OF EDINBURGH.—The unexpected resignation of Professor Ray Lankester of the Chair of Natural History in the University of Edinburgh, to which he was but recently appointed, has caused considerable perturbation. Several reasons are assigned by Mr. Lankester for the course he has taken. One is that he learns it would be necessary for him to live in Edinburgh for nine or ten months in the year. Another is that the laboratories are insufficient. But it is understood that the main reason determining this step is that, in his commission of appointment there is a clause to the effect that he takes the post subject to any changes

which may be made by the forthcoming Executive Commission. It is understood that before his appointment Mr. Lankester agreed to this clause. Now that the summer session is about to commence, his resignation must cause a good deal of inconvenience to the University authorities, and in whatever light the hasty acceptance and subsequent resignation be regarded, it cannot be otherwise characterised than as an act of very questionable taste. Meanwhile, a temporary occupant of the chair had to be sought, and we have it on good authority that the Senatus Academicus have made arrangements with Dr. W. C. McIntosh, Superintendent of the Perth District Lunatic Asylum, a well-known naturalist, to discharge the duties during the summer session, and until a fresh appointment is made by Her Majesty's Government.

UNIVERSITY OF EDINBURGH.—MORE COMPULSORY CLASSES.—Notwithstanding the widely acknowledged fact that the medical curriculum is over crowded with classes, especially in view of the short period of study, it was resolved at a meeting of the University Court held on the 10th inst., to apply to Her Majesty in Council for approval of an alteration of Ordinance No. 5, Edinburgh No. 2, under which attendance on the practical classes of physiology, pathology, and materia medica would be made imperative. The instruction accepted as equivalent to a course of practical materia medica is ingenious—an apprenticeship of not less than two years in compounding and dispensing drugs under a registered medical practitioner, or a member of the Pharmaceutical Society of Great Britain. It is difficult, save on the supposition of academic greed, to account for the importance thus assigned to practical dispensing, when Fellows of the Corporations are debarred from any such practice. The position of practical midwifery in the regulations would be altered, and the number of subjects in which extra-academic teaching might be taken would be increased from four to five. Verily, the poor students are to be commiserated.

THE STRATHAVEN "FASTING GIRL."—The death is announced of this poor girl, whose case last year attracted such an amount of morbid curiosity. The girl has been ailing about 18 months, and, as was reported in the newspapers at the time, she some months ago refused to take food for a long period. At last, and partially under the threat that if she would not take some food a warrant would be got from the Sheriff to have her removed to a lunatic asylum, she was induced to take a little milk occasionally, and now and then she took a teaspoonful of beef-tea. This sustenance, however, she did not take with any regularity, and for several months she is said to have lived on sweets alone.

HEALTH OF EDINBURGH.—The Edinburgh mortality for the week ending with Saturday, the 15th inst., was 90, and the death-rate 21 per 1,000. The zymotic deaths amounted to 8, of which 2 were due to measles, while the intimations of these diseases numbered 328, of which 300 referred to measles.

MORTALITY IN GLASGOW.—The deaths in Glasgow for the week ending with Saturday, the 15th inst. were at the rate of 28 per 1,000 per annum, against 25 in the preceding week, and 26, 27, and 20, in each of the corresponding periods of 1881, 1880, 1879.

ROYAL HOSPITAL FOR SICK CHILDREN.—The directors of this institution have forwarded a statement to the Lord Provost, Magistrates, and Town Council of Edinburgh, expressing their views in regard to the treatment of cases of scarlet fever among the children of the poor. The treatment in an hospital, they state, of cases of other diseases occurring among the children of the poor is a work of bene-

volent charity; but the treatment of fever by isolation in an hospital of cases that occur in the poor districts of the city is a work of prudent self-protection which the community is called upon to perform, the expense of which should not be thrown upon the gifts of the benevolent, but should be provided for by the local authority, as enjoined by the Public Health Act of 1867. During the last four years the average daily number of cases of scarlet fever in the wards of the hospital has been twenty-four, which have been treated at the cost of rather over £1,000 per annum, apart altogether from any charge for interest on the cost of the hospital buildings, or the expense of maintaining them. The work of the hospital being very large, the demand upon its supporters is very heavy.

THE MEASLES EPIDEMIC IN EDINBURGH.—The energetic officer of health for the city, Dr. Littlejohn, states in his weekly report that measles continue, there being during last week no fewer than 300 new cases reported, being at the rate of about 45 per day. The mildness of the type of the disease is indicated, however, by the fact that during the week only two fatal cases were intimated. Though at first confined to certain districts, principally Leith, Canonmills, Dalry, and Fountainbridge, cases are now being reported from all parts of the city. Since the outbreak, 2,065 cases have occurred, of which only 18 fatal cases have resulted, and these entirely among infants.

THE NEW ASSESSOR TO THE UNIVERSITY OF EDINBURGH.—Among the various appointments held by the late Sir Robert Christison, not the least important was that of Assessor to the University Court. To fill this vacancy the General Council of the University of Edinburgh met last week, under the presidency of Sir Alexander Grant, when Emeritus Professor Balfour was unanimously chosen, who, in returning thanks for the honour conferred upon him, alluded to his long and warm friendship for the late Assessor, and promised to discharge the duties of the office as far as he possibly could.

THE CHAIR OF NATURAL HISTORY IN THE UNIVERSITY OF EDINBURGH.—Since the foregoing was in type we have received reliable information that the Government have appointed Dr. Cossar Ewart, of Aberdeen, to this Chair, and that Dr. McIntosh will discharge the duties as before mentioned, until Dr. Ewart is inducted.

THE CHAIR OF NATURAL HISTORY, EDINBURGH.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the acceptance and subsequent refusal by Mr. Ray Lankester of the Chair of Natural History, the University of Edinburgh has received a lesson which I hope it will take to heart. The University has of late taken to ignore the claims of its own graduates, filling its chairs with those who only care for the emoluments of them, but who can have no sympathy with the University. If Professor Nicholson had been elected the University would have been saved its present humiliation.

I am, Sir, yours, &c.,

A GRADUATE.

Correspondence.

RESIDENT HOSPITAL APPOINTMENTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am glad the subject of Resident Hospital Appointments has been taken up in your columns. Of all the metropolitan hospitals, the palm of importance falls at the present day to St. Bartholomew's, where the entry of students has

surpassed that in the annals of any of its sister institutions—thanks mostly to our most intellectual and courteous Warden. Yet nowhere is this subject of the most vital importance to the future of many medical students—more a stumbling-block, or more abused. Of all privileges which have fallen to the lot of patronage, from hospital physicians and surgeons, that of junior appointments at Bartholomew's has proved the most visionary and the wildest ever broached on the ambition of students. What do we see here? Four annual appointments in medicine and surgery open to the one hundred and eighty annual entries—would they fell to the most industrious and hard-working, whose very aim throughout a curriculum of work and expectation has been to secure the encouragement of this special opportunity for improvement! Indeed, in spite of this utilitarian age we live in, Bartholomew's remains as in mediæval *status quo*, conservative of its ancient rites and customs, where the elective franchise for the junior staff consists in a kind of ornamental hereditary right, from whose ranks again, after the flow of years and forgetfulness of successive failures of this august and juvenile body at the practical examinations of our Royal College, the material for senior vacancies is recruited. It is really high time for the teachers to cast off prejudice and aid the more deserving students; it is they who keep up the *prestige* of the school, and not the now favoured ones who crowd the canvas of life by means of hereditary puff. Doubtless to trace a cause to its origin the power of dispensing with these much-sought-for vacancies was from the first entrusted to those who had seen most of the student's daily life and aptitude, the end in view being solely the patient's benefit; but, alas! this has probably partaken of the doctrine of evolution, and with the pardonable backbone of a most glorious assurance that the patient's security is well established, the appointments are now resolved into a question of positive personal favouritism—in fact, what has been styled a “system of jobbery.” What with these arrangements is the staff of Bartholomew's to be in the future!—where will be our Burrows, Pagets, Abernethys, Andrews, and Savorys!

“Immortal beacons, spirits of the just,”

if students whose career is distinguished and whose aim is a healthy reputation, are to dangle at the heels of this favoured miniature hereditary assembly! The remedy has been so often reiterated as to lose effect: practical examination at the bedside has been suggested for a test; we could find no more effective criterion; this, with limitation of the period of appointment to six months, would prove a death-blow to favouritism and patronage, and would be the cause of keen and healthy competition among its students. As education advances the patronage of individuals will be less and less necessary; the progress of the human mind will doubtless remove this evil. I crave for reform before the *prestige* of our *alma mater* suffers.

I am, &c.,

A BART.'S M.B. Lond.

FLESH WORMS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The following case, which I have copied from my case-book, may be of interest to some of the readers of the *Medical Press*:—On the 15th of January, 1881, J. D., æt 12, an unhealthy, ill-fed looking lad, presented himself at the dispensary for treatment. For a month or so he had pains all over his body, especially over two spots, one just under the middle of the clavicle on the left side, which looked red and felt hard to the touch, the other midway between the umbilicus and xiphoid cartilage; the latter had the appearance of a small abscess with two minute openings on either side; on squeezing the latter, a “flesh-worm,” or grub, escaped from it identical with the one described by Dr. Whittaker, and with the diagram given by Dr. Abraham in the *Medical Press* of the 12th inst. The boy's only diet was Indian meal, and his mother stated it never agreed with him; he did not present himself at the dispensary again, so I presume he was not again troubled with the malady.

Yours, &c.,

J. F. M. MILES,
Medical Officer, Workhouse and Dispensary,
Dingle.

April 14, 1882.

MATERNITY CHARITIES:

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—An anonymous writer in your issue of the 19th inst., referring to my letter in a previous number, in which I pointed out "that he had fallen into a grave error either in the facts or figures" which he had given in reference to the mortality in maternity charities, proceeds to say that he will justify his statement, and then, that he "is confident that whilst the death-rate in child-bed may be correctly given for Ireland and the Antipodes by Dr. Atthill, it is much too high for the United Kingdom." As a whole, perhaps, his "confidence" may be shaken when I point out that among the 16,774 cases collated by Dr. M'Clintock, 1,377 occurred in the practice of the late well-known English surgeon Dr. Croese, of Norwich, whose mortality, consultations, of course, excluded, was 1 in 98; while Dr. Willan, in his "Reports on the Diseases of London," states that of 2,982 ladies delivered in that city under the care of an excellent accoucheur 30 died, that is 1 in 99. Instead then, of the mortality being over-stated by me, as far as England is concerned, it was under-stated. His "justification" consists in the statement "that there are strong grounds for believing that in England at least a death-rate of 1 in 200 is a nearer approximation to the truth," "the strong grounds" being "the high authority of the Registrar-General;" but as the Registrar-General's statistics are based on very unreliable grounds, arising from the carelessness, ignorance, and sometimes, without doubt, intentional mis-statements of the persons who sign the certificates of death, these returns cannot for a moment unweigh the statements of such men as Croese, Churchill, T. E. Beatty, M'Clintock, &c.; their practice extended over a period of upwards of 50 years, and include the results of both city and country practices. These will be admitted by your readers as, to use Mr. M'Clintock's words, "thoroughly reliable," and if the mortality in private practice (consultations excluded) was with them 1 in 120, it will be difficult to believe that among the very poor it is but 1 in 363. I may add that, in my own practice, extending over 30 years, my mortality has been just 1 in 115. The rest of your correspondent's letter refers to matter altogether foreign to the question in hand, and, as I already stated, I decline to enter into it.

21st April.

Yours &c., LOMBE ATTHILL.

SIR ERASMUS WILSON.

THE President of the Royal College of Surgeons of England, who has been suffering from a sharp attack of catarrh of the stomach and intestines, is, we are glad to be able to state, somewhat improved in condition—though he is still seriously ill. The abdominal symptoms are passing away, and his temperature is about normal, but the pulse is weak, and he is much inconvenienced and depressed by his former troubles, asthma and bronchitis. He feels at once the effect of change of the wind or temperature without, and whether the weather be mild or severe during the next few days, we anticipate that it will be an important factor in his change for better or worse. Sir Erasmus' medical treatment is directed by Dr. Living, in consultation with Sir William Jenner, and we sincerely trust that the anxiety with regard to the state of the eminent patient may daily subside.

The Farringdon General Dispensary.—The presidency of this old-established institution, which became vacant by the death of Lord Hatherley, has just been accepted by Lord Coleridge. At the last annual meeting it was stated that 32,000 patients had attended the institution during the year, and the medical staff reported that these patients appeared to be of a deserving class, and that they did not believe that the charity was in any way imposed upon. On the 30th of last month an Amateur Dramatic Performance in aid of the funds took place in St. George's Hall. A full audience witnessed an exceptionally good representation of "Masks and Faces," and the funds of the institution will receive about £50 profit, after the expenses incidental to the performance have been paid.

Obituary.

DR. FIFE JAMIESON, OF ABERDEEN.

WE regret to learn that this gentleman died at his father's house, Old Aberdeen, on Tuesday last. Deceased, who completed his 28th year about a month ago, had attained a highly honourable position in the scientific world, and was rapidly making for himself an excellent name as a physician. He graduated as M.A. at Aberdeen University in 1873, and a few months after the close of the College session he became electrician in Dr. Siemens' Submarine Cable Works at Woolwich, while in May, 1874, he obtained the post of second electrician in the Direct Atlantic Cable Expedition on board the s.s. *Faraday*, and was subsequently appointed electrician in charge of the Direct Cable in North America, holding that place till the end of the expedition in November, 1875. Along with Sir William Thomson he was author of the conjoined report on the electrical condition of the Direct Atlantic Cable, published in the *Telegraphic Journal*, 1876. Ill health compelled his return to Aberdeen in 1876, and he then commenced the study of medicine, graduating as M.B. and C.M. in 1880, with honourable distinction alike in medicine and surgery. For a year prior to graduation he was house surgeon in the Aberdeen Royal Infirmary, and on the conclusion of his term of office there he was selected by Professor Struthers as Demonstrator of Anatomy in consequence of the high place he had taken in the anatomy class. He continued to hold that post and discharged its duties, not only with great ability and conscientiousness, but in a manner which endeared him in a high degree to the students. When the University closed a fortnight ago, he sought to recruit his health by country residence, but felt compelled to return from Forres to Old Aberdeen on Saturday evening, his illness resulting as already mentioned. Dr. Jamieson will be mourned by all who knew him, not less for his having been cut off at what seemed to be the commencement of a most promising career than for his genial and kindly disposition, which gained for him the affection of all around him.

DR. FORREST, OF DUBLIN.

THE mortality among the medical men of this city within the last few years has been unprecedented. We can recall some thirty taken from our ranks within a short space of time, and now death is once more amongst us. With much regret we have to record the demise of Dr. Forrest, who died at his residence in Clare Street on the 17th inst.

John King Forrest (who died April 17th, aged 73) was the bearer of a name which will ever be associated in the memory of those who knew him with some of the noblest attributes of man, with learning, with generous hospitality, with firmness tempered with gentleness, and with decision softened with kindness. Dr. Forrest was born in Cork, and at an early age was apprenticed to an apothecary in that city. During the epidemic of 1832 he had the entire charge of the Cholera Hospital, and devoted himself with enthusiasm and zeal to the duties of the post. Shortly after he came to Dublin, and while yet a student, he married a lady from Cork, who brought him a comfortable income. Later he became associated with Dr. Hayden in founding the Peter Street School of Medicine, in which he invested some capital. Here, although still but a student, he was engaged in teaching. When qualified, his professional qualifications and genial manner soon obtained for him a good and lucrative practice. In 1844 he became a Fellow of the Royal College of Surgeons, Ireland, and twelve years later he was appointed one of the surgeons of Jervis Street Hospital, where he soon acquired the character of a skilful operator. Dr. Forrest was, however, not only great in the field of surgery, but he was also an able physician.

It is to be regretted he published so little, as his mind was stored with valuable facts—the accumulation of years of experience—which would have served the cause of science.

Dr. Forrest was a man of the world among men of letters, and naturally of a most cheerful and happy temper, was a boon companion in every company. He was for many years member of the Leinster Club, where his loss will be long felt. Dr. Forrest died of bronchitis, of which he was a subject during winter for some years past.

Notices to Correspondents.

ALL 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.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, can now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

THE UNQUALIFIED ASSISTANT SYSTEM.

To the Editor of the *MEDICAL PRESS AND CIRCULAR*.

SIR,—I trust some of the defence associations in London—the Medical Defence or Alliance—may be induced to republish your articles on this burning subject in pamphlet form, and thus circulate your opinions widely. We must put a whip into every honest hand to lash those who, in defiance of law, justice, and humanity, foist upon the poor and ignorant the unqualified class about whom you are writing. The *British Medical Journal* bolsters up unqualified practice (vide remarks on the case of Dr. Thomas). Save us from such guides! The young surgeons should come now to the front: if they do the days of unqualified practice will be soon numbered. They should support you in your attack. I trust they will rise to the occasion.

Yours, &c.,

Leicester, April 20th.

A HATER OF SHAMS.

SURGEON (Bury).—The balance of opinion is certainly not favourable to nephrotomy. Consult the reports of the last two meetings of the Clinical Society of London, contained in the present and preceding numbers of the *Medical Press and Circular*.

BIBLIOS.—The works mentioned in your letter are all excellent; it is impossible to say that any one of them is the best. Perhaps, however, you will find Dr. Bristowe's volume equal to your requirements; but for more exhaustive treatment, you should refer to Atken or the "System."

MR. YOUNG.—Myxœdema is not yet treated fully as a special disease in any text-book. The best account of it yet published is contained in the last two numbers of the "Archives de Neurologie."

DR. NEWTON.—The subject is not of sufficient general interest to warrant our dealing with it in the manner you propose.

A COUNTRY STUDENT.—It shall be fully considered. At present we cannot promise to devote space for its publication, but very probably we may do so during the summer.

A STUDENT (Westminster).—You will have no difficulty in obtaining admission.

DR. BAYLOR (Fermoy).—With £500 in cash a young energetic medical man should be able to command a partnership in an established practice in England. Of course, with twice that amount he can secure a position in a more lucrative concern. With reference to your second question, there are agents and agents, but we have reason to believe that the firm which advertises regularly in our columns act with every regard for the interests of their clients.

MR. S. R.—The "Dr." Smith referred to is a quack of very old standing. He professes now to "cure only a few private patients," but in reality carries on the business at another establishment. Several letters identical to that sent you have fallen into our hands, so that it would appear that every applicant for advice gets a lithographed reply that he is suffering from precisely the same maladies and requires precisely the same treatment.

REMOTE SEQUELA OF TRACHEOTOMY.

To the Editor of the *MEDICAL PRESS AND CIRCULAR*.

SIR,—Some time ago you noted the observations of a French surgeon on the later results of tracheotomy. So far as I can remember he asserted that patients on whom this operation was performed were not long-lived, and gave, in support of this theory, a statement to the effect that very few, if any, conscripts in France appeared with the cicatrix on the neck. I have lost the note I took of it at the time, and should feel greatly obliged if you (or any reader) could give me the reference I want.

I am, Sir, yours faithfully,

Royal Infirmary, Edinburgh.

J. MAXWELL ROSS.

{Our correspondent will find the references he seeks on page 388, May 4th, 1881, of this Journal.—ED.}

MR. J. G. T. (London).—We are glad if the information given in these columns has been of service. Thanks, we do not accept fees.

DR. BURTON is thanked for the translation of Schmid's "Critical and Experimental Researches on Uterine Sutures in their bearings on Cæsarian Section," to which space shall be given shortly.

DR. SUNTER'S paper on "A Case of Jacob's Ulcer" shall appear in our next. We regret the unavoidable delay.

A GRADUATE.—The rumour is well founded. Mr. Ray Lankester has resigned his chair at the University of Edinburgh, and a successor appointed. Various reasons are assigned as to this sudden defection. The matter is fully referred to under the heading of "Scotland."

MEETINGS OF THE SOCIETIES.

HARVEIAN SOCIETY OF LONDON.—Thursday, April 27th, at 8.30 p.m., Mr. Malcolm Morris, "On the Treatment of Reverse Acne Rosacea by Scarification."—Mr. Cripps Lawrence, "On Rotheln."

QUAKETT MICROSCOPICAL CLUB.—Friday, April 28th, at 8 p.m., Ordinary Meeting.

CLINICAL SOCIETY OF LONDON.—Friday, April 28th, at 8.30 p.m. Mr. Pearce Gould: (1) "On a Case of Spina Bifida cured by Injection of Iodine;" (2) "On a Case of Congenital Intestinal Obstruction."—Dr. de Havilland Hall, "On a Case of Primary Perichondritis of Larynx."—Dr. Hector Cameron (Glasgow), "On Cases of Antiseptic Ligation of Arterial Trunks in their Continuity."—Dr. Stowers will exhibit a Case of Acne Varioliformis.

ROYAL INSTITUTION OF GREAT BRITAIN.—Saturday, April 29th, at 3 p.m., Mr. F. Follock, "On the History of the Science of Politics."

ROYAL INSTITUTION OF GREAT BRITAIN.—Monday, May 1st, at 2 p.m., Annual Meeting.

ROYAL INSTITUTION OF GREAT BRITAIN.—Tuesday, May 2nd, at 3 p.m., Dr. E. E. Tylor, "On the History of Customs and Beliefs."

Vacancies.

Alnwick Infirmary.—House Surgeon. Salary, £100, with board. Applications to the Hon. Sec. before May 6th.

Bristol General Hospital.—Assistant House Surgeon. Salary, £40, with board. Applications to the Secretary by May 4th.

Cork District Lunatic Asylum.—Assistant Medical Officer. Particulars as to salary, &c., to be obtained of the Resident Medical Superintendent. (See Advt.)

Hants County Hospital.—House Surgeon. Salary, £100, with board. Applications to the Secretary by May 6th.

Hartlepool Union.—Medical Officer for the District. Salary, £50. Also Medical Officer for the Workhouse. Salary, £35. Applications to the Clerk of the Union by May 17th.

Manchester, Clinical Hospital for Women.—House Surgeon. Salary, £80, with board. Applications to the Secretary by April 28th.

Metropolitan Asylums Board.—Assistant Medical Officer to the Levensden Asylum. Salary commencing at £120, with board. Forms of application at the Offices of the Board, 37 Norfolk Street, Strand.

Royal London Ophthalmic Hospital.—Assistant House Surgeon. Salary, £80, with board and residence. Applications to the Secretary by April 28th. (See Advt.)

Royal London Ophthalmic Hospital.—Clinical Assistants. Applications to the Secretary by April 28th. (See Advt.)

University College, London.—Jodrell Professorship of Zoology. Endowment of the Chair, £233 per annum. Applications to the Secretary before May 8th.

West London Hospital.—House Surgeon. Salary, £80, without board. Applications to the Secretary by May 6th.

Appointments.

BUCHANAN, P. M. B. C. M. Medical Officer and Public Vaccinator to the Coleford District of the Monmouth Union.

CULLINGWORTH, C. J. M. R. C. P. L., M. R. C. S., Physician to St. Mary's Hospital for Women and Children, Manchester.

DAVIES, B. M. D. Ed., F. R. C. S. Eng., Medical Officer of Health to the Newport (Mon.) Port Sanitary Authority.

HOLDSWORTH, A. T., Assistant Medical Officer to the Leicestershire and Rutland County Asylum.

HOUGH, C. H., M. R. C. S., Surgeon to the Derby Provident Dispensary.

KELLY, M. F., L.F.P.S. Glas., Medical Officer of Health to the Felling Urban Sanitary District.

LEE, H. G., M.D. St. And., M. R. C. S., Medical Officer to the Chinour District of the High Wycombe Union.

SANDERS, C., M.B. Lond., M. R. C. S., Resident Surgeon to the Queen's Hospital, Birmingham.

SHOWN, E. L., M. R. C. S., Medical Officer to the Mortlake District of the Richmond (Surrey) Union.

WARREN, T., M. R. C. S., Medical Officer of Health to the Aylesbury Rural Sanitary District.

Births.

HUTCHINSON.—April 17, at Scarborough, the wife of Chas. F. Hutchinson, M.D., of a daughter.

MILLER.—April 17, at Horwoods, Basingstoke, the wife of F. D. Miller, L.B.C.P. Lond., of a daughter.

MOORHEAD.—April 13, at Benburb, co. Tyrone, the wife of W. R. Moorhead, M.A., M.D., of a son.

PRIESTLEY.—April 20, the wife of C. E. Priestley, M.R.C.S., 1 Halbrake Terrace, Wandsworth, of a son.

WRIGHT.—April 17, at 6 Ulverton Place, Dalkey, the wife of W. M. A. Wright, M.B., of a son.

Marriages.

DOUGLAS-MACKIE.—April 20, at St. Luke's, Chelsea, Chas. E. Douglas, M.D., of Cupar Fife, to Bessie, the youngest daughter of J. W. R. Mackie, M.D., late of Cupar, N.B.

Deaths.

FINCH.—April 18, at Stainton Lodge, Blackheath, S.E., Alfred Finch, M.R.C.S., aged 37.

FORREST.—April 17, at his residence, 18 Clare Street, Dublin, J. King Forrest, F.R.C.S.I.

GLYNN.—April 21, at 62 Rodney Street, Liverpool, Octavia, the wife of the beloved wife of T. R. Glynn, M.D.

HARLAND.—April 13, at his residence, Acomb Street, Greenhay, Thomas Harland, M.D., aged 87.

MCRÆ.—April 20, at Fetteresek, Penicuik, N.B., Alexander E. McRæ, M.D., in his 40th year.

M'MUNN.—April 20, at the Asylum, Silgo, John M'Munn, M.D., Resident Medical Superintendent, aged 84.

SHEPHERD.—April 22, at St. George's Lodge, Brighton, George Shepherd, M.D., late of Clifton, aged 63.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 3, 1882.

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Original Communications.

THE TREATMENT OF CANCER.

By ARTHUR E. TEMPLE LONGHURST, M.D.

THAT the increased prevalence of cancer in England is out of proportion to the increase of population alone does not admit of doubt, and by reference to the report of the Cancer Hospital at Fulham for 1879, we find that from the years 1851 to 1872, 10,759 cases were treated, figures which reveal an amount of human suffering for the prevention of which man's highest powers and best faculties of observation may be well and worthily engaged.

But any attempt to discover a remedy or a successful line of treatment for the prevention or cure of cancer without some notice of the pathology of the disease must, I think, be fruitless.

Now, whether cancer be considered a constitutional or blood disease, of which the malignant growth is but the local manifestation, or whether it is primarily a local affection, the blood being only changed secondarily from the absorption of morbid materials, the early condition is essentially one of increased cell growth and formation, or in other words, a state of vital activity, rather than of wasting and decay. It is indeed a growth of new tissue, identical with which, as Birkett long since wrote, there is no tissue in the body.

From observation of, and reflection on, the very small quantity of animal food consumed by inhabitants of different parts of the world, on the Continent of Europe, in Africa and in India, I am impressed with the belief that Englishmen eat far more meat than is necessary or even desirable, and that the fact may possibly account for the increased prevalence of cancer amongst them, in which belief I am strengthened by the opinion of Professor Humphry, of Cambridge, who assured me of his strong conviction that cancer was injuriously influenced, if not occasionally induced by excess of animal food.

Dr. Walsh says the maximum amount of cancer occurs in Europe, and that it is very rare among the patients of

the hospitals in Calcutta and Hobart Town, and among the natives of Egypt, Algiers, Senegal, Arabia, and the tropical parts of America. Such, also, is the result of my own experience in both Africa and India, whilst serving in those countries, as well as of investigation; for during last year I wrote out to India for statistical evidence as to the prevalence of cancer amongst the natives. From Bengal and Bombay, I regret to say that I did not receive any reply. From Madras, the medical officer in charge of the General Hospital there kindly informed me that in 1880, only 24 natives were admitted for cancer, or 0.94 per cent. of total admissions.

From the Punjab, the medical officer in charge of the Mayo Hospital at Lahore, population of district over two millions, sent me the following figures:—

1878	...	In-patients for cancer	...	13
"	...	Out-patients	"	13
1879	...	In-patients	"	13
"	...	Out-patients	"	17

adding, that after twenty years' work at the hospital, he considers cancer a rare disease in the Punjab.

It occurred to me that the above facts might be strengthened or otherwise by inquiry as to the prevalence of cancer in animals, especially amongst those which feed largely on leaves, and on the tender boughs of trees, such as the elephant, giraffe, camel, &c.; but I was unable to obtain from India any knowledge on this point. Mr. Fleming, principal veterinary surgeon in the army at home, tells me that though cancer is found in animals, it is less frequent in them than in the human species, and is most common in the dog and in carnivora, but extremely infrequent in sheep and other ruminants. The above views as to the pathology and the prevalence of cancer receive support from a paper by Professor Bencke in the *Berlin Clinic*, and published in the *Practitioner* of January, 1880, which tells us that cell protoplasm everywhere consists essentially of water, albumen, cholesterine and lecithin, &c., and that the cells of cancer, especially medullary, are relatively rich in substances derived from the albuminates; and that if it be desired to arrest the development of structures containing much of these ingredients, the diet must, as a whole, be so ordered as only

to contain enough for the wants of the system, and the particular materials required for cell production must be reduced to a minimum.

There are, therefore, I think, reasonable grounds for supposition that a diet composed largely of nitrogenous substances, animal food especially, predisposes to the development of cancer; and it seems possible, if not indeed probable, that the increase of cancer, especially amongst the working classes, may receive some explanation from their improved social position, by which they are enabled to partake of more animal food, and perhaps of stimulants; for I think we must accept that the continued daily consumption of any articles of diet, solid or liquid, in excess of the bodily requirements, is opposed to a healthy state of the system, is calculated to interfere with healthy functional action, and thus to induce abnormal cell growth and tissue change.

Passing, then, to the treatment of cancer, and having regard to the earliest condition or cell life of the disease, it would appear that any remedy which shall exercise a curative influence must act directly on the cancer cell, either by destroying its vitality or by so changing it as to arrest its further development; and such action Dr. Clay, of Leeds, claimed for Chian turpentine, which, he said, appeared to act on the periphery of the growth with great vigour, causing the speedy disappearance of what is usually termed the cancerous infiltration, and thereby arresting the further development of the growth, destroying its vitality, and dissolving all the cancer cells, leaving the vessels to become subsequently atrophied. Such, unhappily, has not been the experience of many who have made careful trial of the drug, and its curative action is no longer accredited.

Allowing, then, that there is at present no remedy which will dissolve the cancer cell or destroy the diseased product, our treatment of cancer must partake of a palliative and preventive rather than of a curative nature; and if, as stated by Sir James Paget, that which is transmitted from parent to offspring is not, strictly speaking, cancer, or cancerous material, but a tendency to the production of those materials which will finally manifest themselves in a cancerous growth, then a preventive line of treatment, aided, perhaps, by the action of arsenic, iodine, possibly even mercury, or other medicinal agent yet to be discovered, would seem hopeful; but such remedies must be given in doses sufficient to produce their decided effects in the system and be continued for a long period. And in speaking of remedies, I would advocate an extended trial of the Papaw juice, *Carica Papaya*, which Dr. Bouchut (*Archiv. Gén. de Méd.*, July, 1880) has found to have the property of digesting living tissues, normal or pathological, such as adenomata and cancers, and converting them into peptones, exactly in the same way as dead ones.

Apart, then, from the relief of pain in cancer, when the disease is declared, our efforts for its prevention should be directed towards the suppression of all hereditary predisposition, powerful for which will be the prohibition of intermarriage with families in which there is even a suspicion of a cancerous habit on either side, by the avoidance so far as possible of all mental anxiety or physical injury, and by placing the system in a state unfavourable for the development of the cancer cell; and this will, I think, be better accomplished by an attempt to starve out the cancer cell when the disease is declared, by a feebly nitrogenous diet than by one rich in nitrogenous elements.

We see that by diet, the gouty and the diabetic habits may be most favourably influenced, and that in the earliest indication of tubercle, suitable climatic and dietetic conditions go far towards arresting the progress of the disease. May we not, therefore, hope that similarly good results may be found in the preventive treatment of cancer?

Time will not allow of my entering on the surgical treatment of cancer; but if there be the faintest ground for looking upon it as a local disease, then assuredly its

early local removal, and the subsequent prolonged medicinal and dietetic treatment would seem hopeful.

Other questions suggest themselves in connection with the etiology of cancer—viz.:

Is the disease more prevalent amongst the rich than the poor?

What its relative prevalence amongst males and females, as being possibly influenced by the increased consumption of animal food in the former?

Again, its relative prevalence amongst the meal or corn-consuming population of the Highlands of Scotland, and the potato and milk-consuming population of the poorer Irish, as compared with the English poor, assumed to eat more animal food.

A CASE OF JACOB'S ULCER.

By T. M. SUNTER, M.D. T.C.D., M.D. Oxon.,
Army Medical Service (retired).

THE late Dr. Jacob, of Dublin, was a member of the profession who enriched medical literature with original contributions—viz., discovery of a structure in the eye which bears his name, *membrana Jacobi*; operation for removal of cataract by fine sewing needle through cornea; first pointed out how acetate of lead and nitrate of silver collyria, if used in any form of ophthalmia where cornea is ulcerated, are liable to leave indelible white specks which become imbedded in its substance, latter, in addition, staining conjunctiva; and first described disease which forms subject of present communication—"offering my observations, that surgeons may give their experience of similar examples" ("Dublin Hospital Reports," vol. iv., 1827).

It is not necessary to describe Jacob's ulcer, surgeons, no doubt, being familiar with its appearance. In the paper above referred to Dr. Jacob distinguishes it from *genuine* carcinoma by "absence of lancinating pain, fungous growth, fœtor, slough, hæmorrhage and contamination of lymphatics." "The sooner 'tis excised," he says, "the better. If left alone it is fatal."

A. B., Capt. R.N., ætat. 84, choleric temperament, entered Navy when eleven years old (1799), and retired 1816, on conclusion of peace, all the while nearly, actively engaged with the enemy, and of distinguished service. First came under my notice in 1864, a hale old man, who on one occasion walked ten miles in his 76th year. Near left lower eyelid, 'tween it, malar and upper part of nasal bone, was a pale depressed cicatrix, which, encroaching on eyelid, everted it, and exposed conjunctiva, whilst on nasal side there was a depression caused by exfoliation of portion of left ala nasi, quite disfiguring that side of face, both the result of an eccharotic (whose name he didn't know) applied many years before by a New York surgeon whom he consulted for an ulcer that had occupied seat of cicatrix, and which the surgeon, he said, called lupus (lupus exedens, no doubt, a common name for Rodent or Jacob's ulcer). In 1866 had erysipelas of head and face, causing delirium, &c., and for days life was in danger. He recovered. I mention this as a proof of how good his constitution must have been at an advanced age. During eight years he was under my observation I remarked a brownish, circular, dry scab he frequently "teased," about size of shilling, occupying nearly as possible on right side of face same site as cicatrix of left. Seven years this remained stationary, till October, 1871, when I observed a sanious discharge on right pillow every morning, if he lay on that side. Then ulcer formed, with eating edge on inner surface towards eye. Touched with caustic (nit. arg.) without result. Local surgeon called in, who, after some weeks, ulceration extending meanwhile, closely approaching lower eyelid, large, hard granulations springing up, peculiar, very unpleasant odour beginning to be felt (which pervaded room for months after death), said he thought ulcer was "cancer," and touched granulations occasionally with a preparation of chloride of zinc and glyce-

rine, but it did not check ulceration, nor relieve pain, that now became unceasing—in fact, the only result I could perceive was that the granulations looked more “rosy” after application.

Mr. Hulke consulted, who came down from London. Seeing him, he pronounced case to be “Jacob’s ulcer,” and would then and there have excised it. (Brought his instruments with him), but patient was so reduced, he could not afford to lose a drop of blood. (At end of 1870 some *large* hæmorrhoids had to be removed by ligature, there was bleeding, which blanched him so that he never quite recovered his natural colour, and never after left his dressing gown). Mr. Hulke then prescribed powders containing morphia every three hours, and applied chloride of zinc paste (he also brought with him) to surface of ulcer, now one mass, I might say, of hard, exuberant granulations. The morphia powders, of which he took not more than two or three, caused him to sleep all night, but next day became delirious, got out of bed, locked the door, and said we tried to poison him. This, unfortunately, compelled omission of powders, which not only gave him sleep so much required, and to which he had long been a stranger, but freed him from pain of ulcer, and from pain following application of chloride of zinc.

Mr. Hulke only saw him twice, December, ’71, and following March, two months before death. The treatment consisted in supporting him as much as possible, applying chloride of zinc paste about every five weeks, and on two occasions, when there was hæmorrhage from ulcer, tincture of perchloride of iron prescribed by Mr. Hulke, stopped it.

The chloride of zinc caused great pain, lasting four hours at first, but becoming less severe and less protracted after subsequent applications, so soon as it ceased, and for a period of about five weeks he would be free from pain. With reappearance of granulations pain and ulceration would recommence, then chloride paste would be reapplied with a similar result. It had the effect in this instance of prolonging life upwards of five months, and if Mr. Hulke had seen him in time for excision, such was his fine constitution, I doubt if it would have been shortened. As it happened, he was within two weeks of his 84th birthday when he died.

Seven years ago *Lancet* “Obituary” announced the death (as it well styled him) of an illustrious Irish surgeon, the late Robert Adams, of Dublin. Forty-two years since the writer heard him lecture at Richmond Hospital in that city on a case of “Chronic Carcinomatous Ulcer,” as he termed it, then in the wards, notes of which, and of the clinical lecture upon it, are now before him. Mr. Adams said, “It is not cancer according to Jacob; I think it is.” Recent researches as to the nature of Jacob’s ulcer ratify this opinion of Mr. Adams, uttered more than 40 years ago!—justify *Lancet’s* eulogium as to the “remarkable soundness of his judgment”—and sustain the highest reputation amongst professional brethren in Dublin for correct diagnosis of disease. But the words Dr. Jacob uses in his paper are: “It is distinguished from *genuine* carcinoma by absence of lancinating pains, fungous growth, fœtor, and contamination of lymphatics.” By *genuine* carcinoma I presume he meant the cancer characterised by rapid growth, cancerous cachexia, cancerous hectic, lancinating pain, &c., killing its victims in the course of a few years or months, a distinction maintained by writers up to the present day—late Mr. Moore, for instance, who differences between local malignity of rodent ulcer, as he calls it, and constitutional infection of cancer.

In the case I have endeavoured to sketch there were—fœtor, cancerous odour, and warty growths, later so developed, they might be considered exuberant, but not manifest till a few months before death. It is *curious* to observe the course of the two cancers, one compatible with perfect health, sound internal organs (verified by post-mortems), and old age; the other marked by

cachexia, hectic, and all the symptoms we are accustomed to associate with malignancy. Are the two diseases links of same chain, as Mr. Hulke would seem to think, but at opposite extremities? Or is locality of former a cause of comparative levity of symptoms which would assume a graver aspect if their site happened to be in any of those organs more immediately concerned in the economy of life? (a)

Dr. Jacob, in his paper already referred to, mentions case of one gentleman, aged sixty, who died of a different disease. “My patient,” he continues, “followed his usual occupations. Another gentleman was cheerful and enjoyed comforts of social life after the ulcer had committed deplorable ravages.” A third case lived for years with almost the whole of the face destroyed, and then died of old age. Infra- and supra-orbital neuralgia is a symptom in these cases—sense of numbness in upper lip and aching in teeth of upper jaw.

I apprehend what the New York surgeon is said to have called “lupus” must have been “Jacob’s ulcer” occurring on left side of face, but seen in time, cured by caustic. The late Mr. Colles, of Dublin, and others, cured similar cases under similar conditions. There would appear to have been some misadventure about New York application of escharotic, it having caused partial exfoliation of ala nasi, and approached so near lower eyelid as to evert it and permanently expose conjunctiva. I attribute origin of ulceration towards end of 1871 to irritation produced by “scab” adhering to pillow during sleep. Four weeks before death, I should have added, a second ulcer, about an inch inferior and external to first, and found to communicate with it, rapidly formed in right cheek, soon producing deep excavation, at bottom of which might be seen a pale gland of *small almond* size and shape, (b) excavated as if it had been done by a punch, numerous hard granulations of a bluish-pink tinge having formed on side next ear, which it approached. This ulcer Mr. Hulke never saw. It appeared subsequent to his final visit. The patient’s account of origin of ulcers on both sides of face was that some grains of powder, when firing off a gun years before on board ship became imbedded in the cheeks. I have been unable to ascertain if any of his family suffered from cancer. With regard to morphia, he was peculiarly susceptible. Always could tell if opium were in a prescription, from sense of itching experienced after taking it, and you could not give it in any form to his daughter without her feeling either an itching sensation or a sense of lightness in the head.

Finally, as to constitutional or local origin of “Jacob’s ulcer.” In the foregoing case, there was fœtor, and either irritation or contamination of neighbouring lymphatic glands, but the pulse did not rise much above its natural beat till four days before death, when it began to quicken and grow weak. Whether cancer be constitutional or local was a subject discussed eight years ago by leading members of the profession in London (*non nobis tantas componere lites*), but without, I believe, coming to a satisfactory conclusion. “Constitutionalists,” said *Lancet*, commenting on discussion, “freely grant Localists that cancer originates in some one place in the body. All they ask Localists in return is admission of the existence of *some predisposition of which we at present know nothing*, but which, when once granted, is easily enlarged to a constitutional cause.” However this may be, since Medicine has advanced less by the discovery of any great principle than by accu-

(a) There can, I think, be little doubt that its peculiarities in distinction from cognate forms of cancer depend upon the tissue in which it commences. If cancerous action begins in prolabium, for instance, epithelial cancer will be the result, if on the eyelids, “rodent cancer.”—Jonathan Hutchinson, “Illustrations of Clinical Surgery.”

“Rodent ulcer” is so meagre of growth, it has not superfluous material for circulation of blood to distant parts or neighbouring lymphatics.—Moore on Rodent Ulcer.

(b) “The exceptional cases of enlarged glands supply just that rare proof of cancerous nature of rodent which is co-existent with its slight malignancy, and is therefore ordinarily wanting.”—Moore, *op. cit.*

mulation of isolated facts, I am not without hopes that a case which the high authority of Mr. Hulke pronounced interesting, "from unusually warty character of ulcerated surface and very rapid progress of ulceration after escharotics too timidly applied to destroy it," may assist, though never so little, towards its elucidation, cases accurately detailed (to quote the language of Abernethy) being "like 'rays' of light shining from various places." (a)

ON CHLOROFORM INHALATION.

IN a communication recently made to the Academy of Medicine of Paris, M. Gosselin reminded the members then present that at the last meeting he had stated that, to chloroform, even when slightly impure, no serious objection could be made and that it does not cause death when properly administered. He now modifies this statement, indicating what could best be understood in his opinion by a "proper" administration of chloroform. There are three principal means of administering chloroform.

1. It can be inhaled very little at a time, and the dose often repeated. This is the way it is given during accouchements; the sense of feeling is deadened without causing any agitation, but also without actual sleep, or veritable anæsthesia.

2. It can be given from the beginning in large quantities, and without any interruption. When an experiment is being made in this manner with chloroform, the animal experimented upon becomes agitated at first, then falls asleep, and finally, at the end of ten or twelve minutes, becomes insensible, and both the pulse and the respiratory organs cease to act. Often it is only apparent death, but sometimes this death is also real. What is it then, that causes this? The blood of the animal has been charged with too much chloroform at a time, the anæsthetic vapours have first excited, then paralysed the brain, the spinal cord, and the rachidian bulb. The apparent or real death results from the suppression of the influence of this latter organ on the action of the heart and on the respiratory organs.

3. Chloroform may also be given in progressive and intermittent doses. It is this last method which M. Gosselin has studied and perfected in the last twenty years. It is to him that we are indebted for the following formulary:—

6	inhalations of chloroform and air	=	2	of pure air.
7	2	"
8	2	"
8	2	"
8	2	"
8	2	"
10	2	"
10	2	"
10	2	"
10	2	"
10	2	"
10	2	"
4	2	"
4	2	"

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(a) "It appears to me that in order to investigate any subject with advantage a great deal of collateral knowledge is required, which seems like light shining from various places to illuminate the object of our researches."—"Surgical Observations," Classification of Tumours.

I suppose it will be carrying out this idea if I state that the subject of foregoing case complained of vesical troubles in 1884, for which he was visited and prescribed, year following, by the late Mr. Hancock, of Charing Cross Hospital, who attributed them to enlarged prostate. At this period "the brownish circular scab" attracted so little notice that neither patient himself nor any one else thought of directing Mr. Hancock's attention to it, and he made no remark on it that I heard. Suffered also several winters from cough and difficult expectoration, stethoscope indicating presence of mucous bubbles at base of lungs posteriorly. Had likewise a very large hydrocele (I discovered it quite by accident), caused, he said, by injury received crossing a gate, some sixty years before, and never, I fancy, subjected to operation.

Thus administered, the chloroform eliminates itself as fast as it is taken in, and by the respiratory system, while on the other hand, alternating inhalations of anæsthetic vapour and pure air are made, the nervous centres becoming accustomed to the small dose of chloroform, are able to receive without inconvenience a larger dose. The patient is very little agitated, movement of any kind is very rare, and the anæsthesia establishes itself without any inconvenience. By thus proceeding, and watching carefully all the alarming symptoms, we can entirely avoid deaths by chloroform.

In the discussion which followed, M. Léon Labbé, requesting M. Gosselin to explain his mode of action, said that a year ago he had modified completely his manner of operation, and arrived at conclusions similar to those of M. Gosselin, that is to say, he knew nothing more of the discomfort at the commencement of anæsthesia than that of vomiting. He remarked that the period of excitation was shorter, and the attacks of vomiting much less frequent, but, notwithstanding, his mode of action differed entirely from that of M. Gosselin. He gave the chloroform in very small doses, 10 to 12 drops at a time, but without the interruptions, which were overcome in the effort to continue mixing pure air with the chloroform. By this means he could use all the chloroform given to the patient without administering those large doses the effects of which sometimes prove fatal. By this means he has been able to perform operations lasting from 15 to 20 minutes, only having used 5 to 6 grammes of the liquid. Once, not long ago, in the presence of M. Gosselin, he employed 20 grammes of chloroform for an operation of ovariectomy, to perform which the patient was kept for more than an hour in complete anæsthesia. But there is a great difference between 20 and the 150 to 200 grammes spoken of recently at the Surgical Society. M. Labbé was greatly aided in this mode of action by the recent work of M. P. Bert, on what he terms "Maniable Zona." As he there declares, chloroform does not act according to the quantity we inhale, but according to the proportion contained in the air we breathe.

Clinical Records.

GLASGOW ROYAL INFIRMARY.

Case of *Sponge-Grafting*.

Under the care of Dr. MORTON.

Reported by C. BUCHANAN HUNTER, M.B., C.M.

AGNES G., æt. 17, was admitted into ward 28, suffering from a simple ulcer over the front of the left leg of eight years' duration. Its dimensions were five inches from above downwards, and four inches across; a prominent ridge of tissue extended its whole length from above downward, but round the edge it was excavated. Patient was otherwise healthy. It was thought that sponge-grafting might do good in the way of filling up this hollowed-out portion, and accordingly sponges were prepared and cut in thin slices, as recommended by Hamilton, and laid on. Previous to this the sore had been blistered with cantharides in order to clean it.

A week after the sponges were put on the granulations could be seen appearing as red points through the interstices of the sponges in a few places.

In three weeks the mobility of the sponges were tried, and these were found to be adherent to the granulations, and if drawn with slight force bleeding occurred.

Two months after the sponges had been on they had somewhat disappeared, but they seemed to have come away with the discharge. At this time all the surface of the ulcer was quite on a level with the surrounding skin, but the sponges did not show any signs of organisation, and forming a second surface for the wound, therefore, they were partly taken off, with the dimensions of the ulcer lessened.

Four months after the beginning of the experiment the

patient was dismissed, when the following note was made:—The ulcer is elevated above the surrounding surface. Granulations exuberant, but soft. Healing edges round the border, but not to any great extent. Small pieces of the sponge still adherent on the surface. To come back and show herself.

Remarks by Dr. Morton.—So soon as sponge-grafting was suggested to the profession by Dr. Hamilton, opportunities were eagerly sought by surgeons for testing its value as an aid to the re-clothing of surfaces denuded by ulceration. The case here reported was not considered one of the most favourable for showing the benefits of this mode of grafting; even its situation was unfavourable, there was only its size to commend it. It soon became apparent, however, that the layers of sponge furnish a very good framework for granulations, yet the healing of the ulcer has been slow; it has not been accelerated (probably the reverse). I am disposed to give it further trials, and, in deeply excavated ulcers of some size, would hope to receive important aid in filling up the gap.

The Mineral Waters of Europe.

THE "MEDICAL PRESS" ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.
President of the Pharmaceutical Society of Ireland, Lecturer
on Chemistry, Carmichael College of Medicine, &c.

WITH

NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P. Lond.
Lecturer on Materia Medica and Therapeutics at the London
Hospital, Physician to the Hospital for Diseases of the
Throat, &c.

(Continued from page 519, last vol.)

In considering the table waters, we have given the analyses of many, which possess unmistakably a ferruginous character; also many such will be found amongst the purgative waters. But to illustrate the confusion that exists in the classification of mineral waters let us look for an instance at the published analysis of a Rhenish spring, called Roisdorf. It is called a table water, but if we critically examine the analysis put forward by Bischof, we find that it is a strongly marked chalybeate water, or rather we should say that its chalybeate character is more strongly marked than its saline, or carbonated characters.

For instance, it only contains 5 grains of total solids per half pint, and 1-8th of this is iron. In fact, 1-10th of the entire solids is carbonate of iron—unaccompanied by any amount of purgatives, and only a trace of carbonate of sodium. We are only theorising upon the published analysis, as we have had no opportunity of examining the character of the water. We give the published analysis by Bischof, calculated to grains per gallon.

Roisdorf Stahlquelle.

Carbonate of soda	...	...	13.8
Chloride of sodium	...	...	38.6
Carbonate of lime	...	...	21.8
Carbonate of magnesia	...	...	10.3
Carbonate of protoxide of iron	...	...	2.0
Silica	...	...	7.0
			93.5

Total solids.	Salines.	Antacids.	Iron.
5½ grains.	2½ grains.	1½ grains.	0½ grain.

Such a water in fact is a mild, but well marked chalybeate. It contains in proportion to the solids therein more iron than Homburgh, or similar waters. It is only the small amount of solids present which enables it to be taken with impunity.

Homburgh.

The Homburgh springs are very justly celebrated. The salubrity of the district, and fine bracing mountain air make the district one of great resort. It is besides very accessible, being about three-quarters-of-an-hour from Frankfort. There are many springs, but the chief one imported is the Elisabethbrunnen. The Elisabeth spring is rather laxative, owing to the considerable amount of chloride of magnesium present. It has been previously examined by Liebig, but as the analysis is somewhat old, we subjoin our own. Lithium is now noted for the first time, and occurs in very marked quantity in the water as imported.

Chloride of sodium	...	...	555.0
Chloride of magnesium	...	...	70.0
Chloride of lithium	...	...	0.8
Carbonate of iron (ferrous)	...	...	4.1
Carbonate of calcium	...	...	160.9
Carbonate of magnesium	...	...	18.0
Sulphate of sodium	...	...	5.4
Sulphate of aluminium	...	...	0.8
Silica	...	...	3.0
Organic matter, trace	...	...	...
			818.0 grains

Skeleton Analysis of 10 ounces fluid, or ½ a pint.

Total solids.	Salines.	Purgatives.	Antacids.	Iron.
51.1	39.0	3½	6.13	.21

The Homburgh water is imported in stone jars, and gives a slight deposit on standing.

Liebig's analysis when calculated to grains per gallon gives—

Chloride of sodium	...	...	791.5
Chloride of magnesium	...	...	77.9
Carbonate of protoxide of iron	...	...	4.6
Carbonate of calcium	...	...	109.9
Carbonate of magnesium	...	...	20.10
Sulphate of sodium	...	...	3.8
Silica	...	...	3.2
			1011.0

which would give a skeleton analysis as follows—

Total solids.	Salines.	Purgatives.	Antacids.	Iron.
63.2	54.3	2.3	8.1	.28

Spa.

The important and valuable mineral water imported from Spa is stated to be the "Pouhon Prince de Condé" spring, as the original Pouhon spring is all consumed at the Spa grounds, or is used in the baths. It seems to differ a little from the published analysis, owing prob-

ably to the above facts; no doubt the one published was performed with the water from the Pouhon spring.

It contains in the imperial gallon—

Carbonate of iron (ferrous condition)	1.4
Carbonate of manganese	0.2
Bicarbonate of sodium	4.7
Carbonate of calcium	4.6
Carbonate of magnesium	4.3
Sulphate of potassium	0.3
Sulphate of sodium	0.14
Chloride of sodium	1.7
Phosphate of calcium	19.0
Phosphate of aluminium	0.7
Silica	2.0
Lithia, trace ... ..	...
Ammonia, trace... ..	...
Organic matter, trace ... ..	...
Albuminoid ammonia	0.02

38.34

Carbonic acid not determined.

It is almost identical in character with the published analysis, but much weaker. The sample examined contained a trace of sulphuretted hydrogen, but as this substance has never been noticed as being present in the Spa we can only draw the inference that it was produced by reducing action of the organic matter upon the sulphates.

Skeleton Analysis of 10 ounces fluid, or ½ a pint

Total solids.	Antacids.	Purgatives.	Salines.	Iron.
2.39 grs.	0.8 grs.	0.08 grs.	0.106	0.087

It gave with phenolphthalein a well-marked reaction, and is thus decidedly alkaline. This reaction being permanent after boiling.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

SUB-PERIOSTEAL AMPUTATIONS AND DISARTICULATIONS.—

At the Société de Chirurgie the Secretary read a note on the above. Since 1860 he has been accustomed to preserve a flap of the periosteum in all amputations, and lately he has applied this principle to disarticulations. However, on account of the additional trouble and inconvenience caused by the operation, and which he considered was not sufficiently recompensed in the results, he was inclined to abandon sub-periosteal amputations. M. Poncet could not understand what could be the inconvenience alluded to by M. Ollier, for he had practised several operations according to this method, and he was well satisfied. M. Després, on the contrary, was inclined to range himself on the side of the first-named member and author of the communication, for he could not believe that it was possible to obtain a perfect circular flap of periosteum unless in the case of scrofulous subjects, in whom that membrane was always considerably thickened. M. Trelat considered that in many cases the periosteum could be detached in healthy subjects with but little difficulty.

RECTO-VAGINAL FISTULÆ.—M. Verneuil brought before the Society a certain number of observations relative to

recto-vaginal fistulæ, and having related several unsuccessful operations, insisted on the incurability of this kind of fistula. He exposed at some length the motives which to him appeared to explain the difficulty of the treatment, and invited his colleagues to relate their experience. M. Trelat replied by bringing under the notice of the Society the history of four cases in his practice. The first case resulted in a total failure; the second and third were about half-healed; while the fourth was completely cured. He would not go so far as M. Verneuil, but he was convinced that these fistulæ were a great deal more difficult to cure than the vesico-vaginal. This difficulty, in his opinion, arose from the thinness of the posterior wall of the vagina, and from the proximity of the rectum. The passage of gas alone would be sufficient to cause the failure of the operation.

ARSENIC IN THE TREATMENT OF CHOREA.—Arsenic has always been a classical remedy for chorea; but I think that credit for using it hypodermically in heroic doses in that malady must be given to M. Gagnon, of the Hotel Dieu, Clermont. The preparation used by M. Gagnon is Fowler's solution, and the injections have been proved to be perfectly innocuous. The dose would be from 15 to 40 drops for an adult, and 15 to 30 for children. One or two observations will be read with interest. One case was that of a young woman in whom the chorea was intense; the muscles of the face contracted in every sense, and in an irregular and rapid manner. The head was turned—now to the right, now to the left—and when the patient was seated the body swayed backwards and forwards, and from side to side. Locomotion irregular, and the voice embarrassed and jerky. All these phenomena are exaggerated when the patient is conscious of being observed. The day following her entry into hospital an injection of 20 drops of Fowler's solution was given; the next day 30 drops were administered; and on the third day the dose was brought up to 40 drops. On the following day a very sensible amelioration was witnessed: the clonic spasms had become less frequent, and the contortions and grimaces of the face became rarer. On the sixth day the contractions had disappeared, when the patient took rest. On the twelfth day—that is, after twelve injections—the cure was complete, and the patient left the hospital. Another case was that of a little girl, æt. 9; the chorea was in her more strongly marked. The symptoms were more pronounced than in the last case. She could not walk without support, and when she was seated the contractions became very violent. Lying down she could not rest one moment tranquil. Fifteen drops of liq. Fowler were injected, and on the following day the dose was increased to 25 drops; but shortly afterwards vomiting came on, and the dose the next day was reduced to 15 drops. Forty drops administered on the fourth day, and were well supported, the movements diminishing in intensity. For the four succeeding days the dose was 40 drops each day, and the amelioration was always well maintained. Locomotion is effected with regularity, and the contractions have disappeared. On the ninth day of treatment the vomiting returned, and the dose of liq. Fowler was reduced to 20 drops. Two days afterwards she left the hospital cured. If we consider the different remedies employed in chorea, such as arsenic (internally), salicylate of soda (for according to Germain Sée chorea is nearly always of a rheumatic nature), bromide of potassium, electricity strongly applied to the vertebral column, and followed by chloroform spray, it must be admitted that none of these means were ever followed by

such rapid results as that of liq. Fowler hypodermically. It must not be forgotten to add that in no case was there a relapse.

IODOFORM AND GLYCERINE IN SYPHILIS.—Dr. Thomaun, of Berlin, employs in the treatment of syphilis hypodermic injections of iodoform suspended in glycerine in the proportion of 6 in 20. He commences by injecting 6 grains of iodoform, and increases it progressively up to 8. The mixture of iodoform and glycerine should be made at the moment of using it, for otherwise the solution would decompose. Two hours after the injection iodine is found in the urine, and the odour may be perceived in the perspiration.

PURULENT INFANTILE OPHTHALMIA.—In the treatment of purulent infantile ophthalmia, Prof. Gosselin rejects entirely every solution of nitrate of silver, and uses instead a mixture of alcohol and water (alcohol, 3j. ; water, 3v.). Four or five injections to be used daily. In twenty-four hours the inflammation subsides. M. Gosselin declares never to have been disappointed in its action. M. Brame uses for the same disease a preparation of iodide of silver (iodide of silver and nitrate of potass) as a caustic. He considers it a specific for all kinds of purulent ophthalmia.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, APRIL 28TH.

The President, J. LISTER, F.R.S., in the Chair.

MR. HECTOR C. CAMERON, Glasgow, on

CASES OF ANTISEPTIC LIGATURE OF ARTERIAL TRUNKS IN THEIR CONTINUITY.

The notes of cases of antiseptic ligature of arteries in their continuity which I am about to read include all in which I have performed such an operation, whether for aneurism or accidental wound. The material employed was antiseptic catgut (prepared by one or other of the methods suggested by Mr. Lister), of medium size, and tied in a reef-knot with sufficient tightness to ensure division of the internal and middle coats of the vessel. Very accurate coaptation of the cutaneous margins of the wounds was practised by stitches of carbolised silk or silk-worm gut, with an occasional stitch of thick silver wire for purposes of relaxation where that seemed desirable. Free drainage was effected by means of india-rubber drainage tubes in all the cases except one, in which a number of strands of carbolised catgut were employed. The operations, as well as the subsequent dressings, were conducted with rigid antiseptic precautions.

CASE I.—*Traumatic Aneurism of the Brachial Artery—Ligature of the Brachial Artery—Recovery.*—A labourer, æt. 38, in good general health, was admitted into the Royal Infirmary on July 17th, 1876, with a large aneurism of the lower and inner part of the left arm. About six months before he was struck by a riveting-hammer in that situation, and a few days afterwards he observed a slight swelling, which throbbed strongly and occasioned him pain. This had increased slowly till a week before admission, when it began to progress rapidly. On July 20th I tied the brachial artery with carbolised catgut in the first part of its course; and on the 30th the wound was sound, having furnished throughout only a slight sero-sanguineous discharge, and having been free from any pain or swelling. On August 7th he was dismissed. He was re-admitted to my wards in the following winter, suffering from a limited mortification of one or two toes, from which he also made a good recovery. His arm, he said, was as strong and useful as ever.

CASE II.—*Large diffuse Popliteal Aneurism—Ligature of Femoral Artery—Recovery.*—An old soldier, æt. 44, was admitted into the Royal Infirmary on 14th July, 1880, with a

large popliteal aneurism, extending as high as the junction of the lower with the middle third of thigh on its inner side. A month before he noticed a small pulsating tumour at the back of the knee, which he felt suddenly give way on the 8th July, while he was at work. On examining the part he found that the swelling had greatly increased, while the pain became so severe as to make him discontinue work. From that date the tumour had steadily increased in bulk. Pulsation could be distinctly seen and felt in it, and was controlled by compression of the femoral. There was some œdema of the foot and leg. On 19th July I ligatured the femoral artery at the apex of Scarpa's triangle with carbolised catgut. On the 21st the dressings were changed, and the drainage-tube removed. They were also changed on the 24th, 27th, and 29th, when the wound was soundly healed. The tumour decreased in size, only very slowly, and he was not dismissed until Sept. 17th. The discharge from the wound was, throughout its healing, serous in character, and there was no constitutional disturbance, except a slight rise in temperature during the first few days after the operation. Two months afterwards he returned to show us that the last traces of the tumour had disappeared, and to report himself as being in excellent health.

CASE III.—*Popliteal Aneurism—Ligature of Femoral Artery—Recovery.*—Mr. H., a commercial traveller, æt. 32, was seen by me in consultation with his usual medical attendant in Sept., 1880, on account of an aneurism about the size of an orange which occupied the right ham. It was said to be distinctly increasing, and occasioned much uneasiness in the limb. He had been a robust man always, but was unusually corpulent. He was married, and the father of three healthy children. On the 23rd Sept., 1880, I tied the femoral artery at the apex of Scarpa's triangle with antiseptic catgut, when all pulsation ceased in the tumour. At the third dressing, on 1st Oct., the wound was found firmly healed, except where the drainage-tube had lain, and in a few days this spot was also cicatrised. The temperature was normal throughout, and the patient's general health undisturbed. When he returned home, on Oct. 11th (exactly 18 days after the operation), the aneurism was much reduced in size. He is now quite well, and attends to all his ordinary business without inconvenience.

CASE IV.—*Femoral Aneurism—Ligature of External Iliac Artery—Recovery.*—T. L., æt. 43, was admitted into the Royal Infirmary on the 12th Feb., 1881, on account of an aneurism of the femoral artery just under Poupart's ligament, extending both above and below that structure. He was a janitor of a boys' school, but had been for many years in the Navy. He had once been laid up by an attack of jaundice, and had suffered from syphilis in youth. In June of the previous year he first noticed a pulsating tumour, about the size of a marble, in the groin, which gradually increased until his admission. On Feb. 15th I tied the external iliac artery with a piece of antiseptic catgut given to me by Mr. Lister, and which had been prepared by a method described by him in the *Lancet* of Feb. 5, 1881, both chromic acid and carbolic acid being made use of. The patient progressed without any fever or pain in the wound. The wound was healed throughout, except where the little piece of drainage-tube lay. The aneurism is firmly consolidated, and has undergone a marked decrease in size. In a week afterwards, on removal of the dressing, cicatrization was found to be complete, and on March 20th he was allowed to leave his bed. On the 30th he returned home. He lately consulted me on account of a slight tendency to the formation of a hernia at the outer end of the cicatrix, and I recommended the use of a truss. All trace of the aneurism is gone, and he is in excellent health.

CASE V.—*Aneurism of the Arch of the Aorta and Innominate Artery—Simultaneous Ligature of Right Subclavian and Carotid Arteries—Recovery.*—Mrs. W., a widow without family, æt. 57, consulted me in the beginning of last month in regard to a pulsating tumour just above the right sterno-clavicular articulation. Dr. Finlayson, one of the physicians of the Western Infirmary, saw and examined her on March 22, and has furnished me with the following note of her case: "There was a very distinct pulsating tumour, involving apparently the innominate artery. It could be felt as a movable tumour, sliding, to some extent, behind the sterno-mastoid on being handled. Pulsation continuous with it extended into the sternal notch, and in that position had a heaving character. An obscure shock, coincident with the second sound of the heart, could be felt in the upper part of the sternum and contiguous part of the chest wall, but no heaving impulse. On auscultation the most prominent fact was the greatly deepened quality of the second sound, but no murmur was

audible in any part of the chest. There was a pronounced area of dullness extending from the right sterno-clavicular region towards the cardiac dullness, and measuring about two inches transversely. There did not appear to be any marked cardiac hypertrophy. The radial pulses were as nearly as possible equal, and there was no difference in the size of the pupils. No pressure signs were recognisable, and the patient does not appear to suffer much inconvenience from the disease. The signs seemed to me to indicate clearly an aneurism of the arch of the aorta of considerable size, and specially involving the innominate artery." On March 24th I tied the right subclavian and carotid arteries with antiseptic catgut given to me by Mr. Lister. It had been prepared by immersion in a one per cent. solution of chromic acid for twelve hours, and afterwards for twelve hours in the solution of sulphurous acid of the British Pharmacopœia. Both ligatures were placed in a watery solution of carbolic acid (1 to 20) for about half-an-hour before being used. The wounds were dressed four times (on March 26th, 29th, April 2nd and 5th), and on the removal of the last applied dressing, on April 12th, were found to be healed. There was no constitutional or local disturbance, the temperature continuing normal throughout. On April 12, Dr. Finlayson again examined her, and reported as follows: "The incisions are now healed. The defined tumour described as existing behind the sterno-mastoid muscle cannot be recognised; but there is marked pulsation in this situation, and the pulsation extends towards the sternal notch in a very pronounced manner, and is associated with much heaving there. Indeed, the heaving pulsation at this point seems to me to be more marked than before the operation, although the whole pulsating area is, no doubt, less. The dullness on percussion in the upper part of the chest, the deepened second sound, and the sense of shock on application of the hand still continue very distinct. The radial and temporal arteries do not pulsate on the right side."

In these five instances of aneurismal disease, it will thus be seen, six large arteries were ligatured. In each complete and permanent occlusion of the vessel was obtained without any constitutional or local disturbance, without any rise of temperature (if we except the case of diffuse popliteal aneurism during the first six days), and without the formation of a single drop of pus. In each case the last dressing was applied respectively on the 14th, 10th, 8th, 11th, and 12th day after the operation, and in each on the removal of that dressing the wound was discovered to be thoroughly sound.

On similar principles, the radial artery was ligatured four times, the ulnar artery twice, and the popliteal artery once, with equally satisfactory results. In the last case, however, the anterior part of the foot lost its vitality, and ultimately required amputation. The vein, as well as the artery, was injured by the wounding instrument.

Mr. GODLEE observed that it was most interesting to hear the record of so many successful cases. He would like to have the opinion of Dr. Cameron, however, as to the propriety of adopting ligature of the vessels in those cases to which other operations were applicable, and thus avoiding the painful and irksome treatment by pressure, or Esmarch's bandage, or other means of attempting cure. Immediate recourse to the ligature would, if possible, be a vast improvement on these various modes of operation. The unsatisfactory results formerly obtained from the use of ligatures in such cases was to be attributed to imperfections of the catgut employed, but, thanks to the researches and discoveries of Mr. Lister, these were no longer to be dreaded, and failures in this direction might be regarded as a thing of the past.

Mr. LISTER said that Dr. Cameron's experience coincided with his own, to the effect that even the older-fashioned catgut could be employed successfully, provided that strict antiseptic precautions were observed in treatment of those cases in which it was made use of. Given the possession of a perfect catgut or other ligature—one of adequate strength, of softness equalling that of the normal tissues, non-irritating, capable of securely holding the knot tied in it, and non-porous in respect to organisms—it would still fail to be successfully employed if not used with full antiseptic treatment. Death of the pinched-up external coat of the vessel must of necessity occur, and with its death occurred the dangers of suppuration and hæmorrhage, the consequences of which could only be averted by attention to antisepticism; and to the recognition of this fact by Dr. Cameron, and the procedure it induced him to follow, his highly successful cases were chiefly attributable.

Dr. CAMERON (Glasgow), in reply to Mr. Godlee, mentioned that in two cases of popliteal aneurism treated by him he did apply Esmarch's bandage—in one instance for twenty minutes; in the other for half-an-hour—until, indeed, the patients—both men, determined to suffer to the utmost—were unable to bear the torture further. They were subsequently treated, as described in the paper, by the ligature, with success. He had no personal experience of the pressure treatment, but he had seen two cases in which no consolidation was produced by such treatment. In one of these subsequent ligature at the apex of Scarpa's triangle also failed; but a fresh ligature applied in Hunter's canal was followed by complete cure. This site for the operation had been selected by his colleagues as more satisfactory in result. He (Dr. Cameron) considered that compression was calculated to imperil the success of subsequent attempts to cure by ligature, if it became necessary to resort to it; and he therefore advised immediate adoption of treatment with the ligature, without previous interference in any other manner.

Mr. A. PEARCE GOULD on a

CASE OF SPINA BIFIDA CURED BY INJECTION OF IODINE.

R. C. W., male, æt. 6 months, was brought to Westminster Hospital on January 16th, 1882. A tumour was situated over the lumbar vertebrae, about the size and shape of a large tomato: tumour translucent, fluctuating, scissile, covered with healthy skin; child otherwise well; no paralysis or deformity. The tumour became tense when the child cried; and pressure on it caused fullness of anterior fontanelle. Mr. Gould drew off about 5j. of the contained fluid, and injected ʒj. of Morton's iodo-glycerine solution. As no effect was produced, the operation was repeated a week later, when ʒss. of the same solution was injected. After this the tumour became solid, and shrank. The child was shown at a previous meeting, when the tumour was seen as a thick fold of skin over the lumbar spines. The chief interest of the case lay in the fact that the fluid removed was analysed by Dr. Dupré and found not to contain even a trace of sugar, showing that it was arachnoid, and not cerebro-spinal fluid, and Mr. Gould pointed out that this form of spina bifida is the most favourable for medical treatment. By experiments Mr. Gould found the iodo-glycerine solution did not readily mix with the fluid but when poured into it, sank to the bottom, thus confirming Dr. Morton's theory.

Mr. PARKER remarked that favourable results of the kind narrated by Mr. Pearce Gould were few and far between. Five years ago he operated on a case of a much more complicated nature than the one narrated. The child did well, but at the present time it exhibited indications of hydrocephalus. That day he had injected a portion of Morton's solution in another case. He considered that heroic measures were demanded in many of the cases that occurred in practice; where a thin sac existed, alitting it freely up might avert the spread of inflammation to the cord, and thus possibly preserve the life of the patient.

Mr. LISTER said the case was undoubtedly a favourable one for operative interference, but it was, nevertheless, very satisfactory to have the record of a cure. The method described in the paper was, he thought, the best yet devised for the treatment of these cases. He cautioned surgeons against attempting to treat spina bifida by means of antiseptic drainage. Guided chiefly by *a priori* considerations, he had made the attempt, with disastrous results, and he had permanently abandoned all idea of repeating it in the future.

Mr. PEARCE GOULD said he had employed the same mode of treatment in two other cases. In one there was a very thin sac, the sphincter muscles were paralysed, and there was double talipes. The case being lost sight of, its termination could not be recorded. In the other case the child died of hydrocephalus; it was profusely salivated the day after the operation. Mr. Gould also described a case which, under the care of Mr. Macnamara, occasionally visited the Westminster Hospital. In it the tumour was a very bad one, and had been injected three times. The child was, however, doing well.

Mr. LISTER added that Dr. Morton's latest recommendation had been to the effect that, during treatment of the tumours in spina bifida, the fluid collected should not be drawn off at all.

Mr. A. PEARCE GOULD on a

CASE OF CONGENITAL INTESTINAL OBSTRUCTION.

A. B., a female, æt. 3 days, was brought to Westminster

Hospital on August 5th, 1881, because, in spite of several doses of castor oil, it had not passed any meconium or motion. It had vomited several times. The child was thin, but showed no outward deformity. The anus was normal, and the last joint of the little finger could be passed into the rectum, which appeared to be closed over above it. No fulness or tumour to be felt in the pelvis *per rectum*. A catheter and probe were each stopped about one inch from anus. Belly distended, its walls œdematous; a little ascites. At 1 a.m., August 6th, Mr. Gould opened the belly above left Poupert's ligament. A coil of distended small intestine presented, and no coil of large intestine could be brought into the wound. So the former was carefully stitched to the edges of the incision and then opened, and a large quantity of meconium escaped. The child died twenty-one hours afterwards. At the *autopsy* no trace of peritonitis was found. The cœcum, and lower four inches of ileum, and four inches of colon filled with a firm, whitish substance of the consistence of cheese, firmly applied to but not united with the mucous membrane. In the colon beyond this plug were found several masses of milk-white, firm mucus. Below this the colon and rectum were empty and firmly contracted to the size of a clay tobacco-pipe stem. Above it the small intestine was distended with meconium and gas. It was pointed out that there was here no fault in development, but obstruction from a plug. From the white colour of this plug it was assumed that it was deposited by the third month of foetal life, as bile passes into the duodenum at that time. Three cases of congenital obstruction of the small intestine, briefly referred to by Mr. Holmes, were mentioned, and also the case of obstruction from a croupous membrane recorded in the Clinical Society's "Transactions" by Dr. Markham Skerritt. Mr. Gould also insisted on the advantage of opening the belly in the groin in all cases of congenital intestinal obstruction in preference to lumbar colotomy, which would have been impossible in this case.

Dr. SYDNEY COUPLAND inquired if the obstruction really consisted of inspissated mucus. If it was mucus it would throw some light on the activity of the intestinal glands, which, in the particular case considered, must evidently have been functionally active some time before birth.

Mr. GOULD was unable to afford any further pathological details. The plug was undoubtedly inspissated mucus.

Dr. DE HAVILLAND HALL on a

CASE OF PRIMARY PERICHONDRITIS OF THE LARYNX.

M. C., æt. 24, a dust collector, admitted into the Westminster Hospital on Sept. 6th, 1881. With the exception of an attack of gonorrhœa, the patient could give no account of having had any illness till about Christmas, 1879, when he had a cough and rheumatic pains. He states that he has been hoarse since this time; the hoarseness came on quite suddenly. In the winter 1880-81 he had a cough, and this has continued more or less, so that he has been unable to work since Christmas of 1880. About May, 1881, he had a sore-throat (he points to the thyroid cartilage as the site of the pain) and difficulty in swallowing, but he had no difficulty in breathing till June. In August he expectorated some blood and matter, which relieved him somewhat. In the beginning of September he became much worse, suffering from great difficulty in breathing, paroxysmal cough and hoarseness, and was admitted in this condition on Sept. 6th. Tracheotomy was performed on Sept. 10th. After the operation the epiglottis was found to be intact, the glottis greatly contracted in all its diameters, the cords being much reduced in length, the right cord moving slightly on phonation, anteriorly and posteriorly, but the central part was in-curved, leaving a narrow elliptical opening, the thickened and hardly recognisable remains of left cord being immovable in median line. On deep inspiration the glottis would about admit a No. 12 catheter. There was a considerable amount of inflammatory swelling in the ary-epiglottic fold, especially on the left side. While in the hospital he was treated with iodide of potassium, and though the swelling diminished and the glottis increased in size, he was discharged on Nov. 22nd still wearing the canula, all attempts at leaving it off being followed by great dyspnoea. On Dec. 31st he expectorated a piece of ossified cartilage, and two smaller pieces on Jan. 3rd. This case was brought forward as an example of primary perichondritis of the larynx on account of the absence of all the usual exciting causes of this disease. On the most careful inquiry no his-

tory of syphilis could be obtained. The patient is a well-nourished man, and anything but cachectic in appearance. There is no suspicion of phthisis; there is no history of any blow on the larynx. He has not had typhus or typhoid fever. The conclusion was arrived at that the patient had had an attack of bronchitis (which is very probable, considering the nature of his occupation), that accompanying this he had laryngitis, and that the inflammatory mischief ultimately involved the perichondrium and caused necrosis of the cartilages. The patient is still under treatment for dilatation of the stenosed larynx.

Dr. F. SEMON observed that the etiological significance of the case was its most interesting feature. The geographical relations of secondary perichondritis were very instructive. It was much more frequent in Vienna than in England. He did not feel quite so certain as Dr. Hall that syphilis had been successfully excluded in the case recorded, although it was true that a few examples of undoubted primary perichondritis had been observed. He urged that every patient who came under observation should be submitted to laryngoscopic examination, since no external signs of the presence of even considerable implication of the nervous centres often existed, at the same time as the condition of the larynx at once revealed serious organic mischief, especially that condition of one-sided paralysis he had drawn attention to.

Dr. HALL said Mr. Pearce Gould had carefully examined his patient, and concurred in the opinion that the case was of non-syphilitic origin. He cordially endorsed Dr. Semon's remarks on the importance of general laryngoscopic examination.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.

MONDAY, APRIL 3RD.

Mr. S. LEE RYMER, President, in the chair.

MR. ACKERY showed two cases of unilateral syphilitic deformity of the upper central incisors; in each case the left central showed the typical notch, whilst the right was normal.

Mr. COLEMAN showed a model of a case in which there were two supernumerary centrals of distinctly syphilitic type, whilst the proper centrals, which were coming down within the arch, were well formed. The patient presented other evidences of syphilitic taint.

THE LIMITS OF DENTAL SURGERY.

Mr. GADDES read notes of a case of recurrent epulis, which gave rise to an animated discussion. A girl was sent to the National Dental Hospital on account of a tumour, about the size of a bean, connected with the first right upper molar, which bled frequently. Under gas and ether the tooth and bulk of the tumour were removed. The growth was attached to the periosteum of the buccal roots of the tooth; it proved to be a round-celled sarcoma, and very vascular. In the course of a few days a mass of granulations appeared, filling up the space recently occupied by the tooth. In spite of several applications of nitric acid, this mass rapidly increased in size, and at the end of three weeks it was evident that something more must be done. Gas and ether having been again administered, Mr. Gaddes removed the whole of the outer alveolar plate with the hyperplasia, and then gouged away the socket of the tooth, with the gum tissue, nearly to the floor of the antrum, care being taken not to interfere with the adjacent teeth. This had the desired effect. The wound healed soundly, and when the patient was last seen, four months after the operation, it was difficult to believe, from the appearance of the parts, that so much of the bone had been removed.

Mr. S. J. HUTCHINSON thought that dental licentiates were not justified in undertaking the treatment of such cases as this. The dental licence only entitled its possessor to practise dental surgery, and if he wanted to practise oral surgery he ought to be fully qualified as a surgeon. He was himself an M.R.C.S., but, practising simply as a dental surgeon, he was always in the habit of referring such cases to a general surgeon, or a general hospital, and he thought this was the proper course to pursue.

Mr. F. H. WEISS said he was not prepared to state that they would have acted as they had done if they had known the exact nature of the case from the beginning; but it looked at

first sight a very simple one, and it was only after the first operation that they found out with what they had to deal. He suggested that it would be a good thing if the Society would express some decided opinion as to what should be considered to be the limits of dental surgery.

The discussion was continued by Mr. Stocken, who thought that the duties of the dental practitioner should include the treatment, both local and constitutional, of all diseases connected with the teeth; by Mr. R. H. Woodhouse, who thought they would do well to confine their attention to the care of the dental tissues, since besides the risk and trouble involved in the treatment of such cases as that described by Mr. Gaddes, such practice would probably cause ill-feeling between the dental and surgical professions; and by Mr. Lawrence Reed, who thought any expression of opinion on the subject by the Society to be inadvisable, since it could have no power to enforce its decision, and the probability was that practitioners would continue to conduct their practices after their own ideas. This appeared to be the general opinion of the meeting, and the matter dropped.

Special.

THE ADVANCEMENT OF MEDICINE BY RESEARCH.

THE Council of the Association having this object, which was formed at the recent influential preliminary meeting at the Royal College of Physicians, as reported in these columns, April 5th, again met at the College on Thursday, April 20th. Besides the *ex officio* members representing the Scotch and Irish Universities and medical bodies, the English Universities, the British Medical Association, and the medical societies, the Council consists, by the third rule passed last month, of members specially nominated by the President of the College of Physicians and the President of the College of Surgeons. The list so nominated for the present year is as follows:—Sir William Gull, Sir Risdon Bennett, Prof. Burdon Sanderson, Drs. Quain, Andrew Clark, Lauder Brunton, Payne, Pye-Smith, Roberts (Manchester), Michael Foster (Cambridge), Balthazar Foster (Birmingham), and Dr. Farquharson, M.P., Sir James Paget, Mr. Darwin, Sir Joseph Fayrer, Mr. Bowman, Prof. Huxley, Mr. Simon, Mr. Spencer Wells, Prof. Gamgee (Manchester), Prof. Gerald Yeo, Mr. Hutchinson, Dr. McDonnell (Dublin), and Mr. Tiale (Leeds).

The lamented death of Mr. Darwin occurred on the day before the present meeting of the Council. The great naturalist, himself the son, the grandson and the father of Physicians, took the warmest interest in the new Association from the first, and was a munificent subscriber to its funds. The vacancy on the Council caused by his decease was filled up on Thursday by the nomination of Sir Henry Thompson.

Sir William Jenner the President of the Association, took the chair. The offices of Vice-Chairman of Council, Treasurer and Secretary were filled up as follows: Vice-Chairman, Sir James Paget; Treasurer, Dr. Wilks; Secretary, Dr. Pye-Smith.

An executive committee was then chosen from the Council, to consist of the following members:—Mr. Bowman, Dr. Brunton, Dr. Andrew Clark, Dr. Matthews Duncan, Dr. Farquharson, Prof. Flower, Dr. Michael Foster, Sir William Gull, Prof. Huxley, Prof. Humphry, Mr. Lister, Mr. Marshall, Dr. Payne, Dr. Quain, Prof. Sanderson, Mr. Spencer Wells, Prof. Gerald Yeo. The first duty assigned to this committee was the appointment of corresponding members of Council in each of the most important cities and towns throughout the kingdom, so as

to enlist the support of the whole profession in this endeavour "to promote those exact researches in physiology, pathology, and therapeutics which are essential to sound progress in the art of healing, and to remove any hindrances which obstruct these researches."

Before separating, the Council passed a cordial vote of thanks to Prof. Gerald Yeo for the zealous services he has rendered as provisional secretary during the formation of the Association. A first list of subscriptions will shortly be published. Communications to the Treasurer should be addressed—Dr. Samuel Wilks, F.R.S., 72 Grosvenor Street, W.; and to the Honorary Secretary, Dr. Pye-Smith, 54 Harley Street, W.

Department of Lunacy.

PRIVATE LUNATIC ASYLUMS.

In our "Leader" columns will be found the views we have always maintained on this subject; below we merely give a *précis* of the debate which took place in the House of Commons last week, on the motion of Mr. S. Leighton, who called attention to what was in his mind a dangerous impropriety, viz., that of permitting private persons to make pecuniary profit by keeping in their custody lunatics of the wealthier classes, and to the unfairness of requiring the ratepayers to maintain lunatics of the middle and lower classes, and to move, "That all lunatics ought to be committed to the keeping of the State." The hon. gentleman said that the law, if it did not encourage, permitted the abuses which existed in this connection. The present system divided lunatics into two classes—the rich and the poor. It legalised speculation in lunacy, and encouraged large investments in houses for the sake of bringing profit to the owner, who was a mere trader in madness. It was well known that it was possible by the administration of drugs to retard the recovery of lunacy, and this temptation was especially strong to those who made their living in this way. He proposed that the State should become the proprietor of the licensed houses. The state of the pauper lunatic asylums was most unsatisfactory. They were filled with persons who were not paupers at all—men from the middle class, many of them holding commissions in the Army and Navy, clergymen, literary men, farmers, and shopkeepers. If the Government took over these asylums a system of classification could be brought about, the subvention to local rates would be abolished, the association between pauperism and insanity would be got rid of, justice would be done to both rich and poor, and a scandal to our law would be removed.

Mr. Gordon, in seconding the motion, contended that lunacy ought to be dealt with by national management and at the national expense.

Mr. Salt agreed that private lunatic asylums should be under the most careful supervision by the Commissioners and the magistrates; but he thought that the keeper of a private asylum was more likely to carry out ideas and methods of treatment which would result in benefit to the patients than a paid official would be.

Mr. Gregory admitted that there might be asylums of the lower class which required control, direction, or even extinction; but there was a better class of private asylums which was very useful and absolutely necessary.

Dr. Farquharson thought that, although the present system laid medical men open to great temptation, it was much in their favour that it had been resisted.

Mr. Beresford Hope, who said he had himself seen a good deal of one of the private asylums, said the argument of the hon. member that a doctor in one of these private asylums might be tempted by lucre or gain to keep a patient longer than a doctor would in a public asylum fell to the ground when tested by figures. The fairest test was the average time of detention in a private as compared with a public asylum. He found that in public asylums patients were detained on the average for rather more than three years and seven months, and in private institutions rather less than two years and five months, which showed a difference of one year and two months in favour of the private asylums. He could not understand why such an injurious charge should be brought against honourable and highly educated gentlemen who devoted their lives to this great work of science and charity. It was impossible to believe that they could be actuated by the low and base motive of detaining the unhappy patients committed to their care.

Sir R. Cross said that, on his motion, a committee was appointed to go into this matter some years ago. There were three points which particularly deserved consideration. The first was, how far there were sufficient safeguards for admission of lunatics into private asylums; the second, their treatment while there; and third, how they could get out when they were cured. Having been chairman of the visiting committee of an asylum, he could certainly say that he found in that asylum a number of persons who ought certainly to have been out. He hoped that the Government would find time some time or other to carry out some of the recommendations of the Select Committee.

After remarks from Viscount Emlyn, Mr. Sclater-Booth, Mr. Dodson, Mr. Round, Mr. Hibbert, Mr. Collins, and Mr. Wharton, the House divided.

Against the motion, 81; for, 34; majority, 47.

THE DOMESTIC TREATMENT OF THE INSANE.

At the quarterly meeting of the Medico-Psychological Association, held at Bethlem Hospital on the evening of the 28th ult., Dr. Lionel A. Weatherly, who has devoted considerable attention to this subject, proposed the following resolution:—That single cases of insanity in private dwellings should be better supervised." In so doing, he pointed out incidentally the fact that in the present day lunacy reform was being taken up by outsiders rather than by the psychological physicians themselves. That consequently sweeping measures of reform were advocated by persons comparatively unfamiliar with the subject; while those who knew it thoroughly were bound to oppose. That if the latter will not take up the matter in earnest the public will follow the lead of those who wish to do something, rather than let matters remain as they are; and he hoped the resolution he proposed would be followed by others of equal importance. He held that the Association ought to lead the van in lunacy reform. From his personal observation and experience he was led to believe that a more regular and vigorous supervision of such insane persons would cause the value of the single or domestic treatment of insanity to be better recognised in the future. He was sure that this plan would be found a most useful means of (1) ensuring early treatment, when the idea of an asylum was repugnant to all parties; (2) of hastening the convalescence, as well as (3) rendering the lives of many chronic lunatics less painful to them than they are at present. After some discussion the President, Dr. Hack

Take said he felt unable to put the resolution to the meeting, as a quarterly meeting in London could not be held to represent the views of the Association at large.

Dr. Weatherly then gave notice of his intention to bring the resolution before the first general meeting of the Association.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 3, 1882.

THE DEBATE ON THE LUNACY LAWS.

THE debate on the Lunacy Laws in the House of Com- was still not without some positive utility, for it afforded an opportunity for the expression of some sound and sensible opinions, which will have a salutary effect in allaying agitations, and for the display of some extraordinary ignorance, which, now that it is fully exposed, will disqualify those labouring under it from meddling and muddling again in lunacy affairs. It is simply discreditable and deplorable that Mr. Leighton, before discharging the self-assumed duty of submitting an important and sweeping resolution to the House of Commons, should not have been at some little pains to acquaint himself with the subject to which it refers, so that he might have been spared the humiliation of falling into gross errors, and of making damaging statements about public officials, institutions, and classes of persons which he might find it very difficult to substantiate. To enumerate Mr. Leighton's errors and unjustifiable aspersions would be to reprint his speech, for there is scarcely a sentence that he uttered that does not deserve contradiction or criticism; but it will, perhaps, suffice to call attention to one or two of his more glaring blunders and

questionable statements. Mr. Leighton was self-contradictory at the very outset. The lunacy laws, said he, had been the growth of many years, and had never been reconsidered, and it might, perhaps, puzzle him to explain, if anything could puzzle comprehensive self-sufficiency how laws have been growing that have never been reconsidered, for it has not hitherto been the practice of the British Parliament to make additions to the Statute Book without some deliberation. The fact is that the lunacy laws have been constantly under consideration and reconsideration during the last forty years. Since 1845 nineteen statutes relating to lunatics have been passed, and two Select Committees and one Royal Commission have inquired into lunacy affairs. It might be, however, that, in spite of the amount of thought and labour bestowed on them, and notwithstanding the important additions made to them, the lunacy laws still stood in need of amendment, and any practical and well-digested suggestions which Mr. Leighton might have to offer would, therefore, be gratefully received and carefully examined. His suggestions, however, are of the old and often exploded type, and are introduced in the old offensive way. Private asylums ought to be abolished, because their proprietors are "speculators in disease"—a recommendation and sapient remark which we recollect to have heard many times before, and to which it may be replied that private asylum proprietors are speculators in disease, just as much as schoolmasters are speculators in stupidity and ignorance, and that if private asylums are to be done away with because their profits are derived from the treatment of an afflicted class of mortals, then hydropathic establishments and home hospitals ought to be extinguished on the same grounds. It is merely to create prejudice that private asylum proprietors are spoken of in this way, and with equal justice might it be said that doctors batten on disease and undertakers grow rich on "death duties," to adopt Mr. Gladstone's phrase. Unfortunately flesh is heir to many ills, and those who obtain a living by alleviating those ills, or meeting the requirements they create, do not earn their livelihood in a less honourable way than those who minister to the daily wants or pleasures of mankind or who live in indolence on the fruits of bygone pillage. But Mr. Leighton not only thinks the vocation of private asylum proprietors despicable, but their mode of following it immoral. He more than hints that they detain their patients unnecessarily, and that they stereotype what might be a merely transitory madness by the use of vile acts, such as the administration of noxious drugs. Grave charges of this kind should not be lightly made against any body of men, and we expected therefore to find a long array of proof of these imputations in Mr. Leighton's speech. But no serious justification of them is attempted. Mr. Leighton cannot have forgotten that the Select Committee which sat four years ago, and of which he was a member, failed after diligent search to find a single instance of a sane person being shut up in an asylum, and that as regards the few cases brought before them, in which it was alleged that detention had been unduly protracted, the effect of the evidence was that they were not proven. And in these cases the utmost that could have been said was that

there was a difference of professional opinion as to whether some undoubted lunatics would be better under asylum treatment or under private care. But, if in any case of bodily illness, two medical men, the ordinary attendant, and a consultant disagreed as to the length of time during which the patient should remain in bed, nobody would venture to accuse the one who advocated prolonged recumbency of a desire to spin out his professional services and bill. He would get credit for an honest solicitude for the welfare of his patient. And yet in a case of mental illness, if an asylum medical officer in opposition to an official ventures to insist that the time for a return to the cares and worries of the outer world should be postponed, he is at once denounced as a sordid huckster, with a single eye to his own advantage. It was high time that justice should be done to private asylum proprietors, and that it should be pointed out that they are not as black as it has been the habit of some implacable foes and ill-informed critics to depict them; and we welcome, therefore, the just and judicious words of Mr. Beresford Hope, who denounced the injurious charges brought against them without a shadow of foundation, and declared that many of them are highly educated gentlemen, who are spending their lives in the pursuit of science and works of charity. With force and felicity, Mr. Beresford Hope ridiculed the fancy pictures drawn of the incarceration of sane men in mad-houses, and showed that a conspiracy of several persons is necessary in order to compass such an iniquity. Of course, such a conspiracy is possible, for crime and criminal combinations of all kinds are possible, but the practical considerations are that such a conspiracy has never yet been proved to have existed, and that no laws can be devised that can prevent evil disposed persons from conspiring together for an unlawful purpose. The protection afforded by the present lunacy law is practically complete, and even if it could be shown—as it never has been—that under it sane persons have now and again found their way into lunatic asylums, and been detained there, we might still pause before sanctioning drastic changes. We do not alter our whole system of judicature, because there are occasionally miscarriages of justice, and it would be rash to introduce sweeping changes in our lunacy system, if occasionally a sane man got shut up in an asylum. All that we can do is to adopt all reasonable precautions and safeguards, and rigorously to inflict penalties when irregularities are brought to light, and we may well rest content with existing precautions and safeguards until it is demonstrated that they have failed in some particular case.

Mr. Leighton however is bent on providing remedies for non-existent evils. He proposes therefore to abolish private asylums, under the pleasing delusion that peace and contentment will then settle down on the lunacy world. He has evidently forgotten that of the cases of grievance brought before the Select Committee, a number came not from private asylums, but from public asylums of the very class which he would substitute for private asylums, and he is evidently ignorant that lunatics in public asylums are just as dissatisfied with their lot, and as clamorous for liberty as their brethren in private establishments. Mr. Leighton quoted from the report of the Commissioners in Lunacy instances of neglect and

mal-praxis in private asylums, and it would only have been fair had he mentioned that the same report contained reflections equally grave on the administration of some public institutions. Abuses are liable to spring up in all human institutions, and wherever large numbers of officers and servants are employed there will be occasional defaulters, but the occurrence of abuses or of derelictions of duty do not call for abolition, but reform and correction. This much is certain, that were private asylums abolished to-morrow, we should still have our full annual crop of lunatic complaints and grievances, and our epochs of agitation against asylums.

It is almost a waste of words, however, to refute Mr. Leighton's fallacies; they were fully refuted in the House of Commons. Colonel Makins said there was no doubt the proprietors of private asylums conducted them in an excellent way. Mr. Collins pointed out that they had strong language from the Member for Shropshire, but no facts; and that the proportion of recoveries in private asylums was larger than in public ones. Mr. Gregory felt bound to say that there was nothing more conducive to the welfare of lunatics than to be placed in a well-managed private asylum; and Sir Trevor Lawrence observed that if there was one thing more conclusively proved than another, it was that the accusations brought against the private asylums of this country were entirely unfounded. Altogether, the character of the debate must have been highly satisfactory to all interested in private asylums, and its effects must be to silence such of their calumniators as are accessible to reason.

THE SPIRILLUM FEVER OF INDIA.

A MEMBER of the profession, with a well-established reputation in connection with the etiology of Indian diseases, Dr. Vandyke Carter, has quite lately furnished us with a highly valuable and interesting report (a) of the outbreak of spirillum fever which appeared in Bombay in 1877, and running through the two or three successive years. We believe Dr. Carter was specially deputed to investigate this fearful scourge of the native population, and which had not previously been recognised or heard of in Western India. With commendable industry, great perseverance, and a perfect disregard of personal comfort and risk, he was incessantly at work up to the period when the epidemic had almost disappeared; and in the early part of 1880 he had so mastered and marshaled his facts as to perfectly establish the identity of famine or relapsing fever with that of spirillum fever. The outcome of his labours in this respect is a most instructive report in the form of a volume of 250 pages, of great public and professional interest. The letterpress is accompanied by charts and well-executed plates of the microscopical appearances of the blood drawn from patients after the spirillum poison had entered into the circulation, and executed with all the care and truthfulness which characterises the work of Dr. Vandyke Carter.

In times of former and similar visitations the fever

was attributable to want of food and water; but Dr. Carter has shown that superadded to excessive poverty and neglect of all sanitation we have a curious unicellular plant, spirillum; and then in some mysterious way blood containing the characteristic bacterium becomes infectious and famine-fever communicable. This must be so, as it is seen to be severely fatal amongst women and children—even infants at the breast are carried off by it at the rate of 300 per 1,000 in the course of a few months. The history of the outbreak is told in a few words. It occurred amongst the inhabitants of a large area of raised upland, well-known as the Deccan Plain, in the western part of India, the mean temperature of which averages 75 or 80 Fahr. The native tribes of this district are mostly Hindoo Marattas, a goodly portion of whom are strict vegetarians. Nowhere is animal food largely consumed; indeed, the people are for the most part too poor to buy meat, or store up either food or money, and marriage being religiously inculcated, children abound. The dwellings that give shelter to these people are miserable to a degree, being mostly built of clay, and squatting on the ground. Drainage is out of the question, and the water supply is often dangerously polluted; in short, the natives being destitute of necessaries, their surroundings are as unwholesome as they can be. It can scarcely be otherwise than that such a people should, in consequence, be wanting in intelligence. Withal, the normal average death-rate is not excessive, although fevers, small-pox, diarrhoea, cholera, &c., may be said to be endemic. In the year 1876, when famine fever made its first appearance, food of all kinds was becoming very scarce; it was at famine prices. As matters went on, in the following year—1877—food became scarcer, and the sufferings of the poor people were beyond conception. Every eatable thing had now been consumed; the cattle were dying of starvation; labourers were too weak to till the ground; and even water was so scarce that it had to be used most sparingly, and stored up to cool the parched and fevered tongues of the plague-stricken. The many thousands of victims of all ages that succumbed to this famine fever visitation has never been fully estimated; in the year 1878 alone the deaths amounted to no less than 201,418, or upwards of 70 per cent. of the population.

What was also remarkable with regard to the spirillum epidemic was that the death-rate rose after the rains set in; and while the fever was on the decline in Southern Deccan, it greatly increased in the Northern districts. The next year—1879—saw the gradual decline of spirillum fever, and then other forms of disease took its place, and ulcers, stomatitis, dysentery, &c., once more increased the bills of mortality. Again relapses occurred; and in one district in particular spirillum fever was observed to recur at stated intervals of a week or more, and of quite as infectious a nature; those that were supposed to be convalescent, and were able to be removed away to long distances, carried the seeds of the fever with them, and it consequently appeared concurrently in certain parts of Bombay; but wherever it showed itself it was always amongst the very poorest class. Those born to suffer and endure

(a) "Spirillum Fever, as seen in Western India." By H. Vandyke Carter, M.D. Lond., &c.

hardships, the badly fed and badly cared for in every way, whose vitality already so much lowered, were precisely in a favourable condition to take any prevailing infectious or contagious form of disease from their immigrant kindred. In cases of relapse or successive attacks, the fever seemed at times to be greatly modified, or so changed in character as to lead to the belief that there were probably two kinds of spirillum or bacterium. There were naturally many complications, and in a certain percentage the fever was almost from the first associated with skin eruptions, petechiæ, or minute pink rose-coloured spots about the body. In some cases the eyes were ecchymosed, conjunctivitis, or corneal ulcers showed themselves; or may be inflammation of a deeper seated character, affections dependent upon irritation or disturbance of the nerve centres, became troublesome complications. Whatever difficulties the epidemic presented in this respect, Dr. Vandyke Carter is quite clear that spirillum fever must in future be "elevated to a genus, having an equally specific cause with that of malarious fever, and which, with its modifications, should place it in the rank of a species."

That the disease is of an infectious nature is tolerably certain, for human beings of all ages speedily succumb to the invasion of the spirillum; but it is equally certain that it is almost exclusively epidemic amongst the ill-fed, ill-nurtured, ill-lodged, neglected populations of India. A people with evil surroundings of the very worse character, scarcely able at the best of times to keep body and soul together, into whose blood the spores of a poisonous unicellular plant has been conveyed possibly in the polluted water drunk, would be sure to furnish a congenial soil for its development. The famine fever outbreak is a striking illustration of Professor Sanderson's more matured views on infective germs. He says "that although seed is indispensable to the coming into existence of an infectious process, the question whether that seed becomes morbid or not depends, not on the seed itself, but on the soil." A generalisation which exactly fits with and expresses the views of certain dermatologists who have worked at the subject for many years, and which it occurs to ourselves well defines the action of spirillum and the part it plays in the production of famine fever. Dr. Carter, indeed, scarcely goes further, for he writes:—"The main feature of relapsing fever has ever been its practical limitation to the more indigent classes, and its latest manifestations in the form of scattered and recurring epidemics, the opinion becomes admissible that its essential relations are with poverty as much as famine." Nevertheless, Dr. Carter has demonstrated the fact that spirillum elements are found in the blood of all patients suffering from a remarkable form of fever, and that it is no accidental development. With regard to allied forms of disease, entophyta, of which it is said they are productive of numerous kinds of parasitic affections of the skin, Wilson, Lowe, Hogg, and other competent observers, have invariably contended "that the growth of the fungus is not necessarily pathognomonic of any special form of skin disease." The last-named histologist pointed out in the pages of a contemporary in 1859 (his paper on the subject subsequently found

its way into *L'Union Médicale*), "that the presence of the fungoid filaments are only a something superadded to a low state of vitality—a blood dyscrasia; furthermore, that so-called parasitic affections differ little in degree, while diversity of form arises from some soils appearing to be better adapted than others to their development and growth." There are other points of interest in Dr. Vandyke Carter's report which are well deserving of further consideration.

THE UNQUALIFIED ASSISTANT SYSTEM.— No. IV.

THERE is one particular manner of employing unqualified assistants which, under one form or another, is much followed in England, alike to the disgrace of those who adopt it, and the injury of those who are its victims. It has long been known under the appropriate name of "covering," and is a system of which it is impossible to speak in terms of too great severity. As a rule, the arrangement followed is for some elastic conscientious, but duly qualified medical man to paint his name over a dispensary or other establishment for dispensing advice and medicine, and then to place therein as "resident medical officer" a lowly-paid assistant, who is thus to all intents and purposes endowed with all the responsibilities attaching to a general practitioner. For the purpose of avoiding legal difficulties it is understood that, although the assistant undertakes the sole duties of the post he fills, yet whenever there seems a likelihood that his ministrations on behalf of any particular patient will not avail to save life, the ostensible owner of the dispensary or branch pays a visit in order that when death takes place he may be able to sign a death certificate in all due form. In other cases the master of the place may in reality be the resident attendant, a certain sum of money being paid to the unprincipled owner of the name which serves to "cover" his unqualified performances; but though this formerly was of very common occurrence, we have reason to think it is much less frequent at the present time. Instances of the former description, however, are to be met with in large numbers in every considerable town in the kingdom, and the examples which have even recently been exposed sufficiently demonstrate the evils created by them. There is, of course, a certain amount of risk incurred by the adoption of this plan of working branch establishments—so great, indeed, is it in many cases that it seems almost incredible it should be run for so small a pecuniary return as the difference between the amounts payable to a duly qualified and an unqualified assistant respectively. Possibly the chapter of accidents is trusted to to relieve the responsible party from the consequences of any "misfortune" that may befall his deputy. In the first place, the friends of any patients who may die under his hands are, it is argued, scarcely likely to question the relation of their attendant to the signer of the certificate he produces when required. They know him only as Dr. So-and-so, whose name is attached to the dispensary; and receiving a certificate duly signed by the latter, they raise no questions. It sometimes happens, however, that the "resident medical officer" is called to a patient *in extremis*, and that death ensues in

his presence. Henceforward his career must either be abruptly closed in that neighbourhood, since his true position is explained at the subsequent inquest, or pursued at the imminent risk of a momentary explosion. From their very nature, however, such *contretemps* seem to be of rare occurrence, and need not necessarily lead to the serious embarrassment of the hirer of unqualified assistants. But it is another matter when the action of the latter precipitates a coroner's inquiry on the body of a patient whom he alone has visited, as happened in a case some twelve months ago in the east end of London. Under these circumstances the arrangements, according to which a medical man carries on two, three, or four different establishments, were fully explained during cross-examination, and the shameful system was very deservedly commented on by the Court in terms of unmitigated reproach. Again, at an inquiry which took place but a few weeks ago, at Dairycoates, near Hull, a medical man named Jackson was shown to be actually in partnership with a common chemist, who performed all the duties of a regular medical practitioner under cover of the name of his qualified *confrère*. This instance we cannot but regard as one of the worst that have come before us in this connection; and it may well be asked what hope there can be of elevating the general *status* of the profession so long as men possessing honourable degrees will act in a manner so utterly opposed to principles of professional dignity.

We may class in the same category as holding "covered" situations those persons who are described under the title of "Colliery Doctor's Doctors," by the author of "Medical Men and Manners," in the following terms:—"The colliery doctor's doctor, when in charge of a branch, is, in nineteen cases out of twenty, unqualified; and in the twentieth, when qualified, he is a man young and inexperienced, or a man of very low attainments, professional and general. To be a colliery doctor's doctor—either in charge of a branch, or one of any number (three or four) of 'young doctors' who reside with the master-doctor in-doors—it is not necessary to possess licence or diploma; more than that the doctor's doctor may—although a 'colliery doctor'—never have been a student of medicine at college, hospital, or medical school a single hour in his whole life! And yet here he is placed by his homicidal employer in charge of the lives of some two or three thousand human beings." We have no reason to think there is any exaggeration in this statement, or that the examples of appalling ignorance and its disastrous results, exhibited by these painfully ignorant unqualified assistants are at all overdrawn.

Our own experience of the colliery districts, and of the absolute carelessness shown by the population in all matters concerning their own or their family's safety, tend to convince us of the accuracy of the pictures drawn by the author quoted above. Nor can we dissent from the reason given by him for the persistence of the abuses. The employers of unqualified assistants in these districts, as elsewhere, are mainly influenced by motives of economy in their selection; and the stimulus with them to obtain cheap labour, however inefficient it may be, is even greater. Being paid by the contributions of the miners on the "club" system, the amount of remuneration

derived from each branch is definitely fixed within certain limits, the extent of which remains wholly uninfluenced by the manner in which the duties thus recompensed are performed. There is, consequently, every inducement to ignore all claims that do not emanate from the pocket; and how successfully and shamefully they are ignored would, if ever it were known, arouse a universal cry of indignation throughout the country.

It is not possible, of course, to withhold all blame in this matter from colliery agents and proprietors. But they cannot be expected to entertain so great an appreciation of the injury suffered by their *employés* through the parsimonious action of their medical officer as the latter himself. Also, it may be safely assumed that, whoever would not hesitate to adopt such unprincipled means of enriching himself, would certainly feel no compunction in depicting the qualifications of his assistants in a light, to say the least, more favourable than they rightly deserved. Any remedy, indeed, for this especial branch of unqualified practice must be applied by other hands than those interested in the maintenance of the present system, or careless concerning its amendment. Such action must originate from outside if it is to affect the principals with any sufficient force; and there seems no other remedy than that of a special clause in a Medical Act to provide for the provision of efficient and qualified surgical and medical assistance for all such collections of labourers as are assembled in the neighbourhood of collieries and similar work-places.

Notes on Current Topics.

Questionable Surgery.—Oophorectomy.

THE operation introduced by Dr. Batey is, unfortunately, being widely performed in this country. It is perfectly safe to assert that on no organ of the body are more doubtful operations performed than on the uterus and its appendages, and that in no department of medicine is the intellectual crippling of specialism more signally demonstrated than in that of obstetrics. Greed and the predilection engendered by special and limited study are apt to compel men to unravel all forms of disease, from the standpoint of the particular department of which they may happen to have taken parental charge. This is daily illustrated in the experience of every practitioner who chooses to have his eyes and his mind open to conviction. Quite recently, at the Obstetrical Society of London, Dr. Braithwaite, of Leeds, read a paper "On Two Cases of Unilateral Oöphorectomy," the first of which was performed for a *cardiac affection* associated with dyspnoea! and the other for pain in the left ovarian region. We thoroughly endorse the remarks of the President—Dr. Matthews Duncan—on these cases, that "to remove one ovary as a treatment of cardiac dyspnoea he regarded as a wild proceeding; nor could he imagine that it ever could come within the range of rational medicine." Surely the unfortunate women thus operated on do not properly apprehend the nature of the operation to which they are subjected. It is not so long ago since obloquy and contumely were showered on an unquestionably able surgeon—the late Mr. Baker Brown—for the operation of

clitoridectomy; we seem to have made rapid strides since then; yet, we have no hesitation in saying that in the cases indicated by Baker Brown, clitoridectomy was an infinitely more justifiable operation than oöphorectomy. We hope to hear less of this barbarous operation in future. At the same time we would protest against the indiscriminate examination of women at public institutions before crowds of students as demoralising to all concerned. At a certain *clinique* for women, in Scotland, we understand that the vast majority of women who present themselves are examined with the speculum in the presence of the students, and the *os* daubed with "iodised thymol" for all conceivable diseases. This disgusting and degrading practice should be circumscribed, not less in public than in private. It is saddening to reflect on the amount of mischief which is fairly chargeable to meddling surgery in the course of one single year.

Elections in the Irish College of Surgeons.

THE annual election of the three Courts of Examiners in the College—on general education, on professional subjects, and on midwifery—took place yesterday, the first Tuesday in May, but terminated at too late an hour to allow of our recording the result. All the outgoing members of the three Courts offered themselves for re election, and, in addition, several Fellows of the College presented themselves for office. Dr. Davys, of Swords, who formerly for some years acted as one of the Examiners in general education, again presented himself. For the Surgical Court no less than eight new candidates came forward, whose names we give in alphabetical order—Dr. Abraham, Curator of the College Museums; Mr. Coppinger, Surgeon to the Mater Misericordiæ Hospital; Mr. Fitzgibbon, Surgeon to the City of Dublin and Lock Hospitals; Mr. Franks, of the Adelaide and Throat Hospitals; Dr. Gogarty, Dr. Hayes, of Stevens's Hospital; Dr. Kilgariff, of the Mater Misericordiæ Hospital; and Mr. Ormsby, of the Meath and National Children's Hospital. The College will proceed on Monday next to elect a Professor of Ophthalmic and Aural Surgery, *vice* Dr. Swanzy, who was recently chosen Ophthalmic Examiner. The candidates as yet declared are—Mr. A. H. Banson, Assistant Surgeon to St. Mark's Hospital; Dr. Jacob, Oculist to the Lord Lieutenant, and Ophthalmic Surgeon to the Richmond Hospital; and Mr. Story, Surgeon to St. Mark's Hospital. The election of both Examiners and Professor will be by seven of the Council chosen by lot.

Sponge Grafting.

WE would draw the especial attention of our readers to the case of sponge-grafting recorded in our present number. This, the third published in point of time, offers a very good example of this novel mode of treatment; and Dr. Morton, under whom it was carried out, must be congratulated on the result so far obtained. Dr. Hamilton, who first suggested this treatment, is being followed by several imitators, Mr. Norman Porritt, of Huddersfield, having reported a case in the current number of the *Edinburgh Medical Journal*.

Royal College of Physicians of London.

THE Council of the Royal College of Physicians of London have elected the following gentlemen to the Fellowship of the College:—Thomas Robinson Glynn, M.D. Lond. (Liverpool); Robert Leaman Bowles, M.D., Brussels (Folkestone); Daniel John Leech, M.D. Lond. (Manchester); Francis Henry Champney, M.B. Oxon. (London); James Ross, M.D. Aberdeen (Manchester); James Matthews Duncan, M.D. Aberdeen (London). It will be noticed that out of six Fellows thus elected not less than four are provincial representatives of the profession, and it will prove satisfactory to the vast majority of medical men that this graceful recognition of the claims of country practitioners has been resolved on by the College. We have frequently remarked of late on the increasing popularity of the Royal College of Physicians of London, as shown especially by the favour in which it is held by the younger men; it will lose nothing in the opinion of these by the course of action it has pursued, and whereby it has conclusively shown its sympathy with worth, irrespective of the place in which it chances to exert its influence. Some few people, we believe, express themselves as dissatisfied with the list presented above, but as they happen to be invariably late in appreciation of truths that are universally accepted outside their own circle, it is hardly likely that serious attention will be paid to their complainings. We gladly congratulate the College of Physicians on the excellent discretion it has exhibited in the selection of its Fellows for the present year.

Imposts on Doctors.

MR. GLADSTONE'S achievements in connection with the Budget of the present year are hardly likely to secure for him the gratitude of the medical profession, since his rearrangement of taxation must press heavily on an already over-burdened class of professional bread-winners. By increasing the tax on carriages the Chancellor of the Exchequer really taxes an important part of the doctor's business machinery, for to many practitioners, those in the country especially, vehicular locomotion is rendered absolutely necessary to enable the business of the day to be got through. Under these circumstances it seems very desirable that immediate action should be taken, in order to secure, ere it is too late, such an amendment of the proposed taxation as shall at least have the effect of relieving medical men from payment of any additional impost on carriages employed for professional purposes. To this end all possible influence should be brought to bear on Members of the House of Commons to excite their interest in the question, and to obtain their opposition to a proposal which, if duly carried out, must bear with especial injustice on the medical profession.

THE Devon and Exeter Hospital has just received the handsome donation of £1,000 from Mr. Jas. F. Symes, a retired medical practitioner, residing at Axminster. In the communication accompanying the cheque the donor said he desired to express his interest in the alleviation of the pains of suffering humanity so ably fulfilled in this hospital.

The Progress of Rational Opinion.

It is with extreme satisfaction we note the rapid progress of public opinion in regard to anti-vivisection doctrines. We have again and again drawn attention to the certain change of feeling in respect to the legitimacy of experimental science, a change which is the direct outcome of the spread of knowledge of the points at issue among the masses. In further proof of the continued growth of a healthy appreciation of truth, we are able to record several public meetings recently held at which the anti-vivisectionists have been thoroughly annihilated. At Richmond, a few days ago, a meeting summoned by anti-vivisectionists for the purpose of agitating on their peculiar lines, was so decidedly averse to the nonsense spouted by their chief orators that they refrained from submitting any resolution, leaving, probably, the laughter with which it would be received. Again, a few days ago, at Sheffield, a large majority was recorded against the proposition of an anti-vivisectionist; and in other cases a similar result occurred. It must be said that it is the fault of the profession chiefly that this has not been the case before; it can only be attributed now to the fact that medical men are taking part in the meetings at which anti-vivisectionists talk the stuff they learn for the purpose; and the consequence is, as a matter of course, that the latter are convicted of most unblushing ignorance. This is a change in the right direction, and the one alone to convince the people that the American graduates who have hitherto represented the medical profession at anti-vivisection gatherings are hardly the scientific authorities whose opinion should be very highly esteemed.

Arsenic in Chorea.

On another page will be found a note from our special correspondent in Paris, detailing an account of M. Gagnon's experience of the treatment of chorea by hypodermic injections of arsenic. In this country the employment of the remedy in this way has been advocated by Dr. C. B. Radcliffe, who, indeed, was the first physician who ever so used it; and it may be of interest in connection with M. Gagnon's case to quote his results. Dr. Radcliffe writes: "The idea of injecting arsenic hypodermically occurred to me on the 12th of January, 1866, and was carried out the same day. Fowler's solution was chosen, and the part selected was the most tender point over the contracting muscle (of the neck). Three minims were injected on the 12th, five minims on the 15th and on the 27th, six on the 19th, eight on the 22nd, seven on the 25th and again on the 29th, eight on February 1st, nine on the 3rd, ten on the 6th, eleven on the 8th, twelve on March 1st and again on the 10th, thirteen on the 12th, fourteen on the 14th. On the 21st she left the hospital well. Before the fourth injection was practised a marked change for the better took place; before the eighth the choreal movements were almost at an end, and the change for the better had gone on steadily progressing from the beginning." The case here referred to was very similar to the first one mentioned in our correspondent's communication; but it is instructive to note the great difference between the strength of the injections recommended respectively by Dr. Radcliffe in 1866 and by M. Gagnon in 1882; also the more rapid effect produced under the larger administration. Dr. Rad-

cliffe spoke with equal enthusiasm of the value of the remedy after prolonged trial of it in many cases, and he even believes that it will be found equally serviceable in many other nervous affections. He employs the Fowler's solution both undiluted and diluted with an equal quantity of water, the latter producing less local irritation. We shall hope to hear of further applications of the treatment by M. Gagnon.

Lamson.

THE unfortunate man, a member of our profession, who expiated his crime at Wandsworth gaol on the 28th ult., has afforded pabulum to prurient *litterateurs* for the past month. Whatever the view entertained of capital punishment, a feeling of sadness will arise in every mind on account of the infamy attached to innocent, and much to be compassionated, relatives. All that, however, apart, we must once more protest against the capital which our daily papers make of every atrocious crime which crops up. It is certainly not good for the public mind that it should be pampered with such unsavoury food. Not a day has passed of late, that journals of which better should have been expected, did not present to the public some new phase of this case, and by way of exhausting the agony so to speak, the public were duly informed as to the hour of the execution, and other horrible details. There are few right thinking people in the Kingdom, whose blood would not run cold when at a certain hour, on the 28th April, their thoughts involuntarily wandered to Wandsworth prison. The enterprise of some of the provincial papers, English, Irish, and Scotch, was particularly manifest in the appearance of their (the ordinary) evening editions before noon, with the unsavoury and demoralising details of the execution. If newspapers will not educate the public, the public should strive to educate the press, by condemning unmistakably the demoralisation which follows in the footsteps of this form of their unholy greed for money.

The Limits of Dental Surgery.

In another column will be found our usual report of the last monthly meeting of the Odontological Society. This report is remarkable for the statement that a member of the Society, qualified merely as a dentist, having ventured to perform a purely surgical operation upon a hospital patient, came before the meeting to justify his conduct, and to ask the Society to endorse his opinion that such an operation came within the scope of dental surgery. We regret to see that the Society did not pronounce an emphatic opinion on the matter. This may be accounted for probably by the fact that the Society, being a strictly scientific body, did not feel called upon to decide a question of professional ethics. We, however, feel sure that the dental profession would agree with the view taken by those members who characterised the procedure in question as a mistake. A mistake it certainly was, and one of a very grave kind; and it is only due to the confidence we feel that the gentleman in question is not likely so to offend again, and that his example will certainly not be followed by his brother dentists, that we refrain from more severe comment. The dental diploma unquestionably gives the

holder the right to perform only operations on the teeth, and there is no valid pretext for the allegation made by the offender in this case, that it is "difficult to draw the line" between dental operations and general surgery. Certainly the removal of a tumour from the jaw cannot be made out to be a dental operation. Not being a qualified surgeon, there is no evidence whatever that the gentleman in question had the necessary skill and knowledge to enable him to diagnose the real nature of the case—to operate and to deal with possible serious complications should they have arisen. In undertaking these functions he clearly overstepped the limits implied by his dental qualification, and placed himself in a false position of difficulty—of perhaps danger—from which he may be congratulated on escaping so easily. We repeat that we have confidence his evil example will not be followed by his professional brethren, and that he himself will not again repeat so daring and ill-advised a venture.

Otology at the British Medical Association.

WE understand that the Committee of the Otological Section has approved for discussion at the forthcoming meeting of the Association the following questions:—

1. The connection between diseases of the ear and general medicine.
2. Auditory vertigo, especially in regard to its differential diagnosis.

The King's Professorship of Practice of Medicine in the Dublin School of Physic

Has become vacant by the resignation of Dr. William Moore, who—we understand—is likely to be chosen President of the King and Queen's College of Physicians in Ireland on next St. Luke's Day. The vacant Professorship will undoubtedly be much sought after, and already we hear that the following gentlemen will be candidates:—Dr. Duffey, Physician to Mercer's Hospital; Dr. Finney, of the City of Dublin Hospital; Dr. Foot, of the Meath Hospital; and Dr. John William Moore, also Physician to the Meath Hospital, and now Vice-President of the College.

Upon this election we believe that the question is likely to arise whether there is any legality in the rule hitherto enforced, that no King's Professor shall be attached to any other hospital than Sir Patrick Dun's. Every one of the candidates above named already hold office in hospitals where they have made their names, and which most of them probably esteem much more highly than Sir Patrick Dun's, and there is a strong party in the College who think that physicians of this quality should not be compelled to the alternative of refusing the Professorship or else relinquishing their hospital appointment. We have reason to believe that Serjeant Hemphill, Q.C., has advised the College that there is no legal ground for such a requirement, inasmuch as the School of Physic Act contains no such restrictions. We hear also that Mr. Jellett, Q.C., has given the same advice to the Board of Trinity College, who must be assenting parties to any appointment of a King's Professor made by the College of Physicians. We hope that this point may be eventually decided so as to throw open the valuable professorships in the Medical School of the University of Dublin to all who can prove their claim

thereto. Sir Patrick Dun's Hospital—we should suppose—does not need a monopoly in these appointments to induce surgeons and physicians to take office in it; if it does, it cannot be in such repute as to do credit to the Professor who is compelled to confine his clinical work to it.

Bequests to Medical Charities.

THE wills proved last week afford very satisfactory evidence that our hospitals and other medical charities have still a considerable hold on the public. By the will of Mr. William Henry Ryder, jeweller, the London Hospital, Charing Cross Hospital, the Royal Free Hospital, Gray's Inn Road, the Middlesex Hospital, and St. George's Hospital each receive £500. The Westminster Hospital, the Hospital for Consumption, Brompton, and the Royal Society of St. Anne's £250 each; and the Evelina Hospital £100. By the will of Mr. William Slocombe, late of Upper Holloway, the Asylum for Idiots, Epsom, receives £900; the Hospital for Incurables, £800; the City of London Hospital for Diseases of the Chest, the Royal Hospital for Diseases of the Chest, City Road, and the Hospital for Consumption and Diseases of the Chest, Brompton, £400 each; to the London Fever Hospital, Liverpool Road, £300 (all free of legacy duty); and the residue of his property to the Hospital for Sick Children, Great Ormond Street, London.

The Profession at the Levée.

THE following members of the medical profession were present at the levée held by the Prince of Wales at St. James's Palace on last Monday week:—Drs. M. Baines, Collins, Langdon-Down, Christopher Dresser, Farquharson, M.P., Clement Godson, Ligertwood, Lowe, W. S. Playfair, Henry J. Strong, Maudsley; Sir H. Thompson, Mr. White Cooper, Mr. Andrew Duncan, Mr. Sparshall Willett, Surgeon-Major Elgee, Surgeon H. M. Ellis, R.N., Surgeon Farmer, Surgeon A. Harding, Surgeon Lloyd Jones, Surgeon Langridge, Surgeon-Major Martin, Surgeon Mosse, Mr. Francis Mason, President of the Medical Society of London, Surgeon G. S. Somerville, and Surgeon H. O. Stuart.

The Murchison Scholarship.

THE first award in this henceforth annual competition has just been made by the Royal College of Physicians, as custodians of the fund. The object the founders of this scholarship had in view was the perpetuation of the name of that distinguished Fellow of the College, Dr. Murchison, deceased; and the first recipient thereof is Mr. Charles F. Coxwell, M.B., of St. Thomas's Hospital, with Mr. Sidney H. C. Martin, of University College Hospital, as second, "specially commended." As, however, there is no provision for any but the first prizeman, the latter gentleman will have to be satisfied with the honour of being very nearly the winner. The scholarship is open to any student of medicine who has been a registered medical student during a period of not less than four, nor more than six, years at a hospital, in London or Edinburgh, recognised by the Royal College of Physicians of London, or by the Medical Faculty of the University of Edinburgh, and whether holding a medical qualification or not, and is of the present value of twenty guineas.

The Metropolitan Water Supply.

A CONTEMPORARY, presumably the leader of professional opinion on matters of public health, whilst making a prodigious outcry against the comparatively harmless adulteration of coffee with chicory, would willingly have the public take any amount of bacteria, or infective fever-germs, with the water drunk and the coffee prepared. And so it comes about that side by side in the *Lancet* this week we notice an outcry against the adulteration of coffee and a fine flourish of trumpets about Thames water, which the chemists of the water companies tell us "is perfectly wholesome, and of suitable quality for the supply of the metropolis." At the same time Professor Frankland's report on the said water derived from the same source is carefully suppressed. The latter eminent chemist tells us that "the Thames water supplied by the Chelsea, West Middlesex, Southwark, Grand Junction, and Lambeth Companies, was, with the sole exception of the Grand Junction, inferior in quality to that sent out during the preceding month. The filtration of all was inefficient, the Chelsea Company's sample being the only one that was clear and bright, whilst those of the other companies were slightly turbid." We may add to this report that, having had occasion to examine water supplied by two of the above companies, we discovered moving organisms in both; the filtration was also inefficient, and in no respect could either be pronounced to be of "suitable quality" for drinking and domestic purposes.

THE President of the Royal College of Physicians of London has nominated Dr. Stevenson, of Guy's Hospital, to the post of Scientific Analyst, to conduct any analyses of bodies of deceased persons that may be ordered by the Secretary of State in the interests of justice during the year. These duties officially commenced on Monday.

THE funeral of Dr. F. G. White, of Exeter, who died suddenly in the house of a patient a few days ago, was attended last week by a considerable following, and many outward signs of respectful mourning. On the coffin were placed a large number of wreaths from friends and patients at Exeter and Chepetow, and from dispensary patients and poor people, as "a last tribute of affectionate regard."

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Halifax 16; Leicester, Cardiff 18; Oldham 19; Bristol, Hull 20; Edinburgh, Plymouth, London, Leeds, Bradford, Norwich, Sheffield 21; Newcastle-on-Tyne, Bolton 22; Birmingham, Sunderland, Derby, 23; Brighton, Preston, 24; Nottingham, Birkenhead, Salford 25; Glasgow, Huddersfield 26; Liverpool 27; Portsmouth 28; Manchester, Blackburn 30; Wolverhampton 34; Dublin 36.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official weekly returns, as follows:—Calcutta 26, Bombay 32; Madras 38; Paris 30; Geneva 29; Brussels 35; Amsterdam 25, Rotterdam 24, The Hague 26; Copenhagen 25; Stockholm 25; Christiania 32; St.

Petersburgh 56; Berlin 24, Hamburg 25, Dresden 28, Breslau 30, Munich 35; Vienna 43, Prague 39, Budapest 44, Trieste 28; Turin 26; Venice 30; New York 32, Brooklyn 24, Philadelphia 25, and Baltimore 23.

By the death of the late Dr. Forrest, of Dublin, a Surgeoncy in Jervis Street Hospital becomes vacant. We believe that the medical staff have recommended a candidate, but the governors have not yet met to appoint. Dr. Forrest's demise also vacates the office of Medical Attendant to the Irish Department of the London and North-Western Railway, which is worth, we believe, about £100 a year, and for which there has been considerable competition.

THE mortality from diseases of the zymotic class per 1,000 last week in the large towns was:—From whooping-cough, 2.1 in London, and 1.9 in Brighton; from measles, 6.4 in Portsmouth, 4.4 in Bolton, 3.8 in Brighton, and 3.4 in Wolverhampton; from scarlet fever, 4.0 in Nottingham, 2.7 in Wolverhampton, and 2.0 in Hull; and from fever (principally enteric) 1.1 in Preston, and 1.0 in Leeds. The 41 deaths from diphtheria included 19 in London, 6 in Glasgow, 4 in Portsmouth, 3 in Liverpool, 2 in Birmingham, 2 in Sheffield, and 2 in Cardiff. Small-pox caused 10 deaths in London and its suburban districts, 3 in Leeds, 3 in Bolton, one in Nottingham, one in Preston, and one in Sheffield.

WE hear that there is a controversy between the Irish College of Physicians and the Governors of Sir Patrick Dun's Hospital respecting the right to appoint a *locum tenens* in case of the death of a King's Professor in the School of Physic, who is also, necessarily, a member of the hospital staff. The Governors claim the authority to fill up the vacancy temporarily, while the College insists that, as it is entitled to make the ultimate appointment, it has a clear right to choose the temporary occupant of the chair. This latter view would appear to be obviously the reasonable one, for, if it were not so, we should have, in many cases, the Governors electing an officer for, perhaps, a month, and the College immediately proceeding to oust him and appoint some one else, which would be neither edifying nor of benefit to the hospital.

Scotland.

[FROM OUR NORTHERN CORRESPONDENT.]

UNIVERSITY OF GLASGOW—MEETING OF GENERAL COUNCIL.—At a meeting of the General Council of the University of Glasgow, held on the 26th ult., in the College, Gilmorehill, *inter alia*, Dr. J. A. Campbell, Garlands, Carlisle, proposed the following motion: "That a Committee of Council be appointed for the purpose of obtaining the assistance of graduates and others in endowing a Chair of Pathology in the University." Professor MacKendrick at the same time pointed out that pathology had not been neglected in the University of Glasgow, as had been alleged in one of the medical journals, but was at present thoroughly taught, in connection with the University Medical School,

and students had every opportunity of acquiring a practical knowledge of the subject.

The subdivision and multiplication of classes in the medical curriculum have already exceeded all reasonable bounds, and we should very much regret, that without the lopping off of some, more compulsory classes are to be added to the course. That this is the object is sufficiently manifest in Dr. MacKendrick's observations, for if pathology be at present sufficiently taught, why go a-begging among the public to institute a professorship, with a salary of £600 a year, in addition to the fees for two classes, viz., a theoretical, and that new device of extortion, a *practical class*? It is perfectly preposterous to maintain that if some twenty years ago four sessions were found insufficient for the study of some *twelve* subjects, that now *twenty-four* (!) subjects can be mastered in the same time. The question is certainly a money one, and one which presses grievously on the poor student, reacts most injuriously on the profession, and ultimately on the public. If men are to be paid in a direct ratio to their verbosity, it is perfectly obvious that with the gifts of some professors in this direction, the question can be contemplated only with feelings akin to alarm. It is high time that some check were placed on the amount of study now circumscribed within the brief space of four sessions, and the indifference of the profession and the Crown to the matter is fully to be wondered at. So far as we can see, there is no reason why pathology should not be taught in connection with the practice of medicine, from which it is inseparable, especially if two courses of practice of medicine are to be insisted on. We have not the slightest objection to any one making the teaching of science as remunerative as possible; but the individual good must be subordinated to that of the community, and in the present case to that of the body of the medical profession. For the greatest benefit thus to accrue, the teaching must cease to be the qualifying body, and the monopoly of teaching science must be abolished. The time is not far distant, we hope, when it will be a matter of surprise to all intelligent people that the antiquated method of teaching and qualifying medical students, which at present obtains, should have lingered to so late a period of the nineteenth century.

CHAIR OF NATURAL HISTORY, UNIVERSITY OF EDINBURGH.—The announcement made in our last issue has been officially confirmed by the appointment of Dr. J. Crossar Ewart, Professor of Natural History in the University of Aberdeen, to the Chair of Natural History in the University of Edinburgh, rendered vacant by the resignation of Mr. Ray Lankester; and there is cause for congratulation, remarks the *Scotsman*, that the Home Secretary has been able to fill the office, so unexpectedly vacated, by a man in all respects so competent to discharge its duties as Professor Ewart. He possesses the great advantage of being thoroughly acquainted with the University, its system, and its teaching resources; for it is not only his *alma mater*, but the scene of the beginning of his distinguished career as an exponent of natural science. Dr. Ewart is still a young man. He graduated at the University of Edinburgh as Bachelor of Medicine and Master in Surgery in 1874, and four years later received the higher degree of Doctor of Medicine, and was awarded a University gold medal for a thesis containing the results of original investigations into the life-history of some of the lower organisms. During the session of 1873-4 he acted as Prosector, and in 1874-5 as one of the Demonstrators of Anatomy in the University. In the latter capacity the duty devolved upon him of giving lec-

tures, chiefly in osteology, to the students under his charge. In 1875 he was appointed Conservator of the Zoological and Anatomical Museums in University College, London, and while filling this post he enriched the Anatomical Museum with numerous dissections, and the Zoological Museum with a typical teaching collection of invertebrate and vertebrate forms.

MR. RAY LANKESTER AND PROFESSOR HUXLEY.—The action of Mr. Ray Lankester in accepting, and subsequently refusing, the Chair of Natural History in the University of Edinburgh continues to be the subject of gossip in medical and scientific circles; and our verdict of "questionable taste" has been widely echoed, and confirmed by a letter from Professor Huxley, in which he says that, although a firm friend of Mr. Lankester, "that gentleman has not treated me worse than he has the Minister who appointed him, or the other friends who did their best for him, or, I may add, his own reputation for right feeling and discretion." He then points out that Mr. Lankester was fully informed of everything to which he now takes objection, and that the letter announcing his refusal to be inducted is a most misleading document. We hope Mr. Lankester will not find out when too late that his ill-advised action in this matter has done harm to a scientific reputation.

ABERDEEN UNIVERSITY.—CHAIR OF NATURAL HISTORY.—It is announced that the Home Secretary has been pleased to appoint Professor H. Alleyne Nicholson, St. Andrews, to the Chair of Natural History in the University of Aberdeen, rendered vacant by the translation of Dr. J. Crossar Ewart to the same chair in the University of Edinburgh. Professor Nicholson, besides having contributed numerous important memoirs to scientific publications, is the author of several educational treatises, and of several original works, chiefly on geological and palæontological subjects. He obtained his St. Andrews appointment in 1875, and was a candidate for the Aberdeen Chair when Professor Crossar Ewart was appointed. His promotion will give great satisfaction in medical circles.

ABERDEEN UNIVERSITY MEDICAL GRADUATION.—The ceremony of "capping" the medical graduates at Aberdeen University took place in the Marischal College Hall on the afternoon of the 21st ult., Principal Pirie presiding. There was a large attendance of the public, including a goodly proportion of ladies. As usual, the undergraduates were occasionally somewhat noisy, but on the whole, the proceedings passed off in a manner that elicited from the Principal an expression of satisfaction with the conduct manifested. It was stated that Messrs. Thomas Wardrop Griffith and George David Knight had received their degrees with highest academical honours, and Messrs. James Bremner, Alexander Cran, John Taylor, and James Wilson, M.A., with honourable distinction. Mr. Griffith was awarded the John Murray Medal and Scholarship, as the most distinguished graduate of his year.

A BLOW TO SCIENCE.—LEWIS FREE PRESBYTERY.—At a meeting of the Free Presbytery of Lewis, held on the 26th ult., we are informed that Surgeon-General John Fraser, C.B., was proposed as an elder, "but he was rejected on the ground of his unsoundness on the subject of instrumental music." Are we to infer that poor Surgeon Fraser does not sufficiently admire the bagpipes?

HEALTH OF EDINBURGH.—For the week ending with Saturday, the 22nd ult., the mortality in Edinburgh was 93, and the death-rate 21 per 1,000. Under one year there were 15 deaths, and above 60 years 22 deaths, of which 6 were above 80. Chest diseases accounted for 50 deaths, and zymotic causes for 15, of which 8 were due to measles, the intimations for this disease amounting to 287, as against 300 of the

previous week. No mortality was recorded from fever, diphtheria, or scarlatina.

SMALL-POX IN GLASGOW.—Dr. Russell reports that, after an eight months' absence of small-pox from Glasgow, there are now four cases of that disease in the hospital. Two of the cases are emigrants, and the other two are arrivals in the city from Ireland.

THE MORTALITY IN GLASGOW.—The deaths in Glasgow for the week ending with Saturday, the 22nd ult., were at the rate of 27 per 1,000 per annum, against 28 in the preceding week, and 27, 29, and 27 in each of the corresponding periods of 1881, 1880, and 1879.

MEASLES AT SHOTTS.—An epidemic of measles has broken out in Shotts and neighbourhood. During the three weeks ending with Saturday, the 22nd ult., 150 cases have been reported. The disease is of a mild type.

GRADUATION AT ST. ANDREWS UNIVERSITY.—The graduation at this University took place on Saturday, the 22nd ult., when an address was delivered by Principal Tulloch, in the course of which he expressed satisfaction with the advance in the number of those who graduated in divinity and in medicine.

PRACTICAL MATERIA MEDICA IN EDINBURGH.—Immediately on the publication of the proposed regulations on this subject by the University Court a meeting was held by the medical officers of both the Royal and New Town Dispensaries to protest against their adoption. Delegates have been appointed to make representations to the proper authorities, pointing out that the proposed course does not meet the requirements of the students, and that the dispensaries which have always taught practical pharmacy with success and with the approval of the examining boards, are entirely ignored. It seems as if one of the chief duties of Professors in the University is to find out how the professorial income can be increased at the expense of the student.

Correspondence.

OSTEOTOMY AT BIRMINGHAM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am extremely sorry that I should have been led into any inaccuracy respecting the results of osteotomies at the Children's Hospital here. Not having had a single unsuccessful case, and having received verbal information from our resident medical officer that there had been no cases of pyæmia following osteotomy, I felt myself fully justified in signing the joint-letter sent you by Mr. Chavasse, Mr. May, and myself. On further inquiry I regret to find that the case mentioned in Mr. Tait's last letter did occur in our Hospital, although not under my care.

Yours, &c.,

WILLIAM THOMAS.

Birmingham, April 22nd, 1882.

NON-RECURRENCE OF CANCER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the *British Medical Journal* of 22nd inst. I noticed a paragraph in which it was stated that "at the consultation at St. Bartholomew's Hospital on Thursday last, Mr. Savory showed a man, about 80 years old, who had a small epithelioma of the lower lip. A tumour had been removed from this situation 26 years ago, and no recurrence took place for 24 years." In the same paragraph it was also stated that it was rare to see so long an immunity after operation from such malignant form of disease.

Regarding the case under consideration, I may be allowed to say that, while I have removed many of these diseases by operation in my practice, without a recurrence of the complaint, I cannot remember any person living so long after it as the one whose case I am about to mention; they probably died from some other illness, still remaining free from the

original disease. Every surgeon is, of course, aware that if the operation is delayed too long, this disease, as well as all others of the same character, is too apt to return; but I have no hesitation in asserting that, if this disease (epithelioma) of the lip, or of any other part of the body, where practicable, is early and skillfully removed, there is almost a certainty of a satisfactory result.

Not less than 22 years ago I had a patient whose name is James Steel in the Union Hospital of Ballymena, suffering from epithelioma of the lower lip in rather an advanced stage. At that time I operated upon him. I had an opportunity of seeing the same man to-day. He is now aged 83½ years, and I am glad to say not the slightest appearance does the lip present of the disease returning, in fact, the old man enjoys excellent health for his time of life.

When this form of cancer attacks the skin of the face or certain parts of the body where a knife could not be used, I know no remedy equal to the cautious application of nitric acid. I have frequently used it with the happiest results.

I am, &c.,

ABRAHAM KIDD, M.D., F.R.C.S.Ed., M.R.I.A., &c.
Ballymena, Ireland, April 26, 1882.

PASS LISTS.

Royal College of Physicians of London.—The following candidates, having passed the required examinations, were admitted Members of the College on Thursday, April 27th:—

Batho, Robert, Plymouth	Myers, Arthur T., M.D. Cantab.
Chattopadhyaya, Aghorechunder	White, William H., M.D. Dub.
Hebb, Richard G., M.D. Cantab.	

The following were admitted Licentiates on Thursday, April 27th:—

Booth, Edward Hargrave	Mudge, Thomas
Butler, William John	Muriel, Cecil Jeffery
Cock, John	Nicholls, John Michael
Daunt, Elliot	Owen, John Morgan
Giles, Oswald	Perks, Robert Howell
Hamilton, John Harry	Petherick, Wallace
Heeli, Robert	Rushworth, Norman
Hunt, Robert	Scott, Alfred
Jackson, John Charles	Stokes, Lennard
Jones, Albert Edward	Stretton, John Lionel
Karanja, Merwanji Dhunjibhai	Sutton, John Bland
Linney, William Wyckliffe	Walker, Francis John
Macnamara, Hugh Winckworth	Waller, Theodore Harry
Marras, Ernest Adrian	

University of St. Andrews.—The following registered medical practitioners, having passed the required examinations, had the Degree of Doctor of Medicine conferred on them on April 22:—

Bowl s, Robert L., Folkestone	Roberts, Griffith W., Denbigh
Gover, Robert M., London	Sutton, Henry G., Sittingbourne
Jacques, Edwin, London	Woodman, John, Southenay, Exeter
Jenner, William, Baldock, Herts	Wynne, John K., Eccleshall, Staffs.
Johnson, Thomas S., Canterbury	Moffat, Robert M., Manchester
Masters, William H., Thrapstone	

At the same time the following gentlemen had the Degrees of Bachelor of Medicine and Master in Surgery conferred upon them, after examination:—

Alexander Bowie, L.R.C.P., Edinburgh; and Robert K. W. Redpath, L.R.C.P., Edinburgh.

King and Queen's College of Physicians.—At the April examinations the following obtained the Licences in Medicine and Midwifery of the College:—

MEDICINE.—Ephraim MacDowel, Coegrave, Jas. Henry Daly, Thos. Daly, Charles Ernest Denning, Robert Chas. Garda Durdin, Michael Leo Hearn, John M'Droy, John Oldershaw, Thomas Joseph Stafford.

MIDWIFERY.—John Edward Snow Barnes, Jas. Henry Daly, Thomas Daly, Charles E. Denning, Michael Leo Hearn, Wahab M'Murray, John Oldershaw, Thomas Joseph Stafford, William Christopher Thompson.

The undermentioned have been admitted Members:—

Grier, Henry, Surg. A.M.D.	Eutherford, Robert Leonard
MacGrath, William Michael	Tyndall, John, Surg. R.N.
O'Grady, standiah T., Surg. R.N.	

South London School of Pharmacy.—The following prizes were awarded to the successful competitors at this School on April 22:—*Medals.*—Chemistry, A. W. Forster; Botany, W. Wollons; Materia Medica, W. Burton; Pharmacy and Practical Dispensing, J. Thos. Birkbeck. *Certificates.*—Chemistry, W. Wollons; Botany, A. W. Forster; Materia Medica, C. L. Dillon; Pharmacy and Practical Dispensing, W. Burton. Extra certificates of merit were presented to Messrs. Tucker, Taylor, Hornby, Roberts, Davies, Heald, Reade, Oldershaw, Brunton, and Naylor. The whole of the candidates who presented themselves for examination during the week ending the 29th April passed.

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.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, can now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

L. A. P.—There is a general expectation that the action of the society will be directed to correct current fallacies in respect to the means whereby experimental studies are conducted, and also with regard to the results achieved by such means. The exact mode of proceeding that will be adopted, however, has not yet been made clear. Of course, there are many things to be considered in this connection, and some time must elapse ere all arrangements can be satisfactorily completed.

DR. S.—The proceeding was most unusual. Under the circumstances you are entitled to lay the facts of the whole transaction before your local society, and to request an opinion from it on the action you ought to take in vindication of your own dignity. We cannot doubt that the sympathy of all right-minded practitioners will be with you in the matter.

THE UNQUALIFIED ASSISTANT SYSTEM.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I am delighted to find that you have taken up this professional exorcism, as the country swarms with a class of men who are dragging down the general practitioner to a serious level in the eyes of the public; and it is high time an attempt was made to put an end to the evil if possible, and, in my opinion, every medical man should be prohibited from engaging such persons who have had no previous education, or opportunity of acquiring the requisite medical knowledge, except that of having compounded a few prescriptions as a druggist's assistant, or as a dispenser to some medical man for a short time. In the latter capacity he is often found to be a dissipated fellow, and when discharged he is almost sure to settle in some low neighbourhood, attend to *midwifery* and the *diseases of children*, and if the latter are likely to die he begs the parents to call in *some other doctor*, so as to avoid an inquest or to give a certificate for its interment, and thus he avoids exposure. The humble people and low income-keepers have a high opinion of these sham doctors: they consider they get them at much less cost, and they are all called doctor; and they are unaware of the fact that they have neither the legal nor the material qualification to practise, and so they get on at the expense of former employers without the necessity of a character. Another class have gone to sweep out surgeries, take out medicines, assist to compound them, and, if dismissed, after having been allowed to visit a few poor patients for a time, have begun, as one or two in this town, to practise for themselves and get called doctor. The medical men are entirely to blame for this state of affairs, which I'm afraid will be most difficult to remedy.

I remain, yours truly,

T. P.

MR. W. L. C.—The answer of the President of the Local Government Board was definite—viz., that the nurse and cook in the Sheffield Fever Hospital had small-pox only in a modified form; and that the only death which had occurred in that institution was of a patient who had never been vaccinated. You can twist the matter as you please, but you cannot alter facts.

H. V. DILLON.—Your letter is unavoidably held over.

MR. J. H. L. (Exeter).—We were not before acquainted with this latest phase of quackery, an ingenious one certainly, and therefore all the more dangerous to the public weal. In any case let "Jones" alone, and if you feel you need advice you will doubtless get it better and cheaper by consulting any reputable practitioner in your city.

CHILDREN OF THE FOURTH GENERATION.

PROBABLY there is not another person living in the United Kingdom who can boast of children of the fourth generation as the old lady at Wheeler End, West Wycombe, Bucks, whose hundredth birthday was celebrated there on Wednesday, April 12th. Mrs. Harris, the person in question, lives with a relative in the neighbouring town of High Wycombe, and was driven up to Wheeler End in a fly. Some 200 of her descendants had assembled from all parts, and on arrival at the entrance to the village they took the horses from the vehicle and drew the ancestors in triumph through the place. Near the village inn a triumphal arch of flowers and evergreens was erected, under which the procession passed. Some 320 relatives and friends took tea together in the club-room of the village, and subsequently a meeting was held at a chapel, when congratulatory speeches were delivered. Mrs. Harris was born on the 12th April, 1782. She was married at 18 years of age, and had sixteen children, ten of whom were present at the celebration, the youngest being 49 years old. The eldest died last year at the age of 81. She has 77 grandchildren, 150 great-grandchildren, and 4 great-great-grandchildren. Her age is authenticated by a register of her baptism at Great Marlow on the 6th October, 1782. She retains the full use of her faculties and limbs.

X.—Negative evidence is, in some cases, of almost as much value as positive; but in the instance you name it possesses very small importance. Unless you can obtain actual proof that your suspicions are

well founded, you will be very unwise to proceed on the assumption you have named.

MR. GODFREY.—Pasteur's experiments and conclusions were described at considerable length in the striking address delivered by him before the International Medical Congress in August last. Since that time the results obtained from his labours have been much amplified, and nothing has arisen to cast any doubt on the value of his researches. We are surprised that you should raise a question which a more careful examination of published records would have taught you to see admits of no discussion.

MEETINGS OF THE SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.—This (Wednesday) evening, at 8 o'clock, Specimens will be shown.—Dr. W. A. Popow, "On the Corpus Luteum."—Dr. John Williams, "On the Natural History of Dysmenorrhœa."

EPIDEMIOLOGICAL SOCIETY OF LONDON.—This evening, at 8 o'clock, Dr. Somsino (of Cairo), "On Filaria Sanguinis Hominis."

ROYAL INSTITUTION OF GREAT BRITAIN.—Thursday, May 4th, at 8 p.m., Prof. Dewar, "On the Metals."

HARVEIAN SOCIETY OF LONDON.—Thursday, May 4th, Dr. John Williams, "A Fatal Case of Oophorectomy."—Mr. Noble Smith, "The Treatment of Caries of the Vertebrae."

ROYAL INSTITUTION OF GREAT BRITAIN.—Friday, May 5th, at 8 p.m., Prof. B. Grant, "On the Proper Motions of the Stars."

ROYAL INSTITUTION OF GREAT BRITAIN.—Saturday, May 6th, at 8 p.m., Mr. F. Pollock, "On the History of the Science of Politics."

ROYAL INSTITUTION OF GREAT BRITAIN.—Monday, May 8th, at 5 p.m., General Monthly Meeting.

ROYAL INSTITUTION OF GREAT BRITAIN.—Tuesday, May 9th, at 8 p.m., Dr. E. B. Tylor, "On the History of Customs and Beliefs."

Vacancies.

Ainwick Infirmary.—House Surgeon. Salary, £100, with board. Applications to the Hon. Sec. before May 6th.

Charing Cross Hospital.—Assistant Surgeon. Applications to be forwarded to the Secretary on or before May 15th.

Hants County Hospital.—House Surgeon. Salary, £100, with board. Applications to the Secretary by May 6th.

Hartlepool Union.—Medical Officer for the District. Salary, £50. Also Medical Officer for the Workhouse. Salary, £65. Applications to the Clerk of the Union by May 17th.

Portsmouth Lunatic Asylum.—Assistant Medical Officer. Salary, £120, with board, &c. Applications to be addressed to the Chairman of the Committee not later than May 8th.

Torbay Hospital and Provident Dispensary.—Junior House Surgeon and Dispenser. Salary, £90, with board, &c. Applications to be addressed to the Hon. Sec., Hemsworth, Torquay, not later than May 22nd.

University College, London.—Jodrell Professorship of Zoology. Endowment of the Chair, £238 per annum. Applications to the Secretary before May 8th.

Wilts County Asylum.—Assistant Medical Officer. Salary, £120, with board, &c. Applications to be addressed to the Medical Superintendent at the Asylum, Devizes, on or before May 17th.

Appointments.

BARRON, J., M.D., M.Ch. Q.U.I., House Surgeon to the Belfast Royal Hospital.

COLLENETTE, F. DE B., L.R.C.P.Lond., M.R.C.S., Analyst to the West-south and Burslem Rural Sanitary Authority.

HOVELL, T. M., F.R.C.S.Ed., Assistant Aural Surgeon to the London Hospital.

HUNTLEY, E. E., M.D. St. And., M.R.C.S., Medical Officer to the Fourth District of the Hexham Union.

MORRIS, J. H., M.R.C.S., Medical Officer to the Fourth District of the Salford Union.

ROWLAND, C., M.R.C.S., Medical Officer to the Workhouse of the Bingham Union.

SILK, J. F. W., M.B. Lond., M.R.C.S., House Physician to the Leeds General Infirmary.

WARD, A., M.B., C.M.Ed., Medical Officer to the Anston District of the Workop Union.

WINDLE, E. C. A., A.B., M.B., B.Ch. Univ. Dub., Surgical Registrar to the Adelaide Hospital, Dublin.

WOAKES, E., M.D. Lond., Senior Aural Surgeon at the London Hospital.

Births.

ADAM.—April 29, at 70 Fernhead Road, St. Peter's Park, London, the wife of C. D. Adam, L.R.C.P., of a daughter.

COOMBS.—April 30, at Redburn, Bedford, the wife of R. H. Coombs, L.R.C.P., M.R.C.S., of a son.

Marriages.

BENNETT—THOMAS.—April 27, at Palampur, Kangra Valley, Surgeon-Major J. Bennett, M.D., H.M.'s Bengal Army, to Sophia Julia, youngest daughter of David Thomas, Esq., Watton House, Brecon. By telegram.

THOMSON—HAYWOOD.—April 20, at St. Jude's, South Kensington, George James Crawford Thomson, M.B., M.R.C.S.E., of Frome, Somersetshire, to Beatrice Evelyn, youngest daughter of the late Daniel Haywood, Esq., of The Bolttons, South Kensington.

Deaths.

BRAMWELL.—April 28, at 1 Manor Terrace, Tynemouth, John Byrom Bramwell, M.D., aged 69.

ELLIS.—April 18, at High Street, Bangor, Ellis H. Ellis, L.R.C.P.L. aged 34.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 10, 1882.

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Original Communications.

A CASE OF ABLATION OF THE FUNDUS OF THE UTERUS, BY THE ABDOMINAL SECTION, BEING A MODIFICATION OF PORRO'S OPERATION. (a)

By LOMBE ATTHILL, M.D.,
Master of the Rotunda Hospital, Dublin.

THE operation for the removal of the entire uterus, when the seat of malignant disease, introduced by Freund, has been successfully performed on several occasions. Still, however, so far as can be judged from the imperfect records we possess (for I believe several unsuccessful cases have not been made public), the results have not been encouraging; nor can this be a matter of surprise when we remember that this operation, which involves the removal of an organ situated deep in the cavity of the pelvis has to be performed on a patient the subject of cancer, and consequently in a condition most unfavourable for undergoing it, without taking into consideration the risk of wounding important organs during its performance. Thus, in addition to the evident danger of wounding the bladder or intestines, it appears, according to a statement made in the *British Medical Journal*, that in two cases recently operated on by experienced London surgeons "One or both ureters were cut or tied" during the operation. Still, as a painful death awaits the subject of this terrible disease, not a few will be found ready to run the risk of a speedy death, on the chance of a favourable result occurring. Therefore, I believe, the operation will continue to be performed, and accordingly I hold it to be the obvious duty of every surgeon to give a full and true account of such cases as come under his care,

no matter whether the results be favourable or the reverse.

Acting on this principle I shall lay before the Society the details of a case in which I recently removed the greater portion of a cancerous uterus by an operation, which, though being in point of fact, a modification of Porro's, bears directly on the question of the propriety of removing the entire uterus when the seat of cancer. The case is specially interesting as being an example of epithelioma attacking the inner surface of the uterus, the cervix being healthy, a matter of rare occurrence. It is, moreover, the first occasion in which the operation has been performed in Ireland.

In the first place it is right to point out that Porro's and Freund's operations were suggested with totally different objects. Porro advocated his as a substitute for the Cæsarean section on deformed women, or on women in whom some obstruction existed which rendered the birth of a living child impossible, the uterus however being healthy; Freund, on the other hand, had in view the removal of a cancerous uterus. His operation has been performed in two ways, viz., 1. By the abdominal section; and 2, *per vaginam*, the attachment of the bladder and vagina to the uterus being carefully separated from below, the uterus then being drawn down to the broad ligament, ligatured and severed—these steps of course being reversed when the abdominal section is preferred.

E. C., a married woman, æt. 58, the mother of one child, now 24 years old, was admitted into the Rotunda Auxiliary Hospital, on the 3rd of October, 1881. She stated that she was a member of a healthy family, that she had emigrated to America when a young woman, had married while there, and returned to Ireland twenty years ago; while resident in America she had suffered from fever and ague, but not severely.

For many years menstruation had been irregular, and scanty, but never painful, and it finally ceased to appear when she was 50, that is eight years ago, subsequently she continued to enjoy her ordinary health till September,

(a) Read before the Surgical Society of Ireland.

1880, during which month she observed one day some drops of blood on her linen, on the next day a gush of blood came from the vagina, and from that time she had never been free from a sanguineous discharge. This, usually scanty, occasionally became very profuse. At first she did not suffer pain, but felt very weak, and noticed that she was unable to retain her water for any length of time; if she attempted to do so it trickled away. She continued to work however till July last, she then began to suffer from severe pain, of a darting; or lancinating character. This seemed to originate in the left ovarian region, to extend downwards along the course of the Fallopian tube to the groins and down the inside of the thigh, as well as to the uterus. She described the pain as coming on in paroxysms, at somewhat regular intervals, commencing at about 2 p.m. each day, and passing off towards the evening. These paroxysms were generally accompanied by the expulsion of some clots, and were relieved by the occurrence of the sanguineous discharge. These attacks gradually increased in intensity and duration; so that prior to the operation they came on before noon, and lasted till late at night, unless cut short by the hypodermic injection of morphia a grain of which drug was then required to deaden the pain. No higher elevation of temperature or frequency of pulse preceded or accompanied these paroxysms, and no drug, except morphia, administered hypodermically, had any effect in retarding the advent, or lessening the intensity, of these attacks.

When examined on admission, the os uteri and cervix were found to be perfectly healthy, the fundus could be easily felt through the abdominal walls, the patient being much emaciated, and a bi-manual examination showed that it was much enlarged and inclined forward; the sound however passed only to the depth of two and a half inches, its introduction caused much pain, but pressure on the cervix or on the fundus did not do so.

I felt considerable difficulty at arriving at a correct diagnosis in this case. The occurrence of a constant hæmorrhagic discharge in a woman of nearly sixty, and the great pain and emaciation which accompanied it, made me suspect the existence of malignant disease, but on the other hand that any form of cancer could have existed for more than a year and a half without its having implicated the cervix or extended to the adjacent parts was doubtful. Then the paroxysmal nature of the pain, and the relief experienced on the expulsion of clots, seemed to indicate that there was something in the uterus which that organ was endeavouring to expel. I, therefore, thought it probable that there might be some extra-uterine growth which was the cause of her sufferings, and which it might be possible to remove. Acting on this view I dilated the cervix uteri, this process caused her a good deal of pain, but on passing my finger into the uterus I was disappointed to find that nothing like a tumour existed, the inner surface of the uterus felt rougher than usual, and the walls were thicker, but this was all, I accordingly contented myself with brushing over the whole interior of the uterus with fuming nitric acid. For a few days after this she seemed better, but soon relapsed into her former unsatisfactory condition.

I now became convinced that the patient was the subject of malignant disease of the fundus of the uterus which would terminate fatally, and accordingly told her that nothing more could be done unless she submitted to excision of the womb, by an operation which was of the most hazardous nature, and the success of which was very doubtful. She at once replied that she wished the operation performed, for that death was preferable to the life of pain she led, I further told her that the risk must be explained to her husband and his consent obtained. I mention this to show that the patient and her family were fully alive to the danger she would run, for, with respect to this operation, the result of which is so very doubtful, I hold that the surgeon should merely

give his opinion, and leave it to the patient and her friends to decide whether it will be acted on or not.

The patient being most urgent that the operation should be performed, I lost no time in making the necessary arrangements, and having again made a most careful examination, I decided to remove the fundus of the uterus just above the insertion of the vagina, in preference to removing the entire organ, because I believed that the disease was confined to the fundus, and that the cervix being healthy the chance of the patient recovering would be increased by leaving it. The result, however, proved that in this I was mistaken.

The operation was performed on Monday 16th January. I was assisted by Professor Bennett, Dr. Kidd, and Dr. Franks. Chloroform was the anæsthetic employed, administered as is usual in this hospital by means of Junker's inhaler. I have used chloroform administered in this manner in all my operations for the last six years, and found it to be so invariably satisfactory, that I have discontinued altogether the use of ether. Chloroform thus administered has always, in my operations been very well to me, and I now never have the distressing vomiting which formerly gave me so much trouble.

The patient was greatly emaciated, and the abdominal wall very tense and depressed; this condition added much to the difficulty of the operation. The incision extended from an inch above the umbilicus to close to the pubes. A small opening would not have allowed room for the necessary manipulation. No blood was lost during this part of the operation.

On the abdomen being opened I passed my left hand down into the pelvis and grasped the enlarged fundus of the uterus, and after some little trouble succeeded in seizing it with a strong vulsellum, the great difficulty in doing so being to avoid wounding the intestines, for they slipped in between my fingers and under the claws of the instrument, but the fundus having been raised upwards by means of the sound introduced into its cavity from the vagina, I at last succeeded in my object.

Having seized the fundus and drawn it well up, I proceeded to separate it from its pelvic attachment. For this purpose I first passed an aneurismal needle, armed with a strong hemp ligature, through the left broad ligament, as low down as possible, and tied it. I then grasped the ligament to the inside of the ligature with a pair of Spencer Wells' strong curved pressure forceps, and divided it. The same steps were taken in dividing the right broad ligament. The ovaries which were much atrophied were not removed. The fundus was now with ease raised up on to the pelvis, and I transfixed it on a level with the os internum with a strong needle armed with a hemp ligature. The ligature, which was double, was then divided, and each half tied separately. The uterus was then cut through a little at the ligature. A small artery in the stump bled freely and had to be ligatured, otherwise there was no hæmorrhage. The divided surface of the cervix was then seared with the actual cautery and allowed to fall back into the pelvis, which was then carefully cleaned and the incision closed. The operation lasted an hour and a half—there was no vomiting during or after it.

On recovering from the effects of the chloroform she complained of severe pain in the left inguinal region. This was relieved by the hypodermic injection of morphia, which had to be repeated every six hours. At 7 p.m. the temperature was 99°, pulse 108, towards night it rose to 140, and the temperature to 102°, she had a constant desire to micturate, but on passing the catheter very small quantities of urine were drawn off. She passed a quiet night, dozing constantly, the pulse, however, continued to be very rapid, and the temperature to rise, and she died rather suddenly at 11 o'clock, on the 17th, just twenty-four hours after the operation.

On laying open the uterus after the operation, its walls were found to be of unusual thickness, and the

whole of its inner surface to be covered with a grey pulaceous mass, which emitted a most foetid smell. The disease proved to be epithelioma which had attacked the mucous membrane lining the uterine cavity.

The autopsy revealed the fact that a small portion of the malignant growth was left in the stump of the cervix. There was also evidence of a low form of septic peritonitis, which, in the reduced state in which the patient was, was probably the cause of death.

The consideration of this case raises several important questions. Of these the most obvious are 1, Was the operation justifiable? and 2, Was the one performed the best under all the existing circumstances?

The first involves the question of diagnosis. In this case, until the operation was completed, I was not absolutely certain that the patient was the subject of malignant disease. Epithelioma rarely attacks the fundus of the uterus as a primary disease. As a rule it commences in the cervix and extends inwards, and the case just recorded was the first of the kind I had met with in my own practice. For a considerable time I suspected that the patient was suffering from malignant disease of the fundus, but the extreme rarity of the instances in which this occurs, the cervix being healthy, the peculiar intermittent character of the pain, and the length of time which had elapsed since the first symptoms manifested themselves, made me hesitate for a long time to recommend an operation of such magnitude as the removal of the whole or part of the uterus, but being at length convinced that my opinion was correct, and that the neighbouring structures were not implicated, I believed it to be my duty to suggest an operation, which, though involving great risk, offered the sole chance of saving life, while its failure could at most shorten by a brief space a miserable existence. I think it will be admitted that in this case the operation was justifiable.

The second question is of even greater practical importance. Freund's operation was originally practised in cases of cancer of the uterus, in which, though the cervix was implicated, the disease had not extended to the adjacent structures, and I am not aware of any recorded case in which the operation was performed when the cervix was healthy. Porro's, on the other hand, was brought forward as an alternative for the Cæsarean section, and I do not think it has been performed in cases of cancer attacking the fundus of the uterus. I had, therefore, no previous experience to guide me, but after much consideration I decided on removing the fundus, only, as being the least hazardous proceeding; for we know that in cases of uterine fibroids, in which the body of the uterus has been removed, the cervix being left, the results have been of late very good, while comparatively few have recovered after the whole organ has been extirpated, but I now believe that my decision was not a wise one, because a post-mortem showed that a portion, doubtless a very small one, of the cancerous growth was left behind in the stump of the cervix. Therefore, had the patient survived the operation, the disease would have recurred; therefore, in a similar case, I should advise the performance of Freund's operation in preference to the one I performed.

As to the operation itself, it was carried out satisfactorily in all its details. It should be borne in mind, however, that it is an infinitely more difficult one than ovariectomy.

The mortality continues excessive from zymotic diseases in several foreign cities. In Paris last week there were 44 deaths from typhoid and 69 from diphtheria and croup, Berlin 36 from diphtheria, St. Petersburg 55 from typhoid, Vienna 28 from small-pox, and New York 73 from scarlet fever.

TWO CASES OF MENINGITIS. (a)

By THOMAS MORTON, M.D. Lond.

THE solicitations of our indefatigable secretaries at the beginning of the session found me unprepared with any material fit to furnish forth a paper for the Society, but I fortunately bethought me of two cases slightly out of the common run which had occurred to me within a few months of one another last year, and which I thought might form the basis of a short communication.

They were both cases of meningitis, examples of the less common varieties, and the chief interest of the one lies in its affording a good instance of what should, I suppose, be called amnesic aphasia; of the other, in the unusual character of its origin, its course, and its event.

Meningitis is well known to be generally a tubercular disease. Bouchut says that of 272 autopsies of deaths from meningitis, only 28 were other than tubercular, and I think most of us would agree that, roughly speaking, nine out of ten cases of meningitis, as we meet with it here, are of the ordinary type which we recognise as tubercular, while of the remaining tenth two-thirds at least are connected with disease of the cranial bones, and especially of the temporal.

My first case is one of this latter kind. The patient was a little girl of nine, whose father seldom passes a year without my seeing him for an attack of tonsillitis, which is invariably succeeded by severe and obstinate subacute rheumatism. In March last she had a sore-throat, which left slight deafness and earache. On March 22nd she was feverish and ill, and a painful swelling began to form behind the left ear, which by the 24th gave evidence of deep fluctuation over the temporal bone, about the junction of the squamous and petrous portions, and, being attended with great pain, was opened on the 25th, giving exit to some deep-seated ill-formed grumous pus.

This gave some relief, but the child still suffered pain, and seemed very ill, and the discharge did not become free or of good quality till the 28th, when it began to come also from the meatus.

On the 30th she was sick early in the day, and when I saw her in the afternoon I noted that her manner was peculiar, and that she did not seem able to remember things, and especially words; p. 124. About 7 p.m. she had a fit of convulsions lasting two hours, and affecting, I think exclusively, the left side. She continued unconscious after their subsidence, and had another attack, this time said to be on the right side, in the course of the night. At 3 a.m. she suddenly opened her eyes and got out of bed without assistance, but did not seem to recognise anyone till 6 a.m., and then was rather confused, and quite unable to find the words she wanted. Later in the morning intense pain came on, this time not confined to the left side of the head, but especially seated over the root of the nose. She vomited once, and a deep flush was observed on the face. A good instance of the aphasia was her asking "what colour her aunt lived in," meaning to inquire what street. The wound was scarcely discharging at all; p. 84, very irregular.

She slept well, and on the following day, April 1st, seemed much better, apparently quite free from pain, and not aphasic. Towards evening, however, there was slight pain and flushing of the face, and a slight rise of pulse and temperature. So she went on for the next four days, taking food fairly well and seeming comfortable at times, but always at some part of the day having flush and pain in the forehead, and passing very restless nights. The wound closed completely, but there was slight discharge from the ear. The pulse averaged about 110; the temperature varied from 99° to 101°.

On the morning of the 5th she vomited again. She slept quietly during the day, and once seemed comparatively cheerful, but had rather lost strength and appetite,

and her mother reported a return of the aphasic symptoms. The child was very fond of cocoa, and frequently took it, but to-day she could only name it as "that funny brown stuff, not tea," and she could not remember the name of a little friend whom she saw pass.

Next morning, April 6th, she was sick again. Her mother reported that her speech had been a little thick, but I could not detect it.

During the next five days her condition was slowly altering for the worse. She was nearly always in pain when awake, though often drowsy; she took considerably less food, her memory for the names of persons and things remained much impaired, her pulse fell below the normal frequency, on one occasion being only 60, and always irregular, and on the 8th her breathing was noted to be very irregular and peculiar, each respiration being short and separated from the next by a long interval. Slight delirium was noted on the 9th and 11th, with a pulse of only 56 on each occasion, and on the evening of the 11th it was for the first time doubtful whether she could see.

During the night she passed into a quieter state, and on the 12th lay in a condition approaching to stupor, with flushed cheeks, especially the right, eyelids closed, pupils unequal, left widely dilated, both insensible to light. She could not swallow, and had not spoken all night, but in the course of the day she began again to swallow liquids from a spoon and to call "mother" continually. There was no paralysis of limbs or sphincters anywhere. The pulse had risen to 88 in the morning, and to 124 in the evening.

She screamed a good deal in the night, and had flush and stupor in the morning. It now appeared that the abscess was again pointing behind the left ear. I opened it freely, and she had a much better night, and took more milk. P. 80, more regular. R. 27.

Next morning, April 14th, her mother thought her better, and I saw her eat a piece of toast, taking it in her hand. She was, however, quite unable to see, and I learned that there had been a deep flush over her face all night. P. 80, rather irregular.

She was better all day, but restless in the evening. Took another piece of toast, slept pretty well with a small dose of opium, and was certainly rather more conscious on the morning of the 15th. She opened her right eye a little, and the pupil was sensitive to light. Left pupil still dilated and motionless. Had eaten some toast. Fed herself with grapes at my visit, and made her mother understand that she wanted to pass water. P. 112, regular. R. 13. T. 98.

To my great surprise and disappointment she died the same evening, about seven o'clock, before I could see her. She had been seized, I was told, with acute pain in the left side, and great blueness and congestion of the face, which went off and came on again several times in succession.

In recounting the history of this case I have avoided pausing to mention the treatment, as the course of the symptoms did not seem to turn upon it. It may be summarised as consisting in the administration of iodides and bromides, with opium at night to procure some relief from the pain, and purgation by calomel and jalap when required.

The chief point of interest in the case is doubtless the aphasia. This symptom would, according to the conclusions of M. Broca, be found associated with lesions of the second and third left frontal convolutions. The original lesion in this case was certainly on the left side, but it would correspond in situation rather with the surface of the middle lobe, and thus rather agree with the observations of Dr. Hughlings-Jackson and others which connect aphasia with lesions of the convolutions near the left corpus striatum.

After the meningitis set in, however, the chief pain, and it was very severe, was at the forehead and root of

the nose, which would correspond pretty well with M. Broca's views.

In discussing the question, it will not do to overlook entirely the possibility that there may have been an abscess of the brain as well as suppuration on its surface.

Whether the inflammation was set up by absorption through the venous sinuses connected with the bone, or by direct extension from the dura mater lining it, is another question, to the latter solution of which I myself incline.

The mode of death is also interesting, and, it must be added, obscure. The head symptoms had decidedly decreased in urgency since the reopening of the abscess, and there was nothing to indicate an approaching termination of the usual kind, and the symptoms as reported to me by the mother seem to favour the hypothesis of thrombosis, such as we should not be surprised to meet with in pyæmia, to which such cases as this are often allied.

(To be continued.)

A CASE OF LUMBAR COLOTOMY FOR STRICTURE OF THE RECTUM. (a)

By KENDAL FRANKS, M.D. Dub.,

Fellow, Royal College of Surgeons; Surgeon to the Adelaide Hospital; Surgeon to the Throat and Ear Hospital, &c.

I do not propose this evening to enter into a discussion of the circumstances which may require the performance of colotomy, nor of the merits of the operation itself.

Originally proposed by Callisen, in 1796, for the treatment of atresia, it was not practised on the living subject till 1838, when Amussat first demonstrated the practicability of opening the colon, either in the left or right loin, as circumstances required. Since that time the operation has been sufficiently frequently performed, and in cases which otherwise must have terminated rapidly has been followed by so much comparative success that the question is no longer whether colotomy is a justifiable operation, but whether, in suitable cases, it should not be performed at an earlier period than is usual, before the patient is well nigh exhausted by disease and pain, and when the chances of success are reduced to a minimum. "It should be undertaken," says Mr. Bryant, "as soon as it is clear that the local disease has passed beyond the power of local treatment with any prospects of good, and the general powers of the patient are beginning to fail. . . . When most successful, it gives immediate relief to most of the symptoms, and makes life worth having. When least so, by lessening pain, it renders what remains of life endurable." (b)

The following are the notes of the case which I desire to lay before the Society:—

J. G., æt. 33, residing at Kilrush, co. Kilkenny, was admitted to the Bective Ward, Adelaide Hospital, on the 12th November, 1881, complaining of obstruction of the bowels, and of a communication between the bowel and the bladder. Having been for some time in another hospital in Dublin, where his symptoms had been analysed in his presence for the benefit of the class, he was quite aware of the nature of his case, and hence was able to tell me his exact condition when he first applied at the hospital. He gave the following history:—In 1865 he went out to China as a clerk. In 1867 he contracted a soft chancre; a bubo formed in the right groin, which suppurated, and was opened by a native. Three years afterwards he got a blow from a cricket ball, which burst open the cicatrix of the former bubo; but this subsequently healed satisfactorily. He never had syphilis.

In 1867 he was attacked with dysentery whilst still in China, and continued to suffer from it for four months. In 1876, when at Singapore, he had a slight return of the

(a) Read before the Surgical Society of Ireland.

(b) "The Practice of Surgery." Bryant. 1872. P. 306.

dysentery, ever since which he has passed more or less pus, and the *scæces* have frequently been stained with blood. He returned to England in 1879. About ten months after his return—i.e., about two years ago—diarrhœa came on, and was so persistent that he sought relief in the Royal Infirmary, Edinburgh, under the care of Dr. Keith. He remained in hospital for two months, and when he left the diarrhœa was somewhat better, but not cured. The rectum was not examined. Since that time he has experienced frequent desires to defecate, usually amounting to five in the day. The evacuations were preceded by some watery discharge, and were accompanied by severe tenesmus. The *scæces* were semi-solid, and had always a squeezed appearance.

About nine months ago, while straining at stool, he felt something give way, and this was shortly followed by a gush of flatus through the urethra, and some *scæcal* matter. Ever since this period the escape of wind and *scæces per urethram* has continued, and when he tries to micturate he feels distinctly the urine passing back into the rectum. He had been eighteen months in Ireland before I saw him, and had been one month, from the 11th of September to the 10th of October, 1881, in another Hospital. A fortnight previous to admission to the Adelaide hospital, whilst violently straining to empty the rectum, a small inguinal hernia appeared on the left side.

On examination he appeared to be a fairly healthy-looking man, with a fair amount of fat, and showing no evidence of cachexia. There were evidences of the former *bulbo* in a small, irregular cicatrix, and a small left inguinal hernia was found. On digital examination of the rectum, the finger passed readily for about two and a-half inches; then it came upon a hard, irregular cartilaginous ring, into which the tip of the index finger could be just inserted. The surface of the stricture was smooth, and the opening was situated somewhat anteriorly. A little bloody pus came away on the tip of the finger. On one occasion he was placed under the influence of chloroform, in order to examine him with a speculum, as even digital examination caused great pain. A trivalve speculum was then introduced, and the surface of the stricture brought into view. It appeared red and irregular, and very dense, but did not resemble epithelioma. When wiped with cotton wool, the latter was covered with pus and blood. The opening appeared conical in shape, the lower portion large enough to admit the tip of the finger, but above this it appeared very constricted. The rectum below the stricture was quite healthy; the mucous membrane was smooth; there were no nodules and no ulceration. Various sized bougies and catheters were used, in order to try if one could be got to part the obstruction. A No. 10 English catheter was got through the lower portion, but soon became gripped, and could be got no further.

The abdomen was subsequently carefully examined. It was not distended, and no accumulation of *scæces* could be felt, nor was any tumour felt in the iliac fossa. He stated that he took great care both with diet and medicine to keep the *scæces* soft and the bowels regular; to this he attributes the absence of distension. On the 17th the urine was collected and allowed to stand; it threw down a copious whitish brown deposit. This was examined microscopically by Dr. Abrahams, who reports:—"The urine does contain some particles of apparently digested fibrous tissue, together with epithelial cells, pus, &c."

Colotomy was then proposed to the patient and its nature explained. To this he readily assented. Accordingly on the 22nd of November, the patient was placed under the influence of ether; he was then rolled over on to the right side and a pillow placed under the right loin. An incision was then made obliquely, corresponding to the folds of the skin in this region, as advised by Mr. Bryant. It began two inches from the spine about a finger's breadth below the last rib, and was carried downwards and forwards to a point three and a-half inches posterior to the anterior superior spine of the ilium, a

point having been previously marked on the skin at a spot three-quarters of an inch behind the centre of the crest of the ilium. This incision measured seven inches long. The muscles were then divided layer by layer on Ferguson's director till the fascia transversalis was exposed. All bleeding points were then secured. One alone at the edge of the quadratus lumborum required to be ligatured, which was done with carbolised catgut. The fascia was then seized and divided on the director in the direction of the incision. A fold of peritoneum containing a good deal of fat was then protruded through the incision. It was carefully returned and pushed inwards out of harm's way. The colon lying behind it then appeared at the opening, it was recognised by one of the longitudinal muscular bands. It was seized with a broad-bladed toothed forceps and drawn well into the wound. Three double sutures were then passed with a needle on a handle. They were of silk which had previously been carefully rendered aseptic in carbolised water. These were first passed through the upper edge of the wound, through the whole thickness of the integuments, but not including the muscles. They were then passed through the gut and the needle withdrawn. Another needle with a free eye was then passed through the integuments of the other side of the wound in a similar manner as on the upper side—i.e., three places in ligatures successfully hooked into the eye and withdrawn. The intestine was then opened for about an inch over the sutures in the longitudinal axis of the gut, and the sutures drawn forwards and divided. There was no escape of gas or *scæces* through the wound and the intestine was not dilated. The sutures were then secured. A long piece of drainage tubing was then inserted in the wound, passing between the gut and the upper lip of the incision behind the sutures, and the edges of the wound brought together with a continuous catgut suture. Lastly, the intestine was further secured to the skin by means of a few catgut sutures. During the progress of the operation the spray was not used, but the skin was carefully sponged with carbolic lotion for several minutes before the operation was begun—a point which I consider of the first importance in antiseptic surgery—otherwise, the operation was conducted on strict Listerian principles. The wound was dressed in the following way: The opening in the gut was plugged with a carbolised sponge, lint soaked in carbolic oil was placed on each side of this over the line of incision and well beyond it. A large and thick pad of carbolic tow was placed over all, and an ordinary bandage was used to keep everything in its place. A hypodermic injection of 1-4th grain of morphia, and 1-60th grain of atropia was administered, and the patient put to bed. He was ordered to get two ounces of brandy during the day, and a hypodermic injection of 1-6th grain of morphia in the evening. At 3 p.m. the temperature was 97 degrees, and the pulse 90. The feet was rather cold, so hot bottles were applied to them. At 10 p.m. temperature 100 degrees, pulse 99, full and good. He took some beef tea and milk during the day, looked very well, though complaining a good deal of pain.

The next morning, the 23rd, the temperature was 100·5 degrees, the pulse 99. He had passed a good night; the pain was less acute. He passed urine well, and with less scalding than previously. The wound looked healthy; there was no inflammation about it. The bowels had not acted. He was dressed as before.

The evening temperature, 100·4 degrees, pulse 98.

On the 24th the morning temperature was 100 degrees, the highest registered during his recovery, pulse 98. He had slept well without hypodermic or draught. The wound was examined and seemed to be uniting in its whole length by first intention. There was no pus, and no inflammation. A large enema of strained gruel was given per anum, care being taken to prevent its backward flow. This soon appeared at the artificial anus and with it a large quantity of soft *scæces*. A great deal of flatus also escaped. The parts having been carefully cleaned, a carbolised sponge was again inserted, and the wound

dressed as before. The evening temperature was 99·3 degrees, the pulse 94. He felt quite comfortable, and only complained of a cough which shook his side. He was ordered—

R. Liq. morph. muriat., ℥ij. ;
Acidi bromohydrici, ℥iv. ;
Sot. chloroformis, ℥ij. ;
Tinct. camph. comp., ℥iv. ;
Aq̄s camph. ad ℥vj. M.

Half an ounce to be taken every third or fourth hour.

On November 25th, the third day after operation, the morning temperature was 98·8 degrees, the pulse 84. The wound was dressed as before, it had firmly united in its whole length. There was not one drop of pus. There was a strong fæcal odour from artificial anus. Evening temperature 99·3 degrees, pulse 82.

26th.—Morning temperature 98·2 degrees, pulse 76. To-day, the drainage tube was removed. There was a large motion through the artificial anus during the night, and a small one this morning.

I need not detail the further progress of the recovery than to say that, two days later, that is, the fifth day after the operation, the holes where the drainage tube had been were completely sealed up. The temperature continued normal. The bowels acted regularly through the new opening, some soft fæces occasionally escaping *per anum naturalem*. On the 29th, he was allowed up, on the sofa, i.e., one week after the operation, and in a few days more he was allowed to walk about the ward. The urine still continued to contain pus, though the amount perceptibly diminished.

On Dec. 16th, a little over three weeks since he was operated on, he was placed under the influence of chloroform in order to see if a bougie could be got through the stricture, with a view to dilatation. After considerable difficulty, a No. 6 English gauge was got into the stricture, but evidently did not traverse it. This bougie was retained for about two hours, but then tenesmus ensued, and it was expelled. On the 21st a No. 7 was got quite through the stricture and retained for several hours. On the 22nd the patient said he was able to get in the bougie himself, and that it moved freely. On trying, however, to withdraw it, it seemed caught somewhere, and when at last it was removed it was found to be quite doubled up upon itself. It brought away with it some small pieces of bone, like pieces of a chicken's rib, which had evidently been impacted in the stricture.

On the 31st the stricture was sufficiently dilated to admit a No. 3 rectal bougie, which passed through it with ease.

On the 4th January the patient left hospital. He had on several occasions been allowed out, and each time returned intoxicated. On the last occasion he had succeeded in smuggling in some whisky, with which he treated other patients in the ward during the night, the result being that in the morning the ward was decidedly disorderly. I would not again give him a pass out, and accordingly he refused to remain longer in hospital, and I discharged him. On the 25th of February last he applied for re-admission, as he was anxious to have the stricture cured, so that the lumbar opening might be closed. He told me that at the beginning of the month he had walked to Kilkenny, thence to Waterford, and back again to town. He had been in the habit since he left hospital on the 4th of January, of passing the small rectal bougie in order to prevent the stricture from closing entirely. Occasionally, some soft fæces passed through the anus, but he generally defecated entirely through the lumbar opening. He did not suffer from prolapse of the bowel through the artificial anus, and was able to maintain complete control over the bowels by means of a pad of tow, held *in situ* with a piece of ordinary bandage. He always experienced premonitory desires when a motion was impending. I admitted him with a view to performing external rectotomy. For this purpose I had a long curved needle made on a strong handle. I purposed dilating the stricture gradually with bougies until I should be able to pass my finger through it. I then intended to anæstheticise the patient, to pass

the needle posterior to the anus well outside the sphincter, through the perineum, and in the axis of the bowel, until the point of it should be well above the stricture, then turning the point forwards to make it enter the bowel *above* the stricture. The needle should have been armed with a double hempen ligature, I hoped to have been able to hook down this ligature through the stricture and externally through the anus, and then, having fastened a platinum wire to the loop of the ligature to draw it back through the stricture, through the bowel, and out through the perineum: then, having fastened this to the galvanocautery, I hoped to burn this wire through the stricture so as to completely divide the sphincters. On the 2nd of March I succeeded in introducing a medium-sized bougie through the stricture. Subsequently, however, the patient insisted on going out for an hour, but returned several hours afterwards in such an intoxicated condition that he was refused admission. Shortly afterwards he left Dublin for Glasgow. I have not since seen him.

The diagnosis in this case was that the stricture was not of a malignant nature. The patient had repeatedly suffered from dysentery. The last of these attacks, which he had at Singapore in 1876, he had never completely recovered from. Since then he constantly passed pus with the fæces and sometimes blood, showing that ulceration was going on in the rectum. After two years diarrhœa came on, from which he suffered till his admission to the Adelaide. Ten months ago he experienced difficulty in defecating, and considerable tenesmus. The stools were "squeezed." Still there was little emaciation and no cachexia. The ulceration was above the stricture and in its neighbourhood, as no morbid condition was found in the rectum below the obstruction. This prolonged ulceration had so thinned the walls between the rectum and bladder, that at last a recto-vesical fistula formed, evidenced by the passage of fæces and wind into the bladder, and of urine backwards into the rectum.

Palliative measures were evidently out of the question. The issue lay between colotomy and external rectotomy, or as I proposed to do, colotomy first and external rectotomy afterwards. My reasons for selecting colotomy in the first instance were these:—The stricture was extremely tight and of a cartilaginous hardness. A longer or shorter period of time must have elapsed before the stricture could have been sufficiently dilated to perform rectotomy. This dilating process must have been performed gradually, as even the introduction of a soft bougie caused considerable pain. Whilst waiting for this the disease must progress, the bladder symptoms were already urgent, and delay might have marred success. Colotomy, if successful, would at once afford relief, and by leaving the parts at rest, and by protecting the ulcerated surface from being irritated by the constant contamination of the fæcal matter, the ulceration might heal, the fistula close, and the patient be thus placed in the most satisfactory condition for further treatment. The operation did all that could have been expected of it. The urine gradually cleared, and fæces and flatus no longer escaped *per urethram*.

No doubt the intemperance of the man has debarred him from being cured of the stricture, for I am sure by this time, the bowel from the loin to the anus has become so contracted that any attempt to remove the obstruction, would be futile. Nevertheless, the patient's life is safe, and he has every prospect of living in comparative comfort. He can manage the bowel well, and regulate its motions. The accompanying photograph and drawing taken at the time when the patient was last in hospital, are faithful representations of his condition three months after operation.

THE Harveian Oration will be delivered on the 24th of June by Dr. George Johnson.

Clinical Records.

BALLYMENA COTTAGE HOSPITAL.

Under the care of ABRAHAM KIDD, M.D.,
Member K. & Q. Coll. Phys. Irel.; M.R.I.A., &c.

Mortification of the Right Fore-arm and Hand.

THE following case, not being of common occurrence, may be considered of some interest to the profession:—

A girl, aged about 19, and not large for her age; of rather delicate appearance, and of a phlegmatic temperament. By trade a "collar maker" in a factory. Might be said to have enjoyed generally good health till the illness took place that I am about to describe. On Monday morning, the 20th February, 1882, she was preparing a younger sister for school, and when washing the face of the latter in water that was not quite cold, but was slightly warm, she suddenly, and without any warning of any unusual symptom, noticed her hand presenting a white appearance, becoming cold and numb, and to some extent void of proper feeling. She obtained medical advice, and was directed to immerse the limb in hot water containing mustard.

I did not see the patient till the fourth day from the commencement of the disease. Gangrene had evidently then set in; the circulation had entirely ceased; no blood was going through the vessels, as was ascertained by the application of the finger to the site of the arteries in the affected parts. There was much pain complained of—stinging and burning in its character—which almost entirely prevented sleep and rest. The expression of face was anxious and worn; the pulse was fast and feeble; and the temperature 103°. Heart sounds normal, but its action was not strong. The secretion from the kidneys was healthy; in fact, no organic disease could be detected anywhere. The hand soon looked withered and dried up, just as one would expect to see upon a dead subject that had been a few days in a dissecting-room.

The day after I first saw the patient she was removed to the Ballymena Cottage Hospital, and was placed under my care. (I may remark that this institution, under the patronage of Lord Waveney, the popular lord of the soil, who has also, with his usual generosity, given it much valuable support, has been lately established chiefly through the benevolent exertions of Mrs. Parry and a few other charitable ladies. Other charitable persons have also given it valuable support, and it is now conferring much benefit on those who go inside its walls for treatment.) As the disease advanced the "line of demarcation" formed about three-quarters of an inch above the elbow. The girl's strength was kept up as well as possible, and every care and attention were bestowed on her. Amputation of the arm, however, was absolutely necessary, and with the assistance of some medical friends, I performed the operation above the elbow, keeping as close to the joint as the disease would admit of.

The patient had been ten days in hospital before she was operated on, and after operation she never had an unfavourable symptom. She progressed most satisfactorily, the stump was perfectly healed, and she was fit to be discharged on the 24th day. Chloroform was administered, and the patient brought under its influence before she was removed to the table from her bed, so that she did not seem to suffer the slightest pain. There was very little hæmorrhage indeed. The loss of blood could not have been borne under the circumstances, and fortunately there is not generally much in these peculiar cases; but, notwithstanding, two arteries required tying.

There can be no doubt that embolism was the cause of the mortification in this case, but I consider it very uncommon in so young a person. In my practice, extending over more than thirty years, I never saw a similar case before, except one, and that was in a young and apparently healthy farmer, whose arm became affected. He refused to allow amputation, and the disease proved fatal. It is about fifteen years ago, and the patient lived about twenty-four days. I had the pleasure of meeting an eminent physician lately who resides in Dublin, and he told me he never met with such a case in his practice. I have read of a few that have been published, but I do not know that they were exactly the same as the one given above. Smiles gangrene, any surgeon knows, is occasionally met with, and I once saw both feet affected in the same individual, who had recently suffered from fever. I need hardly say that the patient died, though both limbs had been amputated. He had been attended by the late Drs. Young and Patrick (both distinguished medical gentlemen) and myself.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

THE closing meeting of the Session 1881-2 was held on Friday evening, April 14, 1882, in the Albert Hall, Royal College of Surgeons, Dr. BARTON, Vice-President of the College, in the chair.

Mr. TUFNELL, Hon. Sec., read the minutes of the previous meeting, which were confirmed.

MYELOID TUMOUR.

Mr. ORMSBY exhibited a tumour which he had, in the Meath Hospital, removed with the greater part of the left upper jaw, from a female patient, æt. 60. About last Christmas she noticed her left nostril stuffed, and at the same time the left side of her face in the region of the antrum began to swell. She felt considerable pain in the part. From that time the tumour increased rapidly, and it was decided to remove it, together with so much of the upper jaw as was involved. The growth appeared to spring from the antrum and the greater portion of the anterior part of the superior maxilla. On examining the tumour after its removal, it appeared to be a myeloid growth.

Dr. ATTHILL read a paper on

A CASE OF ABLATION OF THE FUNDUS UTERI BY THE ABDOMINAL SECTION,

which will be found on page 000.

Dr. W. J. SMYLY said that Dr. Atthill's operation was certainly the first of its kind ever performed in Ireland. Similar operations had, however, been performed on several occasions by foreign surgeons. Two cases of successful amputation of the body of the uterus for malignant disease were recorded by Dr. Müller, of Berne. In one a large portion of the cervix was also removed, and the peritoneal cavity closed above with sutures. The stump of the uterus was clamped in the second case. In selecting an operation, the advice given by Rüge and Veit in their monograph on cancer of the uterus might assist, namely, when the disease is limited to the body of the uterus it should be amputated, the cervix excised, and the upper end of the funnel-shaped cavity remaining closed with sutures, so as to exclude it from the cavity of the peritoneum. If the cervix be also affected, the entire uterus should be removed by the vaginal method of Billroth and Czerny. Freund's operation should only be resorted to in cases where the entire organ is so enlarged as to render removal by the vagina impossible. He thought that Dr. Atthill, believing the disease to be limited to the body of the organ, was justified in attempting the less serious operation. The results of Freund's operation, as shown by statistics, were very discouraging. Thus, according to Prof. Olshausen, of ninety-four cases recorded up to the end of 1880, only twenty-five recovered; and it was stated in the following year that in all the cases operated on by Freund the disease had returned, although in one not for upwards of two years.

Dr. HENRY KENNEDY called attention to a point in the treatment as regards the relief of pain. A few years ago—before the subcutaneous use of morphia was known—there were several cases of cancer of the uterus in Sir Patrick's Dun's Hospital, and he applied leeches to the sacrum with temporary good effect. This point was worth mentioning, as cases arose where even temporary relief was of some consequence.

Mr. ORMSBY wished to know, for information's sake, why Dr. Atthill had changed his mind so much with regard to the use of the anæsthetic ether as to prefer chloroform in the operation of abdominal section? He had a letter from Dr. Atthill approving strongly of the use of ether in such operations, and stating he had used the ether inhaler bearing his (Mr. Ormsby's) name with the most satisfactory results. Now, however, he seemed to prefer chloroform.

Dr. BENNETT, having had the advantage of being present at the operation, said there were two points on which he wished to say a few words. First, as to the question of the immediate proceeding with the uterus itself. In this case, as soon as the section of the uterus had been made, and the piece removed, everything went on straight so far as securing the vessel or two that were bleeding, and the pedicle was dropped—as in an ovariectomy—into the pelvis, and the wound closed. He had no doubt whatever, from

the facts stated, that the immediate cause of death was septic peritonitis; and anyone who had an opportunity of taking the diseased portion of the uterus in his hand and smelling it, could have little doubt that septic peritonitis had set in. The stump was fetid, and therefore a source of danger in the abdomen. How, then, were they to secure against the septic infection from the cavity of a uterus lined with putrid cancer? In the case recorded by Mr. Thornley Stoker a similar train of symptoms occurred, but the conditions were different. The uterine tumour—a great mass—was divided, the uterus being retained outside the abdomen; but immediately the ligatures and clamp separated the wound became a putrid one. It was to be observed, however, that fortunately the putridity was outside the abdomen. The first essential, then, was the disinfection of the putrid mass in the wound. The other point that struck him was the contrast the operation presented to ovariectomy. In the last few months special attention had been directed by Marion Sims to a wider question than that of removing the uterus, namely, the proper treatment of wounds penetrating the abdomen—gunshot wounds, and otherwise. The question was discussed in the "American War Reports" whether it ought not to be the practice that in a penetrating wound of the abdomen the operator should at once open the abdomen freely and follow up the wound, to secure all wounds of the intestine and all bleeding vessels. The possibility of carrying out such a proceeding was derived from the practice of ovariectomy. When the abdominal walls were relaxed by a great tumour, it was easy to follow it up to any part of the abdomen. But in a case where there was no pre-existing tumour, as in an ordinary healthy individual wounded, the difficulty of getting into the cavity through any ordinary incision was such that he could not see how a complete search could be made in the abdomen for the wounded intestine in a penetrating wound. The present instance, however, was the only one in which he was present and assisted to secure vessels and carry out a search in a direction which was absolutely known; and he saw no greater difficulty than in holding the sides of the incision. On his mind at the time the temptation was to make a crucial incision in the lower part of the abdomen. Without this he did not believe the operator could follow the track of a bullet through the intestines, and secure the different lesions a bullet, or knife, or sword might make.

Mr. CORLEY said the case very often arose where the surgeon was called on to decide in presenting to a patient what might be the consequences of a proposed operation. Two or three years ago he was himself one of those consulted in a case, and he advised an operation, but there was a majority of opinion against it, and in two or three months the patient died in excruciating agony. Even a speedy death might be preferable to that, especially if joined to the operation there was the possibility of prolonging life without pain. He was therefore satisfied that the opinion he gave was the right one in the case. Though the results stated by Dr. Smyly were unsatisfactory, they qualified Dr. Atthill in the course he took. He did not think Dr. Bennett had taken a fair view of the difficulties in abdominal surgery, even where there was no tumour. He opened the abdomen for obstruction of the intestine on two occasions. In one case the distension of the abdomen could only have been temporary, or without any enormous enlargement connected with an ovarian tumour, or such as enabled him to put his hands in and search about for adhesions, &c. In these two cases—one an infant, and the other a boy, *et. 7* or *8*—with the ordinary incision from the umbilicus downwards, he had no difficulty in getting into the abdomen and searching for the seat of obstruction. Though the abdomen was temporarily distended, he had no difficulty in getting to any particular point in it. One reason of the difficulty in Dr. Atthill's case was that the woman had become emaciated, and the abdominal walls had contracted to accommodate themselves to the decreased size. He did not think, therefore, that Dr. Bennett's opinion should weigh too much in determining a point in abdominal surgery.

Mr. W. THORNLEY STOKER was present at a case where Surgeon-Major Johnston, in the Military Hospital, Phoenix Park, laid open the abdomen of a woman for intestinal obstruction. In that case there was the double difficulty of a distended abdominal wall and a distended intestine. Still there was an incision made; not at the middle line, but at the right side, and no difficulty was experienced in examining the intestine; in fact, from the stomach to the sigmoid flexion of the colon every inch was examined. With regard to Dr. Bennett's first point he cordially agreed. In cases like this,

where the uterus was removed and the cervix left behind, it was of the last importance to secure the cervix in the wound, so as to cut off the vaginal canal from the peritoneum, and prevent the entrance of septic matter in that direction. In the case in which he himself operated, that was easily done; he had a long pedicle. In cases where the abdominal distension had not become extensive the proceeding was difficult, and frequently impossible. The point was one that should engross the attention of a believer in antiseptic surgery.

Dr. SMYLY wished to explain that the statistics given referred exclusively to Freund's operation, and that the results of total extirpation by the vagina were better. Thus, of forty-one cases recorded up to the end of 1880, twenty-nine had recovered. In cases where more room was required, Freund had divided the tendons of the recti either partially or completely.

Dr. ATTHILL replied. The remarks which Prof. Bennett, Dr. Corley, and others had made respecting the difficulty of a search in the abdomen, required some further consideration. He had himself opened the abdomen forty times for one cause or other, and in thirty-nine cases the abdomen was distended, either by tumour or by gaseous distension. But in the present case not only was the abdomen not distended, but the abdominal wall was depressed, and this depression was consequent on atrophy of all the parts of the abdominal wall, skin, and mucous membrane, and the complete absorption of all fat. This having been going on for a considerable time, left the abdominal cavity so small that there was scarcely any room; anything like it he had never seen before. Even in Mr. Stoker's case, in which there was no tumour present, the abdomen was distended by gas. In his own case, however, there was actual depression; therefore, the two cases were not exactly analogous. With respect to fixing the stump in the wound, that occurred to him previously, but it was impossible to do so. Not only were the abdominal walls atrophied, but the vagina was atrophied. It was a short inelastic vagina, and he could not fix the pedicle outside. And that led to another point which occurred to him after the operation, namely, that he must have left a little portion of the cancerous growth in the stump. The first thought that arose was to open the abdomen again and remove the entire vagina, and he seriously mooted the question with Drs. Bennett and Kidd; but they did not support his view, as they did not think the patient would bear it. Thus he had left a source of infection and future disease. Another reason was that when he cut through the cancerous growth there must have escaped a certain quantity of septic matter into the abdomen. That would hold good in all cases where the operator divided the cervix in the fundus, and it would be impossible but that fluid would give rise to septic peritonitis. He was entirely against the removal of only a portion of the uterus. Since writing his communication he had been asked to examine another case. Having dilated the uterus, he found in it a cancerous growth. He had advised an operation, and if it was to be performed he would remove the entire uterus. He did not think Dr. Smyly's statistics were at all reliable. In any operations of Freund's which he had read of, the cervix was more or less implicated by cancerous growth, and where that was the case it was difficult to suppose the disease would not extend further, and the adjacent organs be also implicated. That would easily explain the mortality of 80 or 90 per cent. This dangerous operation, if it was to be performed at all, must be limited to those cases only in which they were pretty certain of the disease being confined to the uterus, and of the intra-uterine cervix being implicated, the disease being thus encapsuled. Had he removed the entire uterus the chances would have been fair for the woman, who was in other respects healthy. Dr. Henry Kennedy had mentioned that leeches gave relief. He never heard it before; but it was easily understood. The pain in cancer was greatly due to local congestion of the diseased mass, and bleeding relieved the congestion. He could well understand that leeching would give relief, only that it would also hasten the patient's death. Dr. Ormsby had said he had given the highest possible approval to ether. For two years he had used it in preference to chloroform, and if he had not Junker's inhaler he would use it still; but the patients disliked the ether, and in two cases of ovariectomy irritation was produced by it. Ether caused bronchitis. He believed Dr. Ormsby's apparatus was an admirable one for the administration of ether, and he would use it again in certain cases in which he intended to administer ether. In abdominal surgery, however, he did

gallon is, in itself, enough to render this spring unique. We also find considerable quantities (according to the late analysis of Professor Thorpe) of manganese and bromine.

We give Thorpe's analysis as being the latest, and promising that very little change has been shown. We cannot agree with the statements, however, which make out this Harrogate water as unchangeable; either the analyses which have been quoted, from time to time, are wrong, or the water is subject to some fluctuation. The analyses per gallon gave in—

	Protochloride of Iron.	Protocarbon of Iron.
1865 Miller ...	12.48	11.60
1881 Thorpe ...	0.56	0.48

Now, these results show a great change to have occurred in the amount of iron, the most important item in the water, in the space of fifteen years.

Davies examined it during the years 1866-79, and gives the iron chloride as fluctuating from 1.2 per pint to 0.34, whilst the carbonate fluctuates from 0.08 to 0.18.

The following is Prof. Thorpe's analysis :—

Chloride of Iron Spring.

Chloride of ammonium ...	...	.41
Chloride of iron ...	...	13.22
Chloride of barium ...	...	5.21
Sulphate of barium ...	...	.20
Chloride of strontium ...	...	.63
Chloride of manganese ...	...	.97
Bromide of magnesium ...	...	.34
Chloride of sodium ...	...	277.56
Chloride of potassium ...	...	2.96
Chloride of magnesium ...	...	57.32
Chloride of calcium ...	...	94.02
Carbonate of calcium (trace) ...	...	...
Carbonate of iron ...	...	11.05
Silica ...	...	1.42
Traces of iodine, lithium, and copper	...	...
		465.31

Miller gives the gases as being

Carbonic acid gas	3.28	} cubic inches per pint.
Nitrogen	1.07	

The skeleton analysis of half a pint, 10 fluid ounces, gives—

Total salts.	Salines.	Antacids.	Purgatives.	Iron.
29.0	21.0	.0	3.5	1.5

Although the carbonic acid present is sufficient to render this water a good keeping water, it is not aerated like any of the Continental waters.

The Kissingen Harrogate spring already described in this work, is called in Dr. Oliver's work, the aperient chalybeate, but in the bottled specimens examined it did not appear to be nearly as strong as the analysis shown in Dr. Oliver's work. (See Kissingen Harrogate.)

THE German Congress of Naturalists and Physicians will meet this year on September 17th.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

THE CHLOROFORM DISCUSSION is as far off as ever from its termination, and the opinions expressed are so variable, that it is difficult to come to a decision on the merits of the anæsthetic. On Wednesday last, M. Panas led off by giving his views on the manner in which chloroform produced accidents during its administration. He could not think that it acted as a direct poison, and he was not sure whether he should attribute the fatal effects to asphyxia or to reflex action excited by the agent, which had for effect the arrest of the respiration of the heart. After having studied successively the phenomena observed in the commencement, middle, and end of the administration of chloroform, including the operation, he came to these conclusions—1st. That in man as in animals, the most frequent cause of death by chloroform was respiratory syncope. 2nd. This syncope, transitory at the beginning, becomes mortal when cardiac syncope supervenes, which happily is rare and always consecutive. 3rd. The prophylaxy of chloroform accidents consisted in watching constantly and closely the respiration during the whole time that the patient is under the influence of the anæsthetic. The pulse is of secondary importance. 4th. Chloroform produces an exciting action on the sensitive respiratory nerves. This action when exaggerated produces the accidents observed, and becomes mortal when the influence of this agent has reached the bulb centres. The fact that death is above all to be feared *au début* when but a little quantity of chloroform has been used confirms this double reflex action upon the lungs at first and the heart afterwards. 5th. Profoundly anæmic individuals should take ether, and not chloroform. 6th. Chloroform, as it is employed in surgery, does not act as a poison, nor as an asphyxiating agent. Sudden death has always been the consequence of reflex troubles. M. Rochard, contrary as to what had been said, could see no inconvenience in administering chloroform to anæmic patients. It was suggested to abandon chloroform for ether, but he was by no means of that opinion, and preferred infinitely chloroform, as having surer and more rapid action. There is without doubt a certain and real danger in the administration of chloroform, but he would compare that danger, in the words of Chassaignac, to that which one incurs in travelling on the railway, a thing that nobody to-day would refuse to do, even on the most unfortunate lines. M. Beaumetz was always afraid of chloroform, and never administered it without taking all the proper precautions and having every thing ready for an emergency. A few days ago he had a fine healthy young man under his hands, as he was about to stretch the sciatic nerve. He had not inhaled more than two drachms of chloroform. Since the commencement of this discussion it is the third case of death published.

NERVE-STRETCHING.—M. Parnard related a case of nerve-stretching before the Société de Chirurgie practised by him. It was for atrophy of the optic nerves, accompanied by vertigo and pain so violent that the patient was ready to commit suicide. The patient was put under chloroform, and the nerves were reached by the procedure adopted for resection. On the left side he drew the nerve as far as the orbital edge; on the right side the nerve broke. This operation was followed by a considerable dilatation of the pupil; then a contraction which lasted twenty-four hours, after which they remained moderately dilated. The patient had experienced some benefit from the operation, but he died from a fit of coughing a month afterwards.

LARYNGOTOMY v. TRACHEOTOMY.—M. Krishaber prefers

intercrico-thyroid laryngotomy to tracheotomy for the following reasons:—The extreme facility of the operation, on account of the superficial situation of the crico-thyroid membrane; the vertical puncture of the membrane suffices, the incision of the skin being very limited; the operation can be effected by the bistoury or the thermo-cautery; and the presence of a tube in the crico-thyroid space does not alter the voice, nor does it produce any lesion of the cartilages of the larynx. M. Krishaber has forgotten, perhaps, that the crico-thyroid, a branch of the superior thyroid artery, runs across the membrane, and is occasionally of such size as might cause some trouble when cut, especially in young children.

A SIAMESE TWIN accouchement occurred in the practice of a midwife in the department of the Maine-et-Loire last week. The child was double, except its head, which was single, and presenting two faces, one before and the other behind; there were four legs and four arms, and the bodies were united at the abdomen. This strange phenomenon lived some hours, and the curé of the parish baptised it.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, MAY 10, 1882.

THE HISTORY OF TUBERCLE.

It is impossible to feel anything but intense admiration at the marvellous skill and perseverance with which Koch's celebrated experiments on the etiology of tubercle have been successfully carried out. At the same time, too, we must experience the keenest regret when we reflect that the honour of such revolutionary discoveries rests with another nation than our own; and this, in all probability, entirely on account of the paralyzing influence brought to bear on experimental research in this country by the noisy agitation of so-

called anti-vivisectionists. The accounts already published of the observations made by Koch clearly show that he has in principle followed the method of demonstration successfully cultivated by our own inquirers in the past; and that these latter might have been beforehand in obtaining equally valuable results, had they not been inhibited through the action of an intemperate section of fanatical notoriety-hunters, is a more than probable conclusion. As it is, however, we must accept the startling discoveries detailed by Koch; and while affording them the needed verification, trust to being able to retrieve our national reputation for scientific excellence by further extending them and the applications of which they are possible.

In pursuing his investigations, Koch made use of material derived from both human and animal sources. Examination of the tuberculous material deposited in the lungs and other organs, invariably led to the discovery of minute organisms possessing all the bacterial characteristics of bacilli, and necessitated the conclusion that these forms of life are invariably present in such deposits. In young tubercle the bacilli were naturally more easily recognised; but in older material, especially in such as was distinctly caseous, their presence could not always be demonstrated, although abundant evidence of their existence was found at the edges of such accumulations. In a multitude of cases of general miliary tuberculosis, bacilli in incalculable numbers were encountered in every affected situation; and in effect it may be taken as a warrantable conclusion that they inevitably accompany the development at least of the disease. From this point, however, to a demonstration that they are also the cause of the degenerations which accompany their presence, is a considerable leap, the taking of which could be justified only on the accumulation of sufficient actual proof of the fact. It is the production of this proof that constitutes Koch's principal claim to the gratitude of the scientific world; and the manner in which it has been accomplished must win for its author an amount of praise such as few recent performances of a similar kind have merited.

Naturally, but one means of supplying the needed demonstration presented itself—viz., the adoption of experiments on living animals. For the purpose, therefore, numbers of guinea-pigs, rabbits, and cats, were operated on, with the result, in every case, of verifying the assumptions of the experimenter. By directly transferring the tuberculous matter from diseased animals to healthy ones, through inoculation, he succeeded in all cases in reproducing the disease; but, inasmuch as this proceeding was open to the objection that the transferred material might possibly contain a virus to which contamination was due, rather than to the presence in it of microscopic organisms, it was modified by the introduction of “cultivation” experiments conducted on a very exhaustive scale. In this connection, perhaps, more than any other, must we especially admire the unceasing perseverance of Koch's proceedings, and also unhesitatingly accept the results obtained from them. After lengthy trials he succeeded in devising a pabulum in which bacilli grew and reproduced with the utmost freedom. At

the same time he was enabled to determine the conditions which were favourable and essential to their development, thus arriving at the important discovery that they grow only within a narrow temperature range of 30° to 41° C. ; below the former, and above 42°, no increase took place even after the lapse of so long a period as three weeks : thus a most important distinction is to be drawn between the bacilli of tubercle and the bacilli of anthrax, the latter readily continuing the processes of active life down to a temperature as low as 20° C.

Preserving, then, his cultivation fluid at the appropriate temperature, Koch sowed a speck of tuberculous matter, and from the generation of bacilli thus produced he infected a second quantity of nutritive matter, and so on until in some cases the cultivation process was extended over as long as six months. The purified bacilli so obtained could not, by any possibility, be accused of communicating any foreign virus ; and yet, when introduced into healthy animals they never failed to reproduce themselves in incalculable numbers, and to set up all the symptoms of tuberculous infection. To quote definite examples of the experiments made in this direction, it may be mentioned that four guinea-pigs were inoculated with bacilli of the fifth generation produced in 54 days from tuberculous matter originally derived from a human being. In each case the infected animal sickened and lost flesh, and being killed at the end of 32 or 35 days, strongly pronounced tuberculosis was found in every instance. The situation chosen for the injection of infective material was found to exert no influence on the result. The abdomen, the anterior chamber of the eye, and other places were selected, with always the same ultimate consequences ensuing ; and in cases where check experiments were made by injecting natural, healthy blood serum into animals at the same time as others were infected with cultivated bacilli, it was found that while the latter sickened and became tuberculous, the former remained unaffected.

In another series of experiments the sputum of phthisical patients was obtained and dried thoroughly for six or eight weeks. At the end of this time, being suspended again in solution and injected into guinea-pigs, the latter became rapidly emaciated, and in every respect similarly diseased to those animals directly infected with bacilli obtained at once from tuberculous masses, or through successive cultivations. The importance of this particular observation will be at once apparent. It proves that hitherto unsuspected danger lurks in the neighbourhood of every consumptive individual, and that ordinary precautions are insufficient to protect susceptible persons from the influence of such producing agents of a dire and rapidly destructive disease. At the same time it must be assumed that it is essential for the infective bacilli to find their way into the body under certain definite conditions in order for their development and the production of tuberculous deposits to follow as a matter of course ; and it is on these by no means insignificant points that further information must be obtained by means of further experimentation. Were it otherwise it would be difficult to explain the immunity, such as it is, as is enjoyed

from a disease so prevalent as tubercle, for it is estimated that *one-seventh* of the total mortality arises from it. And further than this, there is a stern necessity now shown to us to admit and attempt the discovery of a means of alleviating the disastrous consequences that follow on the general distribution of tuberculous disease.

In this respect there must henceforth be no unwise or careless compromise with sentimentalism. A "foreigner," as the apostle of anti-vivisection, in his vast ignorance, contemptuously calls Koch, has contributed to our knowledge of the history of disease a discovery which bids fair to rank second in importance only to Jenner's ; and on the use we may be able to make of the facts already demonstrated must largely depend the influence it may exert on the destinies of the human race.

THE FUTURE OF VACCINATION IN IRELAND.

We have in two or three recent issues of this journal adverted to the fact that the utterly disorganised condition of the vaccination system in Ireland is about to be perpetuated, or rather, we should say, accentuated by the Irish Local Government Board, who, having permitted vaccination to be grossly neglected during the *régime* of the old Cow Poek Institution, and of Sir Edward Sinclair, have now, in order to save a couple of hundred a year, left the Vaccine Department without a head. Dr. Montgomery, an excellent gentleman, who has had long experience in vaccinating and in ticketing and circulating the lymph sent to the Department from outside collectors, has been placed in Sir Edward Sinclair's office, the working staff being thus reduced to two.

We need hardly observe that the gathering and issuing of lymph, however necessary as a part of the office work of a Vaccine Department, is only a detail of utterly inferior importance to the enforcement of the law, which is now grossly neglected. Even that detail is managed on an *effete* principle and system, for no provision whatever is made for the circulation of bovine lymph, which is now in use in every civilised country.

We are glad to see that the Council of the Irish Medical Association has recorded its earnest protest against the retrograde policy adopted by the Local Government Board, and has warned the late Chief Secretary, Mr. Forster, that the neglect of vaccination in Ireland must inevitably lead to calamitous results.

The Council deem it essential—

1. That public vaccination in Ireland should be placed under a separate and supreme central controlling authority.
2. That the department should be presided over by a medical practitioner, who should devote his whole time to the business of the department.
3. That competent assistants, being duly qualified medical practitioners, should be appointed.
4. That a sufficient number of duly qualified medical practitioners debarred from practice should be connected with the department, whose duty it should be to visit once a year each of the dispensaries in Ireland, examine the vaccination registers, inspect the children vaccinated, and report on the results as far as determined by observation of the stages of vaccination, or the cicatrices following the operation.
5. That upon such inspector reporting favourably the public vaccinator should be awarded a special sum of money in the same manner as in vogue in England.

7. That means of obtaining animal or calf lymph directly should be provided, in order that either may be used or supplied to applicants as desired, an arrangement which has recently been adopted by the Local Government Board of England.

8. That the chief of the department be invested with powers to call for all necessary returns and reports and to issue such regulations, subject to the approval of the Local Government Board.

10. That all prosecutions of defaulters for non-compliance with the provisions of the statutes be instituted in the name of the chief of the vaccine department, and that the Poor-law medical officers and relieving officers be required to assist and give evidence in such prosecutions upon due remuneration being ensured to them for such services.

12. That every child born in England be followed up until a definite result as to its vaccination be certified by a qualified medical practitioner.

In these opinions we most cordially concur, and, if the suggestions were adopted, we believe Ireland would have a cheap and efficient vaccination. But they will not be adopted, because they involve an expenditure of organising power and energy not known to the Irish Local Government Board, and because, probably, that Board dare not propose to the Treasury a grant of even a few hundred a year to make vaccination effective.

THE UNQUALIFIED ASSISTANT SYSTEM.—V.

It has been remarked, and with some show of truth, that extension of the system of employing unqualified assistants is in some measure due to the indifference exhibited with regard to such irregular practice by law officers before whom cases involving the summoning of unqualified persons are heard. It is unfortunately almost equally a fact that magistrates regard the most outrageous quackery with far more leniency than they would the pettiest larceny; and that, while the theft of a sovereign would be met by the imposition of a sentence of hard labour extending over even months, a paltry fine would be held a sufficient penalty for such wrong-doing as carried death in its consequences, provided it be performed in the name of medicine.

We cannot, however, but think that the medical profession itself is primarily to blame for this condition of affairs. As twenty-three years ago it regarded with almost apathy the formulation of a Bill designed to protect its interests, and has since that Bill became law done nothing to secure the benefits of its provisions, so now also medical men refuse to stir hand or mind in anything that affects the common welfare, so long as they can beguile themselves with the hope that *somebody* will relieve them of the duty they owe to one another. In other professions a more becoming jealousy of especial privileges is universally shown. No attorney, for instance, thinks of deputing his office to an unregistered clerk; and even if he were so far to forget the claims of his profession, his brethren have taken care, by providing stringent rules to meet such a case, that the consequences shall be sufficiently serious to prevent a repetition of the offence. And yet, what a medical man deposes his unqualified assistant to do in most cases is just exactly comparable to the transference of his functions by a legal practitioner to his subordinate clerk, with the addition that in the one case issues of life and death are at stake, while in the other no grave danger is

possibly incurred. This easy-mannered relegation of responsibilities must be held to exert no inconsiderable influence on the public, and particularly on those public officials who from time to time are called to adjudicate on such cases of irregular practice as come before them. They not unnaturally argue that since the medical profession fails to make outcry or general protest against unqualified practice, nay, since vast numbers of medical men even afford it direct encouragement, there can be nothing in it to demand the rigorous penalties enacted by Act of Parliament for this particular class of wrong-doing. Nor, perhaps, can we justly complain that this is so; it certainly will continue to be until such time as the profession sets an example of want of confidence in unqualified men, by declining to assist the endeavours of such men to engage in practice among the people.

Very recently an example of the leniency with which magistrates are inclined to look on unqualified practitioners occurred at Swansea, where, on April 18th, a medical man was charged with making a false certification of death. It transpired that this gentleman had in his employ an unqualified assistant, who appears to have had charge of a branch establishment of his master's. A death having taken place among the patients he was attending, he filled up the particulars relating to it in a certificate which had been signed in blank by his employer. It is very significant of the utter inutility of the Medical Act as a whole, that the defence set up was, chiefly, that proceedings in this case were not instituted by any official appointed to carry out the Act, but that information had been laid by a rival practitioner. Without analysing the motives to which the prosecution owed its origin, we cannot but feel that it was most properly undertaken; and express, further, a hope that in any case of a similar kind the claims of right and justice may be held imperative on any medical man to whom circumstances of this description may become revealed. In the case referred to at Swansea, there could be no doubt that the certificate had been improperly signed, or that the actual attendant on the deceased had been, not the signing practitioner, but his unqualified aid. The most instructive point about the matter, however, is that the magistrates, though holding the offence proven, decided to inflict merely a penalty of £1 and costs. The decision was followed by the hearing of a second charge, this time directed against the assistant for having forged the certificate to which his master's name was attached. This, too, being proved to the satisfaction of the bench, a similar fine was imposed.

Instructive as the facts of these two cases undoubtedly are, they afford a most melancholy indication of the state of public feeling in regard to the evils which they expose; and until such time as a different estimate shall be popularly held of the seriousness and importance of a general practitioner's duties, it will be vain to expect any other termination to prosecutions of irregular practitioners. The profession is now in that position in which it must, once for all, determine whether or not, by its own efforts, it will bring about the much-needed reform in medical practice. It is all but hopeless to anticipate any improvement will be the result of an amended Medical Act, if even it is obtained. The Commission entrusted with the all-important task of receiving

evidence and drafting a new Bill has chosen to prosecute its inquiries behind barred doors, thus removing all chance possibilities of its being enlightened on obscure points; and now that its labours are said to have terminated, there seem small signs of any tangible result from its considerations. Even at the best, however, there is too much reason to dread that on this particular question of unqualified assistants the new Bill, if it consider it at all, will do so in a spirit that will accord rather with popular indifference than with the earnest wish for reform experienced by every real well-wisher to medicine. But of this we can do no more than speculate as yet.

We cannot help regarding with feelings of regret the apologetic tone in which the *British Medical Journal* deals with this question. Possibly, if we stayed to consult expediency pure and simple, we might have hesitated to attack it as we have done; but convinced of the very grave dangers it occasions, not only to the people who are prominent sufferers through it, but also to the profession, which is being slowly sapped by its appearance of consent to a vicious and indefensible system, we have been compelled to proceed on the lines followed in these articles. It is urged by the journal referred to that "unqualified assistants very frequently possess sufficient professional knowledge to usefully aid their principals, but such assistants should never be left to have sole control of cases." This is a virtual concession of the whole question, accompanied with a fatherly hint to keep as much out of danger as possible; and we repeat it is a matter for very considerable regret that a journal which is not improperly regarded as an oracle by some at least of the class of country practitioners of medicine, should thus palliate an unmistakable offence. The hardship that would be done to many deserving, hard-working, but impecunious men, by depriving them of means of temporary subsistence as unqualified assistants, is not worthy of commiseration in this connection. We have already dealt with it in a previous article; but lest it may be urged once more in defence of an abominable system, we will repeat that, by encouraging an inferior class of men to do cheap service to the imminent risk of public safety, a vast injustice is done to hundreds of duly qualified members of the profession, who, because of the glut in the labour market, caused by unqualified service, are deprived of opportunities for obtaining both income and experience as the assistants of over-worked general practitioners.

Notes on Current Topics.

"Studies in Microscopical Science."

We have before us at this moment an interesting novel venture in microscopical science and literature. Mr. Arthur Cole, a gentleman with a well-acquired reputation for his exquisite microscopical preparations, has favoured us with the first number of "Studies in Microscopical Science," (a) and which he intends, he tells us, to issue weekly, for the use of students, teachers, the medical

(a) "Studies in Microscopical Science." By Arthur C. Cole, F.R.M.S., &c. Baillière, Tindall, and Cox.

profession, and others interested in the progress of microscopical and the allied sciences. The attempt here made to combine a practical and technical knowledge of histology is in every way commendable, and these "studies," if carried out in the spirit in which they are begun, will no doubt prove of considerable value, not only to the student, but to the teacher, as a means of saving time. In addition to the letter-press description, which is full enough, without too much elaboration, we have a faithfully-executed coloured lithograph of the specimen under observation; and Mr. Cole engages to furnish regular subscribers, for comparison and study, with a microscopical preparation of the highest class and finished in the most perfect manner. In the present case the specimen is one of yellow fibro-cartilage from the pinna of the ear of the cow. It is shown magnified 333 diameters, double-stained in logwood and rosin. The descriptive part may be relied upon as in every way accurate. The differentiation of the structural elements, the shape of the cells, the matrix and other typical characters of the specimen are very fully considered. The methods of staining employed in the preparation of kindred sections as a means of study are given with a fulness that will give delight to the practical microscopist. An extended bibliography is added, and will afford the student a ready and very useful means of reference to those authors who have by their labours enriched and enhanced the bearing on literature of the subject.

Homœopathy and the British Medical Association.

THE Committee of Council of the Association have recently had to consider resolutions on homœopathy forwarded from three Branches, of which the following are copies:—

"That this meeting calls upon the Committee of Council to put in force, as speedily as possible, by-law 3 against homœopaths and all members of the profession who assume designations implying the adoption of special modes of treatment."

"That this meeting desires to express its entire disapproval of the views in relation to consultation with homœopathic practitioners expressed by the readers of addresses in medicine and surgery at the annual meeting of the Association at Ryde in 1881, and calls upon the Committee of Council to put in force, as speedily as possible, by-law 3."

"That by-law 3 of the Association be enforced with regard to those who practise homœopathy, whether such persons have been admitted members of the Association prior to or subsequent to their profession and practice of homœopathy."

It was moved and seconded:

"That, as it has been resolved by the annual meeting of 1852, and reaffirmed by the annual meetings of 1858 and 1861, that there are three classes of practitioners who ought not to be members of the Association, viz.: (1) real homœopathic practitioners; (2) those who practise homœopathy in combination with other systems of treatment; (3) those who, under various pretences, meet in consultation or hold professional intercourse with those who practise homœopathy; it be an instruction to the Committee of

Council to request (a member stated to be practising homoeopathy at Plymouth) to withdraw his name from the list of members of the Association."

Whereupon an amendment was moved and carried :

"That Branches be informed that the Committee of Council does not see sufficient reason for reversing the opinion expressed by it on October 12th, 1881."

Sale of Diseased Meat by Boards of Guardians.

MR. LOWTHER asked, in the House of Commons, whether three members of the board of guardians at Oldham lately bought the carcase of a pig which the medical officer had ordered to be killed and burned; whether the carcase of the pig was sold to a butcher for 25s. by these three guardians; whether, on the facts becoming known, the money was handed over to the master of the workhouse; and whether those three gentlemen continue to act as guardians? Mr. Lowther might advantageously extend his inquiries to Dublin, and might judiciously inquire whether it is not the habit of the guardians of the North and South Dublin Unions to sell to cheap butchers, for consumption by the poor, the cattle which are seized by their own inspectors as dying from lung disease, and which, being destroyed in order to crush out infection, are paid for out of the rates.

Ovariectomy in Berlin.

IN a recent number of the *Berliner Klinische Wochenschrift* Professor Schroeder gives a brief summary of 300 cases of ovariectomy performed by him. His result as to mortality is this—seventeen deaths in the first hundred cases, eighteen in the second, and only seven in the third. This mortality of 7 per cent. in the last hundred, Professor Schroeder proceeds to minimise further, by saying of three of the fatal cases that the death was not due to ovariectomy *per se*.

An Indian Native Medical Graduate.

THE latest list of successful candidates for the Membership of the London College of Physicians, includes the name of the first native of India who has obtained that diploma. Mr. A. Chattopadhyaya had already secured the licence of the Edinburgh College of Physicians, as well as that of the Faculty of Physicians and Surgeons of Glasgow. The University of Calcutta claims him as an alumnus.

Artisans' Dwellings in Dublin.

AT a recent meeting Dr. Cameron, Superintendent Medical Officer of Health, submitted to the Dublin Public Health Committee a report with reference to the erection of labourers' dwellings on the Oxmantown estate. He suggested that the houses on the south side of Tighe Street and Barrack Street should be rebuilt as four-storey houses, and converted into dwellings for labourers—the first storey to consist of shops, the second storey of separate dwellings, to be let each at 5s. per week; the third storey of two rooms, at 3s. per week; and the top a storey of single rooms at 1s. each. It was suggested that estimates should be at once obtained for erecting ten houses as an experiment. The committee adopted the report.

Tubercle and its Cure.

THE consequences that will be witnessed as flowing from the studies conducted by Koch in connection with tuberculosis are impossible to foreshadow in any completeness, but we can, even at this early stage, perceive something of the widespread benefit that may ensue from them and their publication. Not least important of these must be considered the bearing which antiseptic treatment has been shown to have on the productive cause of the disease; the inference that is irresistible from a careful survey of the facts demonstrated by Koch's researches, indeed, is to the effect that we may very possibly find a future remedy for incipient, and even for pronounced, phthisis in the submission of the infected individual to active antiseptic measures. In this connection, an instructive and important communication has been made to the *Times* by Mr. R. R. Maddison, who states that, having proceeded to Madeira in the hope of simply prolonging life somewhat, but with absolutely no prospect of recovery from the consumptive condition, he resorted to the use of carbolic acid as a protection against mosquitoes. The vapour of the acid was necessarily inhaled by him, and to its beneficial effect on his lungs he ascribes an improvement in his state. He continued the use of the acid and returned to England recovered, with the further consequence that he has remained well ever since. If, as seems quite justifiable, we may attribute this cure to the destructive effect of the germicide acid on the bacilli of tubercle, there opens up a very grateful prospect of possible relief in innumerable cases of lung disease; and, at any rate, it offers strong inducements to resort to treatment at once easy and possessing such promise of successful results.

The French Association for the Advancement of Science.

THE eleventh meeting of this body will take place at Rochelle, commencing August 24, 1882, and terminating on August 31. All persons desirous of making communications are requested to address them either to Prof. Gariel, General Secretary, 4 Rue Antoine Dubois, Paris; or to M. Caillot, Secretary to the Local Committee, La Rochelle.

The Trade in New Whisky.

THE Dublin Sanitary Association has—at its last meeting—taken up this subject, and the attention of the Committee having been called to a Bill introduced into Parliament by Mr. O'Sullivan for the improvement of spirits before being allowed out of bond for consumption, it was resolved:—That this Committee, being of opinion that the sale of new whisky is highly injurious to the health of those partaking of same, do give a cordial support to Mr. O'Sullivan's Bill now before Parliament, but they consider that the period of detention in bond should be at least two years.

DR. J. D. THOMAS, on behalf of the Colonial Governments of Adelaide and Victoria, is engaged with researches to prove that the prevalence of hydatid disease in man and in the lower animals is proportionate to the number of dogs kept in a community.

Poisonous Crayons.

A LITTLE girl, *æt.* 2½, recently died at Brockley from the effects produced in part by sucking poisonous crayons. At the inquest held on the body, the tradesman from whom the things had been purchased disclaimed all knowledge of their injurious properties, and said that he sold them in considerable quantities in penny boxes. Post-mortem examination, however, revealed that the brain and stomach alone of all the organs were in an unhealthy condition. The stomach was much inflamed, and perforations of its coats occurred in two places, while the left side of the brain was distended with fluid. There was evidence that the child had sustained a fall, and to this it was sought in part to attribute the death; but information concerning the accident was incomplete and unsatisfactory, although the jury, by their verdict, credited it in part with the fatal result. Analysis of the crayons conclusively proved that they all contained poisonous material, and there can be little doubt that they were chiefly to blame for the death. One of the crayons, a pink one, contained more than fifty per cent. of its weight of white lead, and as the unfortunate little victim lingered for three weeks in much suffering, it ought to be possible to ascertain how far this substance influenced her condition. The newspaper reports give very insufficient details of the case, of which, however, Dr. Kavanagh, the medical attendant, may possibly provide more comprehensive notes. The case is an instructive one, as showing the need for sweeping measures of reform in connection with the indiscriminate sale of poisonous materials of all sorts by general shopkeepers; and in this way it may excite useful discussion.

The Examinerships in the Irish College of Surgeons.

THE annual election of Examiners on Tuesday week, to which we referred in our last issue, resulted in the election of Messrs. Richardson, Stoker, O'Grady, Thomson, Swan, Frazer, McDowel, and Abraham, to the Surgical Court.

In the Midwifery Court no change was made, and Drs. Croly, W. Smyly, and Cranny were selected.

In the General Education Court a change was made, Dr. Davys succeeding Dr. Morton as one of its members.

The Murders in the Phoenix Park.

WE learn that a post-mortem examination of the remains of Lord Frederick Cavendish and Mr. Burke was made on Sunday at the Chief Secretary's Lodge in the Phoenix Park, whither the remains had been removed from Dr. Stevens's Hospital. Mr. Porter, Surgeon to the Queen, Mr. Hamilton and Dr. Tweedy, of Stevens's Hospital, Mr. Ormsby and Dr. Speedy were present.

The bodies were found to be almost riddled with knife wounds. Lord Frederick Cavendish's ulna was broken, or rather cut through by a blow of a knife, and a portion of the spinous processes of his cervical vertebrae cut away by another blow. The fatal wound in his case was from behind the axilla, penetrating the great blood-vessels of that region. Mr. Burke was found to have been killed by a stab in the heart, which wounded, but did not penetrate the ventricle. He had also received a wound in the left carotid region, which, however, did not pierce the artery, and also had a large gash under the scapula.

The Research Promotion Association.

THE executive committee of the Association for the Advancement of Scientific Medicine by Research recently held its first meeting, when it was announced by the Treasurer, Dr. Wilks, that subscriptions amounting to over £1,000 had already been received. At the same time sub-committees were appointed to report on several important subjects. Among them are the following:— 1. "On the Present Hindrance to Research due to the Operation of the Vivisection Act;" 2. "On the Best Means of encouraging Medical Research;" 3. "On a List of Papers advisable to be reprinted and circulated through the influence of the Association, and for the Education of the Public;" 4. "On Suitable Arrangements for securing the Services of Corresponding Members in the principal Towns of the United Kingdom."

Infectious Diseases Notification.

ON the motion of Mr. Hibbert, a copy was ordered by the House of Commons last week of the several communications received by the Local Government Board and the Home Office from the local authorities of the several towns in England and Scotland in which local Acts are in force containing provisions which require the notification of infectious diseases, as to the operation of those provisions.

Mr. Lawson Tait as an Anti-Vivisectionist.

THE expected essay by Mr. Lawson Tait directed against experimental physiology has been read, and, as might be expected, proves to be an indefensible, a weak, and an utterly unstable production. With what wisdom Mr. Tait has ventured to champion the cause of fanaticism and ignorance each one will of course decide for himself, but we cannot help regretting most keenly the fact that so able and distinguished a surgeon as Mr. Tait should have been so far misled as to follow the course he has pursued. Of his essay it is kindest at once to say that its arguments are utterly worthless, while being often untenable. Indeed, he has so clearly shown to have misunderstood, to say the least, the subjects he treated of when dealing with historical questions, that it is impossible to yield even respect to his performance as a whole; and we trust he may speedily recover from the mental blindness he has apparently contracted.

Post-Mortem Trespass.

AT Sheffield, recently, a blacksmith, named Malloy, sought to recover two guineas from a Mr. Spowart and a member of the local police force, as damages for trespass. Mr. Spowart and the constable had arrived at Malloy's house at an appointed time to make a post-mortem examination on the body of his son, on which an inquest had been held, when they found a woman had locked the door and left the dwelling. Entering through a window the police-constable let in the surgeon, who made the post-mortem examination, and hence the action. The Judge held that the defendants went to the house in the execution of a public duty, and although they had committed a trespass not justified by law, yet their conduct, considering the peculiar circumstances of the case, was almost justifiable. Verdict for the plaintiff—one farthing without costs.

Abortive Treatment of Buboes.

DR. TAYLOR, U.S. Army, in the *American Journal of the Medical Sciences*, publishes a paper on the abortive treatment of buboes by injections of carbolic acid. He reports twenty cases in which he certainly obtained remarkably successful results, and he states that within the last seven years he has treated nearly one hundred and fifty cases of various forms of lymphadenitis, arising from specific and non-specific causes; and where he saw the cases before the formation of pus was well established, he had not failed to arrest the process immediately, and allay the pain in a few minutes. His method is to inject from ten to forty minims of a solution, containing eight or ten grains to the ounce, directly into the interior of the inflamed gland.

The Army Medical Department.

THE close of the present week will witness the termination of the official career of Sir William Muir, K.C.B., as Director-General of the Army Medical Department. As has been now for some time announced, he will be succeeded in the important duties of that office by Dr. Thomas Crawford, who has been recently relieved from the post of Principal Medical Officer of Her Majesty's troops in India, to fill the higher position at Whitehall Yard.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Calcutta 27, Bombay 28, Madras 34, Paris 31, Geneva 21, Brussels 26, Amsterdam 27, Rotterdam 26, The Hague 25, Copenhagen 33, Stockholm 20, Christiania 25, St. Petersburg 62, Berlin 24, Hamburgh 28, Dresden 28, Breslau 29, Munich 34, Vienna 38, Prague 32, Buda-Pesth 40, Trieste 28, Turin 27, Venice 26, New York 36, Brooklyn 23, Philadelphia 24, and Baltimore 23.

THE American Association for the Advancement of Science will hold its thirty-first meeting in Montreal, Canada, during the week commencing on August 23rd, under the presidency of Prof. Dawson, LL.D., F.R.S., Principal of the McGill University. Twenty-five years have elapsed since its former meeting in Montreal, and in this period the Association has increased greatly in numbers and importance. The Committee have made arrangements with the various steamship companies to encourage scientific men from Europe to attend the meetings of the Association.

FROM diseases of the zymotic class in the large towns last week the highest annual death-rates were, per 1,000, from whooping-cough 3.2 in Newcastle-upon-Tyne, 2.4 in Brighton, and 2.2 in Sunderland; from measles, 5.9 in Bolton, 5.3 in Bradford, and 4.0 in Manchester; from scarlet fever, 3.0 in Nottingham and Cardiff, and 2.0 in Hull; and from "fever," 1.2 in Birkenhead and 1.0 in Blackburn. Diphtheria caused 33 deaths, of which 14 were in London, 7 in Glasgow, and 4 in Edinburgh. Small-pox caused 19 deaths in London and its suburban districts, and one each in Nottingham, Derby, Leeds, and Hull.

Scotland.

[FROM OUR NORTHERN CORRESPONDENT.]

MR. RAY LANKESTER AND HIS MOTIVES.—Another contribution to the recent literature of this chair, called forth by the unexpected action of Mr. Ray Lankester, appears in the form of a letter from this gentleman to the *Scotsman* on the 1st inst. In this letter he reiterates that he had formed a mistaken estimate as to the extent to which the Professor's time would be occupied, the appliances at his disposal, and the security of his emoluments. For this mistake Mr. Lankester distinctly states that he accepts the responsibility. Of Professor Huxley Mr. Lankester adds: "Permit me to say that it is indeed true, as he told your readers, Mr. Huxley has been a firm friend to me since my boyhood. I would beg permission also to fully endorse his statement that he had most kindly placed before me all the information in his possession with regard to the Edinburgh Chair and the executive commission, before I accepted the nomination, or had become a candidate for the post. The full significance of what he said was not borne in upon my mind until a later period." While these are urged as the ostensible causes which have led to this unlooked-for resignation, other weighty reasons, it is alleged, are kept in the background. It is well known that a powerful "orthodox" University clique were hostile to Mr. Lankester, and pressed their hostility in a manner worthy of their ancient renown for bigotry and narrow-mindedness. It is stated that Mr. Lankester's friends, and notably Professors Huxley and Geikie, have declined to accept his explanation, and that the former is anxious that a representative of "Darwinism," and of the Anti-Evangelical school should be established in every educational centre. Again, it is stated that one thing which weighed with Mr. Lankester was the conscientious difficulty he would have experienced in promising, on taking the Edinburgh chair, that he would teach nothing contrary to the confession of Faith! Surely "orthodoxy" is in a sorry plight if it has really thus to protect itself against the inroads of science, which knows, and can know, no party but the party of Truth. Mr. Lankester has surely lived long enough to know that still, in Scotland, martyrdom and obloquy have to be encountered by him who refuses to be bound by the Fetish of this peculiar country. It is a pity that before agreeing to become a candidate for the chair in question some kind friend had not brought under his notice the following pungent and strictly true remarks of Buckle:—"Even in the capital of Scotland, in that centre of intelligence which once boasted of being the modern Athens, a whisper will quickly circulate that such a one is to be avoided, for that he is a free-thinker; as if free-thinking were a crime, or as if it were not better to be a free-thinker than a slavish thinker. In other parts, that is in Scotland generally, the state of things is far worse. I speak, not on vague rumour, but from what I know as existing at the present time, and for the accuracy of which I can vouch and hold myself responsible. I challenge any one to contradict my assertion, when I say that, at this moment, nearly all over Scotland, the finger of scorn is pointed at every man who, in the exercise of his sacred and inalienable right of free judgment, refuses to acquiesce in those religious notions and to practise those religious customs which time, indeed, has consecrated, but many of which are repulsive to the eye of reason, though to all of them, however irrational they may be, the people adhere with

sullen and inflexible obstinacy." We regret much, in view of the intellectual emancipation which must, and will be established, however slowly in Scotland, and in spite of whatever obstacles, if Mr. Lankester, a man of undoubted ability and liberal opinions, should have been influenced in this step by the *odium theologicum*. Such teachers are required when one of our foremost contemporaries takes to preaching, and seriously tells its readers that "Joshua was enjoined to use the language of the period, and to speak of the sun as moving, because it was no part of the plan of revelation to ante-date scientific discovery by thousands of years"—was enjoined to tell fibs that human beings should be kept in ignorance for a few thousand years longer! This is almost the funniest aspect of inspiration with which we have come across for a long time, and we have to congratulate our contemporary on its attainment of an intellectual platform worthy of "the Men" of Ross.

GLASGOW ROYAL INFIRMARY.—The following gentlemen were appointed house-surgeons to this hospital from 1st May:—Mr. A. J. Engels, Mr. Hugh Sinclair, Mr. John Keay, M.B. C.M., Mr. Henry Oakes, Mr. John T. Davies. The following were appended house-physicians:—Mr. H. W. White, L.F.P.S.G. & L.R.C.P.Ed., Mr. William Gibb, Mr. Robert Rentoul, Mr. J. W. White, Mr. Charles S. Young.

HEALTH OF EDINBURGH.—For the week ending with Saturday, the 29th ult., the mortality of Edinburgh was 87, and the death-rate 20 per 1,000. Fully 50 deaths were due to diseases of the chest, and 15 to zymotic causes, of which 7 were from measles.

MORTALITY IN GLASGOW.—The deaths in Glasgow for the week ending with Saturday, the 29th ult., were at the rate of 29 per 1,000 per annum, against 27 in the preceding week, and 26, 26, and 23 in each of the corresponding periods of 1881, 1880, and 1879.

THE UNIVERSITY CHAIR OF NATURAL HISTORY, EDINBURGH.—Professor Cosser Ewart was, on Friday last, inducted to the Chair of Natural History in the University, to which he was recently appointed. The Professor delivered the usual inaugural address in the chemistry class-room, and the Principal, Sir Alexander Grant, Emeritus Professor Balfour, and Professors T. R. Fraser, Dean of the Medical Faculty, MacLagan, Rutherford, Annandale, Greenfield, Dickson, Blackie, Flint, Taylor, Eggeling, and Lorimer were present. The class-room has seldom, if ever, been so crowded with students and others as it was on this occasion, every available foot of space in the gallery and passages seemingly being taken possession of. The address was largely given up to a review of the life and work of the men who have previously occupied the Chair, together with an estimate of the life and work of the late Charles Darwin. Referring to the later work of Darwin, he said it had proved that man was no exception to the great law of evolution, a statement which did not meet with the approval of the bigoted portion of his audience. In conclusion, he said it was not necessary in this University to point out how much more important and interesting the study of natural history had become in recent years, and he expressed the hope that both students and teachers might be inspired by the high example of those who had gone before them.

"EJECTMENT" OF A MEDICAL OFFICER.—Hitherto our profession has not, so far as we are aware, been assailed in this summary manner. His Grace of Argyll has, however, at length distinguished himself in attempting to get rid of an over-conscientious medical officer by depriving him of shelter for himself and family; and it is stated that considerable excitement is manifested in Inverary at the contemplated ejectment of

the medical officer and others from their houses at Whitsuntide. It appears that Dr. Touch (a retired naval surgeon), in the exercise of his duties as medical officer of health for the burgh, seemed over-nice as to sanitary observances, or rather their non-observances, in the capital of Argyll, and complained correspondingly to the Board of Supervision, the result being that the Parochial Board and Town Council resolved to dispense with his services. Notwithstanding this, Dr. Touch had elected to remain in the locality and follow his professional avocations independently; but this intention seems thwarted by the action of His Grace, who, through his Chamberlain, writes: "I am directed by the Duke to state that he regrets he will not be able to let you your house after Whitsunday, as his Grace has other purposes in view concerning it!"

Literary Notes and Gossip.

THE new catalogue of the pathological collection in the Museum of the Royal College of Surgeons of London will be a very elaborate and much-needed production, and is expected to be out shortly.

THE new popular "Text-Book of Pathological Anatomy" of Dr. Ziegler (Zurich), the first part of which appeared less than a year ago, is being translated by Dr. Macalister, F.R.S., of Dublin, whose literary contributions on Animal Morphology are well known and esteemed. The work is expected to be ready for the autumn publishing season.

AN English translation of Cornet et Ranvier's "Manual of Pathological Histology" has been undertaken by Mrs. E. M. Hart, the first volume of which was issued last week by Messrs. Smith, Elder & Co. Another edition of Ringer's "Therapeutics" has also been published by Mr. Lewis. Several smaller works have also appeared during the month, of which a list is given at the end of this column.

THE forthcoming number of the *Comptes Rendus* will contain an important contribution from the pen of Mr. Quatrefolles, consisting of an address, which is described as of almost inspired eloquence, and which was delivered, at the request of its President, before the Paris Academy of Sciences on May 1, in the shape of an *éloge* on the late Mr. Darwin. The oration was received by the Academy with great applause.

THE new Professor of Natural History in the University of Edinburgh brings to his post a literary reputation of considerable promise. His (Dr. Cosser Ewart) list of published works—chiefly memoirs and monographs contributed to scientific periodicals, and the "Proceedings" of the Royal and Linnæan Societies—is a long one. His researches into the life-history of some of the lower organisms are especially regarded by scientists as of the highest value.

A LIKE tribute might be paid to Professor Alleyne Nicholson, the newly-appointed Professor of Natural History in the University of Aberdeen. His "Manual of Zoology" and "Manual of Palæontology" have become standard text-books, whilst his monographs and papers on "Deep-water Fauna," on "Graptolites," and the "Palæozoic Corals" afford ample evidence of original research.

"THE Practical Dictionary of Mechanics" (Cassell's) for the last two months is taken up with a description of all sorts of mechanical devices whose name initials are R, S, and T. Many of the instruments and appliances described are surgical and scientific, and under each head is an illustration of every existing variety of the instrument in question. For instance, we have a full detail of Ruhmkorff's electric batteries and coils and of the saccharometer, besides descriptions of many minor surgical appliances.

THE sixth part of the Sydenham Society's "Lexicon of Medicine and the Allied Sciences," edited by Mr. Henry Power and Dr. Leonard Sedgewick, is just out. It includes the headings commencing with "cet" and ending with "con," and it appears to us that the original accuracy and comprehensiveness of the work is fully maintained in this

number. At the rate at which the numbers are being now issued, most of us, we fear, will have neither eyes to see, nor brain to comprehend, the work when it is finished.

DR. PEIRSON, of Scarborough, whose first literary production, entitled "A Treatise on Sanguinous Apoplexy," dates as far back as 1833, has just issued a little pamphlet, for gratuitous distribution, on "Man: a Creature of Imitation," in which he traces through the various stages of infancy, childhood, and manhood how every being is influenced by his surroundings; how diseases, crimes, imprudent marriages, are the direct factors of similars; how the child can be truly said to be the father of the man, and the man the origin of good or evil by those who imitate his example for the one or the other. The remedy Dr. Peirson strongly insists upon to improve future generations is education, in which view, probably few will be found to contradict him.

"Science for All" (Cassell's).—The current parts of this serial contain interesting articles on "Seed," by Dr. Robert Brown, F.L.S., reviewing the many curious means of seed dissemination and germination, of which Sir John Lubbock has given a more extended account from recent experiments on the subject. The article on "High Cloud and Moonshine" is by Dr. Mann, and there is one by Dr. F. B. White of special interest to the student in anatomy, on "The Structure of Ants, and their Transformations." This subject is admirably dealt with, and is not only entertaining but valuable reading to the learner of medicine. Chemical science is represented by two papers, one on "A Lump of Sugar," by Mr. Houston, and the other on "Petroleum," by Mr. Breuner, whose book on the "Industries of Scotland" is well-known. The last part of this instructive serial will, like its predecessors, well repay the trouble of perusal.

UNDER the title "Studies in Microscopical Science," Messrs. Baillière, Tindall & Cox have published the first of a series of papers which form an entirely new departure in literary work. The "Studies" are to be issued weekly, and will each consist of descriptive letterpress of some one microscopical object, of which an accurate and careful illustration will be presented, and at the same time also a prepared section of the object, cut and mounted by Mr. Arthur E. Cole, F.R.M.S., whose histological and other slides have obtained a world-wide celebrity. The first number of the work comprises an account of yellow fibro-cartilage, and for excellence and fidelity of execution the accompanying lithographic drawing is superior even to those contained in the best atlases. The section issued with the paper is, moreover, a very beautiful object, stained with hæmatoxylin and rosin, and promises well for the utility and popularity of the series.

THAT superb Atlas which has been issuing from the press of Messrs. Lett, Son, & Co. monthly, during the past two years, will, we understand, be completed by the end of the present year, when the public will be in possession of the most elaborately designed and instructive work ever issued. It is not merely an atlas in the ordinary acceptance of the term; it might be more properly described as an illustrated text-book of the countries of the world, their geology, population, chief exports, imports and productions; the depths of the oceans, the position of dangerous rocks, telegraph cables and light-houses; the most recent Polar and Central African explorations, re-divisions of territories from treaties and wars, and other matters, that all well-informed persons should make themselves acquainted with. And when it is seen that three large maps in colours are supplied with each monthly part for sevenpence, it may truly be characterised as a triumph of modern literary enterprise.

THE next election to the Fellowship of the Royal Society will possess unusual interest for the medical profession, from the number and eminence of professional men whose names are included among the fifteen candidates recommended for the honour of election by the Council of the Society. These include Mr. Jonathan Hutchinson, than whom none more deserving the distinction could possibly be named; Mr. Francis Darwin, M.B., whose reputation as a scientific physician is already firmly established; Dr. G. S. Brady, a well-known microscopist; and Dr. G. Buchanan, whose services in connection with the public health are universally well recognised. The other names on the list are—Prof. V. Ball, Mr. C. Baron Clarke, Prof. W. Dittmar, Dr. W. H. Gaskell, Mr. R. T. Glarebrook, Mr. F. Ducane Godman, Prof. A.

Liveridge, Prof. I. Malet, Mr. W. D. Niven, Mr. R. H. Inglis Palgrave, and Mr. W. Weldon. There were fifty-two candidates.

AMONG the papers left by Mr. Darwin there have been found two MSS., one of which, at least, will be awaited with eager expectation. These consist of an autobiography of the deceased naturalist himself, and an account of his father's life and work, similar to the sketch previously published, from the same pen, of Erasmus Darwin, the grandfather of the illustrious scientist who was so recently lost to us. The deepest interest must of necessity attach to Charles Darwin's history of his own life; and while we should have been assured that, in the sympathetic hands of two such friends as Prof. Huxley and Sir John Hooker a most valuable biography of their great master would have been produced, we cannot fail to be especially grateful for the fact that their labour will now, for such excellent reasons, be uncalled for. The task of preparing these remains for publication falls most appropriately to Mr. Francis Darwin, who, by education as a scientific biologist, and because of intimate association with his father in much of his latest work, is pre-eminently fitted to discharge the task thus falling to him. It is to be hoped, however, that no very long time will be permitted to elapse ere the autobiography is permitted to appear.

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list. On Failure of Brain Power, by Julius Althaus, M.D. The Supply of Water to Our Homes, by R. F. Benham, M.R.C.S. What to do in Cases of Poisoning (2nd edition), by W. Murrell, M.D. Transactions of the Obstetrical Society of London, Vol. XXIII. The Surgery of Deformities, by E. Noble Smith, F.R.C.S. Botanical Note-Book, by E. M. Holmes, F.L.S. Manual of Pathological Histology, by Cornil et Ranvier, Vol. I., translated by E. M. Hart. The Truth about Opium, by W. H. Brexton. The Physical Signs of Pulmonary Disease, by Graham Stell, M.D. Chronic Bronchitis: its Forms and Treatment, by J. Milner Fothergill, M.D. Examination Questions on the Medical Sciences, by J. Greig Leask, M.B. Small-Pox and Vaccination throughout the World. A Handbook of Therapeutics, by Sydney Ringer, M.D. (9th edition). Ringworm: its Diagnosis and Treatment, by Alder Smith, F.R.C.S. (2nd edition). Diet and Regimen in Sickness and Health, by Horace Dobell, M.D. (7th edition). The Sphygmograph, by R. E. Dudgeon, M.D. Experimental Chemistry for Junior Students, Parts I., II., by J. Emerson Reynolds, M.D., F.R.S. Muscles, Mind, and Morals, by E. J. Tibbits, M.D. The Trance State of Inebriety, by T. D. Crothers, M.D. The Case of Guiteau—a Psychological Study, by G. M. Beard, M.D. The Attributes of the "Family Doctor," by R. Fowler, M.D. Anæsthesia and Non-Anæsthesia in the Extraction of Cataract, by H. Derby, M.D. Household Chemistry, by Alfred J. Shelton, F.C.S.

The Professorship of Ophthalmology, R.C.S.I.—Dr. Jacob, Ophthalmic Surgeon to the Richmond, Whitworth, and Hardwicke Hospitals, was on Monday last elected Professor of Ophthalmic and Aural Surgery in the Royal College of Surgeons in Ireland.

University of Durham.—First Examination for the Degree of Bachelor in Medicine, held during the last week of March, 1882. The following candidates satisfied the Examiners:—

Second Class Honours.—Cornelius C. Caleb.
F. M. Blackwood, Percy Brown, M.R.C.S., L.S.A., Fred. Bryan, W. R. Edwards, F. W. Giles, M.R.C.S., L.S.A., Thos. E. Gordon, F. Greenwood, M.R.C.S., J. C. Grinling, M.R.C.S., George Rome Hall, Alex. Harper, H. J. Hillstead, H. M. Hughes, A. G. Laidler, A. E. Larking, T. H. Openshaw, M.R.C.S., L.S.A., J. S. Bevely, G. W. Richards, E. W. Simmons, M. T. Wakefield, James Watson, S. Welch, M.R.C.S., W. H. Wigham, G. G. D. Willett, M.R.C.S.

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.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*

now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

A PRESENT BART.'S MAN.—Letter in type; will appear in our next.
DR. J. A. BYRNE, President of the Dublin Obstetrical Society, requests us to mention, in case of official communications, that he has changed his residence from 37 Westland Row to 21 Merrion Square North, Dublin.

A RUSTIC GENERAL PRACTITIONER.—Unavoidably held over to our next.

THE UNQUALIFIED ASSISTANT SYSTEM.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you let me offer you my best thanks for the service you have rendered legitimate medicine by taking up the question of unqualified assistants in the vigorous manner you have. Few who have the real welfare of the profession at heart will fail to acknowledge the need for some such crusade, or the justice of your strictures; and most of us, too, can substantiate your statements in some way or other. My brother practitioner in this village, for instance, employs two men to assist him, one being a former medical student of two years' standing, and the other at one time a chemist's assistant. They are boarded in the house, and receive respectively £30 and £38 a year as wages. I could give you a good many particulars about them and their way of upholding the dignity of medicine, one favourite proceeding with the junior assistant being the consumption of beer and tobacco in the elevating society of my groom in the stable attached to my house. The other assistant is a superior being altogether, and never drinks out of the village inn where he is to be found when not on duty. These are samples in one man's experience. May your efforts be succeeded by some abatement of the nuisance.

Yours, &c.,
 F. L.

MR. A. C. F. (Bath).—We shall probably call attention to the subject in our next.

DR. J. F. P.—We have put ourselves in communication with the official in question, who declines to furnish the requisite information. We would, therefore, advise you to let it remain in abeyance for a more favourable opportunity.

S. D. (Dromara).—The subscription to the Irish Medical Association is 10s. 6d., and should be sent to the Treasurer, Dr. Minchin, Lower Dominick Street, Dublin; or to Assiat.-Sec., F. Glick, Esq., 8 Dawson Street, Dublin.

ONE GOING UP.—It is quite true the book is out of print, but there are other "Surgeries," Gant's or Bryant's, that will serve you equally well, probably better, as the book you are anxious about is manifestly incomplete in many important subjects.

IS IT LEGAL FOR A MEDICAL PRACTITIONER TO REFUSE TO ATTEND A PRIVATE PATIENT?

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I would be glad if you will give me some assistance and advice in the following case:—

A friend of mine met with an accident a few days since. Immediately a friend of the deceased (for the accident proved fatal) was despatched for the dispensary doctor, told him the circumstances of the case, and asked him to visit the patient. He refused to do so as it was raining very hard, saying that his life was as valuable as the patient's. The messenger who had been despatched for him (the doctor) took his fee out of his pocket and offered it to him if he would come; but he stood firm to his first reply that he would not go.

And now, Sir, the questions I would wish you to answer me through the medium of your Journal are these:—

1st. Can a doctor refuse to visit any patient when he has been tendered his legal fee?

2nd. Can the College from which he took his degree interfere with same in case of legal proceedings (as I understand his relatives intend to take them)?

I may add that this doctor was offered lodging for the night in order to save him the unpleasant journey home in the rain the same night.

Yours,
 "JUSTICE."

[1. The refusal is quite legal. 2. Whether the College from which the practitioner called on holds his diplomas can interfere or not depends on its charters and bye-laws. Usually Colleges have a power of censuring and expelling for improper conduct. In any case the refusal was inhuman and unjustifiable.—ED.]

DR. SUNTER'S "CASE OF JACOB'S ULCER."—The author desires to substitute the expression "nasal bone" for *ala nasi*, in the first column of his communication in our last issue, twenty-sixth line from bottom; and for line thirty-six from bottom of second column, "I doubt if it would have been shortened," substitute "it might have been lengthened to its natural term."

MEETINGS OF THE SOCIETIES.

HARVEIAN SOCIETY OF LONDON.—Thursday, May 11th, at 8.30, Dr. John Williams, "A Fatal Case of Oophorectomy."—Mr. Noble Smith, "The Treatment of Caries of the Vertebrae."

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—Thursday, May 11th, at 8.30 p.m., Dr. Brailley: (1) Microscopical Specimens from Mr. Mason's Sclero-corneal Tumour; (2) Specimen of Disease of Optic Nerve in Retinal Detachment.—Mr. Snell, "On a Case of Sympathetic Ophthalmitis following Enucleation."—Mr. Adams Frost, "On a Case of Sympathetic Ophthalmitis following Enucleation."—Mr. Anderson Critchett, "On a Case of Bony Tumour of Conjunctiva."—Mr. Ogleby, "On a Miner's Nystagmus."—Mr. Swanzy: (1) On Detachment of Vitreous Humour causing Blindness; (2) "On a Case of Primary Tubercle of Iris."—Mr. Myles, "On a Case of Tubercular Inflammation of Eyeball."—Mr. Adams Frost, "On a Case of Intra-ocular

Hæmorrhage after External Injury of Eye."—Mr. Lang and Dr. W. A. Fitzgerald: (1) "On the Movements of the Eyelids in Relation to the Movements of the Eyes;" (2) "On a Case of Homonymous Insular Scotomata."—Mr. C. E. Fitzgerald, "On Ophthalmological Notes."—Mr. Juler, "On a Refraction Ophthalmoscope" (card).—Mr. A. H. Benson, "On Extreme Tortuosity of Retinal Vessels without Disease" (card).—Living Specimens (8 p.m.):—Dr. Sansom, "On Exophthalmos without Thyroid or Cardiac Symptoms."—Mr. M'Hardy: (1) "On a Case of Transportation of Skin two months after Operation;" (2) "On a Case of Black Cataract."—Mr. Mackinlay, "On a Case of Teale's Operation for Symblepharon."

CLINICAL SOCIETY OF LONDON.—Friday, May 12th, at 8.30 p.m., Mr. Thomas Smith, "On a Case of Aneurismal Varix of the Forearm" (patient will be shown).—Mr. Holmes: (1) "On Removal of an Epitheliomatous Ulcer of Leg by Scraping;" (2) "On Removal of Multiple Loose Cartilages from the Knee-joint."—Dr. Althaus, "On a Case of Cerebro-spinal Syphilis."—Dr. Ord, "On a Case of Disorder of Movement following Hæmiplegia" (patient will be shown).

Vacancies.

Cape of Good Hope.—Medical Officer for the Government Railway Service. Salary, £25 a month, with free quarters, &c. Applications to the Crown Agents for the Colonies, Downing Street, London, S.W.

City of London Lunatic Asylum.—Assistant Medical Officer. Salary, £120, with board, &c. Applications to be sent to the Clerk to the Committee on or before May 17th.

West Derby Union.—Two Resident Medical Officers for the Workhouse at Walton-on-the-Hill, and two Resident Medical Officers for the Workhouse at Mill Road, Everton. Salary, £100 per annum each, with board, &c. Applications to be sent to the Clerk of the Union on or before June 18.

Wilts County Asylum.—Assistant Medical Officer. Salary, £150, with board, &c. Applications to be addressed to the Medical Superintendent at the Asylum, Devizes, on or before May 17th.

Appointments.

BENSON, E. W., M.R.C.S., L.S.A. Lond., B.A. Cantab., Assistant House-Surgeon to King's College Hospital.

BOOBYER, P., M.R.C.S., House-Accoucheur to King's College Hospital.

BRECKNELL, W. H., M.D. St. And., M.R.C.S., Medical Officer to the Hedgerley District of the Eton Union.

CROOKSHANK, E. M., M.R.C.S., House-Surgeon to King's College Hospital.

DIXEY, H. E., M.D., Surgeon to the Malvern Rural Hospital:

FLETCHER, H. B., Junior Assistant House-Surgeon to the Sheffield Public Hospital and Dispensary.

HITCHCOCK, C. K., M.D., M.A. Cantab., Resident Clinical Student at Bethlem Royal Hospital.

JACOB, A. H., M.D. T.C.D., F.R.C.S., Professor of Ophthalmic and Aural Surgery, Royal College of Surgeons, Ireland.

LOVERIDGE, A. W., M.R.C.S., Junior House-Surgeon to the Haddenfield Infirmary.

PHILLIPS, E., L.R.C.P. Ed., Assistant Resident Medical Officer to the Children's Hospital, Birmingham.

RABBETH, S., L.S.A. Lond., House-Physician to King's College Hospital.

STEWART, F. G., M.R.C.S., Medical Officer to the Second District of the Bodmin Union.

STEVENS, B. H. L., M.R.C.S., Assistant House-Accoucheur to King's College Hospital.

THOMSON, S. C., M.R.C.S., Assistant House-Physician to King's College Hospital.

WORTS, E., M.R.C.S., L.R.C.P. Lond., Surgeon to the Essex and Colchester General Hospital.

Births.

FFRENCH.—May 2, at Glascon, co. Westmeath, the wife of R. French, F.R.C.S.I., of a daughter.

O'FARRELL.—May 2, at Tangier, Boyle, the wife of G. Plunkett O'Farrell, M.A., M.D., of a son.

SANSON.—May 4, at 30 Devonshire Street, London, W., the wife of Arthur E. Sansom, M.D., F.R.C.P., of a son.

SLOGGETT.—May 4, at Fatchgarh, India, the wife of Surgeon-Major A. T. Sloggett, A.M.D., of a son. (By telegram.)

Marriages.

HEGARTY-DOCKERA.—May 1, at St. Ann's Church, Dublin, John Hegarty, M.D., Clonbur, co. Galway, to Blanche DuMoulin, daughter of the Rev. J. W. Dockera.

Deaths.

BIGGS.—April 27, at Green Park, Bath, Robert Biggs, M.R.C.S., Deputy Coroner for North Somerset, aged 53.

CURRIE.—April 22, suddenly, at Southport, John Currie, L.R.C.S. Ed., aged 74.

HUGHES.—May 5, at his residence, 18 Merrion Square East, Dublin, John Hughes, M.D., Physician to the Mater Misericordias Hospital, the Richmond and Dunderm Asylums.

POLLARD.—April 23, at Netley Lodge, Putney, Surgeon-Major W. H. E. Pollard, late of H.M.'s 108th Regiment, aged 62.

PUGSLEY.—May 5, at Whitefield, Wivalscombe, Lutley Pagley, M.R.C.S., aged 65.

LOCUM TENENS.—A Physician and Surgeon of considerable experience, having to remain in Dublin or its vicinity for some months, wishes to take charge of a practice, wholly or in part. Regular occupation is more a consideration than the amount of emolument. First-class references in Dublin. Address, "Eblana," office of this paper, 3 Molesworth Street, Dublin.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 17, 1882.

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Clinical Lecture

ON

THE DIAGNOSIS OF TUMOURS.

By ARTHUR TREHERN NORTON, F.R.C.S.,

Surgeon to, and Lecturer on Surgery at, St. Mary's Hospital.

In diagnosing tumours it is always a most satisfactory point to establish that the disease is not of a carcinomatous nature. Very often it can be seen at a glance that such is the case; as for instance, when it is clearly evident that the tumour is of a fluid or cystic character. When there is any doubt an investigation under the following ten heads will determine the nature of the growth, to be either cancerous or not.

1. *Hereditary history.*—Have any relatives died of cancer? If this question be answered in the affirmative it supports the diagnosis, though the negative does not affect it. If an immediate blood relation—as a parent—were the subject of cancer there is certainly a predisposition on the part of the offspring; but in any relation more distant I believe the tendency to heredity to be very remote.

2. *Time in growing.*—Much may be gathered from the time which the tumour has been growing. The softer the consistence of the tumour the greater the quantity of cell-growth, and the more rapid its increase, so that soft cancers attain a considerable size in a few months, whilst the hard cancers invariably come under the notice of the surgeon within the year. Nevertheless, in some few instances, such as the intensely hard scirrhus of very aged persons, the cells are so scarce and the growth is so slow that the tumour presents more the character of a fibroma. The increase in size is gradual, but continuous, without any dormant period.

3. *Is there pain?*—The pain of cancer is characteristic; it is of a lancinating or darting character, no matter the seat of the tumour, whether internal or upon the surface. The tumour is not painful to the touch, such as an inflammatory growth would be, but manipulation excites the blood supply, and pain commences some few minutes after the examination, and remains for an hour or more.

4. *Adhesion to neighbouring tissues.*—The cancers are infiltrating, like inflammatory tissue, so that the skin or other structures become incorporated with the growth. The sarcomata partake of this character to an extent, but no other tumour, unless by inducing secondary inflammation, which would be recognised by indentation from the pressure of the point of the finger.

5. *Age of the patient.*—The soft cancers may occur at any age, for they are mostly composed of cells, and are, therefore, embryonic tissue; but the hard cancers occur at a time when development is at an end and the tissue slow to change, rarely before forty years of age, and most frequently somewhat after this period.

6. *Are the neighbouring lymphatics affected?*—When the neighbouring glands are enlarged, it is not only a sign of cancer, but also of its tendency to increase rapidly, and, therefore, the harder the cancer the less likely are the glands to be affected.

7. *Cachexia* is an important symptom in the diagnosis of internal cancers. Its coincidence with a tumour without other cause detected is almost diagnostic of cancer.

8. *Physical characters.*—Is the tumour intensely hard and nodulated, as scirrhus, or is it in part hard, and in part soft, and in part even cystic, as soft cancer, so-called encephaloid? Are the vessels over the tumour dilated in the form of venous channels, as in soft cancer and sarcomata? And is the tumour loose, as though encapsuled, or incorporating itself with the skin or surrounding tissues? Is the tumour located in a gland, as cancer, or in some connective tissue where cancers rarely arise?

9. *The ulceration.*—Has the ulcer a fungating, protruding surface, with a tendency to bleed, as the soft cancer, or in the sarcomata? or has it a punched-out appearance, with a thin serous secretion, so-called cancer juice, which, on examination under the microscope, contains large epithelioid cells? Is there a tendency in any part of the ulcer to heal? if so, all question as to carcinoma may be put aside, for no cancer ever heals, but, on the contrary, gradually but persistently spreads and increases the extent of disease by infiltration. The recognition of a healing point is often of the greatest service in the diagnosis between the ulcer of epithelioma and the rodent or the

lupoid ulcer; either of the latter two may be healing at one point and extending on another, but never under any circumstances does a healthy granulation appear in the ulcer of a carcinoma.

10. *The temperature chart is, in some cases, of importance, and in internal cancers it has been, on more than one occasion, the chief means of directing me to a correct diagnosis. The chart resembles that of no other disease; the temperature is raised with exacerbations of pain, or with increased flow of blood to the seat of disease, such as commonly occurs after meals or after exertion, so that a temperature of 101° may be reached at varying and irregular times of the day, quite unlike the chart of suppuration, which, if active and acute, stands high persistently, and if chronic, stands invariably high in the evening and low in the morning, quite unlike that of blood-poisoning, which remains high throughout, though higher at times than at others. The chart of cancer may really be said to be characteristic; but it must be understood that a cancer of an inactive state, or occupying a position where it does not interfere with other parts or with functions, causes no appreciable alteration of temperature.*

11. *Microscopical examination.*—Particles may be obtained for microscopical examination either by the *enlève-pièce*, or by an ordinary subcutaneous injecting syringe plunged into a tumour and employed as an aspirator, or by scraping the ulcer, as in cases of epithelioma, or by removing by scissors or knife a very small portion of the growth. The structure of the disease may be recognised for a certainty by this means. I may here remark that in many instances, to my knowledge, epithelioma of the tongue, rectum, and vagina have been allowed to remain and extend whilst tentative measures have been adopted, until too late for operative interference; whereas, by means of the microscope, the treatment could have been unmistakably decided.

From the above method of investigation we learn, not only if the growth be carcinomatous or not, but if carcinoma, then also its variety.

If it is decided that the tumour is not cancer, it is to be then carefully manipulated to ascertain whether it be fluid or solid, and under these heads I propose to divide the rest of the varieties of tumours.

A. *Fluid, or cystic varieties.*

B. *Solid tumours.*

A.—CYSTIC TUMOURS.

Before proceeding to consider this variety of tumours, it should be ascertained, by history, signs, and symptoms, that it is a tumour that is being dealt with, and not an aneurism or an abscess. After assuring oneself that neither of these two conditions is present, we turn to the list of encysted tumours:—

They are bursal tumours, serous, sebaceous, blood, as hæmatocele; parasitic, as hydatids; mucous, as ranula; exudation cysts, as ganglia and tendons.

There are two methods of examination by which the particular variety of these cysts may be diagnosed:—

1. *Position*; 2. *Examination of contents by means of trocar or enlève-pièce.*

1. *Position.*—If the tumour is situated in the position of a bursa, such as over the patella, or over a superficial and prominent point of bone, there is good reason to believe it to be a bursa. If within the substance of a muscle, or if the wall is so tense upon its contents that it resembles a solid tumour, though by vibration or filipping the tumour when grasped it is proved to be one of fluid contents, then it is most probably hydatid. If situated beneath the tongue or upon the lips it will be a mucous tumour or ranula. If along the course of tendons, as over the wrist or ankle-joint, it will be an exudation cyst, or so-called

ganglion. If coming suddenly, deeply placed among muscles, with some pain, but not inflammation, it is probably a blood tumour, especially if occurring immediately following an injury to the part.

2. *Examination of contents.*—Any one of these tumours may be punctured by a trocar or *enlève-pièce*, and a portion of its contents withdrawn and examined by the microscope, when all doubt as to diagnosis can be set aside. In advising the use of the trocar I may say that in many regions the insertion of a small trocar is so utterly void of all risk that there can be no hesitation with regard to its employment. But, on the other hand, the tumour may occupy the neighbourhood of some important vessel, or even some important viscus, as in the case of an abdominal tumour, when great thought must be bestowed on the methods of diagnosis and the trocar used as a last resource; for instance, a common form of cystic tumour is an exudation cyst or bursal tumour in the popliteal space: the trocar should not be used in this case until by most careful investigation the question had been decided against aneurism. Or again, as in the case of abdominal tumours, internal hydatids, or ovarian cysts, pregnancy may be suspected. The question of pregnancy must be decided in the negative before employing the trocar, for the use of that instrument would assuredly induce miscarriage, very likely resulting in loss of life.

B.—SOLID TUMOURS.

The tumours which are solid, including but putting aside those which are obviously unmistakable, such as horny growths, &c., are enchondromata, osteomata (exostoses, &c.), lymphomata (lymphatic glands), fibromata, including neuroma, lipomata, gummata, angiomas, sarcomata, and myxomata.

We consider these under the heads (1) position; (2) consistence and manipulation; (3) specific history.

1. *Position* suggests at once the first three varieties—enchondromata, osteomata, lymphomata. Of these the former two, enchondromata and osteomata, are almost invariably connected with bone or cartilage, whilst lymphomata are invariably connected with lymphatic glands. The osteomata may be recognised from enchondroma by the peculiar knobby hardness and generally small size of the former, whilst the latter is more even upon its surface, and has a somewhat elastic yield to it when compared with bone, though slight. Enchondroma may occur, though such is seldom the case, apart altogether from the region of bone, such as in loose connective tissues of the neck, or in a lymphatic gland. In such a position its hardness would suggest, but it could only be positively diagnosed by the *enlève-pièce*.

2. *Consistence and manipulation* suggest any one of the rest, being somewhat different in each case. Fibroma is intensely hard, occupying any connective tissue. Neuroma is intensely hard, occupying the course of a nerve and giving severe pain. Lipoma is doughy, with irregular septa running through it. Gummata are semi-fluctuating, like a chronic abscess. Angiomas are doughy, and may be made to decrease in size by firm and continued pressure. Sarcomata and myxomata, which are, indeed, two varieties of the same tumour, are of the consistence of a lymphatic gland, their softness increasing according to cell proliferation and vascularity, but their consistence presents to the touch a totally different sensation from that of either of the other solid tumours already mentioned.

3. *Specific history.*—The history of syphilis with a tumour of the consistence previously referred to and in the position of muscles, periosteum, or connective tissues, diagnoses gumma.

By the employment of the *enlève-pièce* a small portion may be removed and examined by the microscope.

After negatively proving the variety of tumour by the simple arrangements I have advised in this lecture, it must be positively proved by the consideration of the special signs and symptoms which are characteristic of each variety of tumour.

Original Communications.

TWO CASES OF MENINGITIS. (a)

By THOMAS MORTON, M.D. Lond.

(Concluded from page 396)

My other case, though for a different reason, was still more remarkable in its termination, as I think you will agree when you have heard its history.

In its origin it illustrates another and much rarer variety of non-tubercular meningitis. Treatises on medicine set down as one of the possible causes of meningitis "certain acute exanthemata in rare instances;" and I had myself seen it arise during the defervescence of scarlatina, and in the course of typhoid in a child, before I met with it this time in connection with measles.

The child, a particularly pretty and interesting little girl of four, was taken ill on June 22nd with a tolerably severe attack of measles, which, however, ran so rapid a course that she seemed almost convalescent on the 25th, and I should not have seen her on the following day had not the parents' attention been arrested by an unusual drowsiness or slight degree of stupor about the child, which I was at a loss to explain, as there was no *œrache* and no albumen in the water.

The stupor had rather deepened than not on the following day, in spite of the free action of a calomel and jalap powder, and about 5 p.m. she fell into a violent convulsive attack, which lasted with scarcely any intermission till midnight, and recurred for shorter periods later in the night. The convulsions occurred on both sides of the body and face, and were characterised rather by excessively violent stiffening jerks frequently repeated than by irregular clonic movements.

By the following morning the convulsive movements had subsided, but consciousness, and apparently sight, were abolished, and the body settled down into an attitude which was maintained without any intermission for above a month.

This consisted in rigid flexion of the left arm upon the elbow with the hand supinated, so that the knuckles rested against the left clavicle; rigid extension of the right arm with extreme pronation, so that the back of the hand rested against the thigh; rigid extension of both legs and of the feet upon the legs so that the feet were arched and the toes pointed as one sees them in *laryngismus stridulus*. The only change from this state of things during the whole month consisted in the gradual supervention of that rigidity of the posterior cervical muscles and boring back of the head into the pillow which we commonly see in meningitis, and the frequent occurrence of jerking of the left arm flexors, the left facial muscles, and of the associated recti muscles of the eyes, so as to turn both eyes in a series of spasmodic jerks to the left.

Within two or three days of the commencement of this condition, that is, by about July 2nd, the characteristic symptoms of meningitis became very evident. There was pain in the head, restlessness, screaming, occasional flushing of the face, and very irregular pulse. I do not think there ever was vomiting. Squinting certainly never appeared, and the pupils seemed sensitive to light, though she was quite blind. The evacuations were passed involuntarily. Liquid food, however, was always pretty readily taken, and continued to be so till the end.

Up to this time the treatment had chiefly consisted in the administration of iodide and bromide of potassium, with occasional doses of calomel and jalap. Liq. hydrarg. perchlor. in ℞v. doses was now added every four hours.

During the next three or four days, which takes us down to July 6th, the child's condition was getting worse. The flushes were more frequent and prolonged,

and the muco-purulent secretion from the Meibomian follicles, so characteristic of meningitis, began to collect on the eyelids. The pulse on the 6th became excessively rapid and irregular—140-160—the flush almost constant, and the temperature, the mean of which had been hitherto about 102, rose rapidly to 105½.

Now, high temperatures are not characteristic of meningitis, except when the end is approaching. I have frequently found them rising with the deepening coma to 105 and above. I have several times observed 106 shortly before death, and once an hour after. It seemed evident, therefore, that matters were becoming desperate, and I resorted to a piece of treatment which had a material effect upon the future progress of the case. For several years I have been acquiring more and more confidence in the cold bath in febrile diseases, and although I had never thought of using it in meningitis, I determined to try it here. The child was put into a bath at 80°, and the water rapidly cooled down to 70°. The effect was magical. She fell immediately into a calm, easy, and restful sleep, and continued so for some hours, the temperature, which had fallen to 99°, gradually rising again only to 102°.

I now changed the medicine to quinine gr. ½, and tr. digitalis ℞v., every three hours, with liq. morphisæ ℞iv. to meet the pain, which seemed very severe.

The febrile symptoms recurred again, however, the next day, and the next, and were again met in the same way and with the same excellent result; and, to make matters short, whenever after this the temperature rose much above 104°, which it did perhaps a dozen times, encouraged by success and by the readiness of the friends, who were now as eager to resort to the cold water as they had at first been unwilling, I repeated the bath with the invariable result of securing three or four hours' beautiful sleep and suspending for a time the severity of the symptoms.

As we seemed to have now at all events a means of controlling the temperature, I gave up the quinine and digitalis on the 9th, and again gave the perchloride with the bromide and iodide. The severity of the symptoms, however, continued unabated, and especially the twitchings of the face and eyeballs, and left arm; and with some vague idea of moderating these I ordered on the 13th tr. belladonna in ten-minim doses, with succ. conii. The flushes had already been increasing in severity, but the effect of this unfortunate experiment was to deepen and prolong them in such a striking way—the whole forehead as well as the cheeks becoming purple—that I was afraid to persevere, and resorted to the bromide and iodide, with tr. digitalis to meet the now feeble and rapid action of the heart.

I have omitted to mention another symptom which developed itself about this time, namely, profuse sweating, and one of the most copious crops of sudamina which I have ever seen.

As things did not improve, I yielded again to my predilection for mercurials, and gave on the 16th half-grain doses of calomel, with Dover's powder gr. iss., every four hours, but was obliged to stop it on the 19th, and give opium and aromatics, on account of sharp diarrhoea setting in.

The first approach to anything like a favourable change took place about this time in the shape of a slight diminution in the degree of unconsciousness; but it was accompanied by a new departure in the matter of shrieking, which rather masked its value. The cry even before this had been a more decided scream of pain than is usual in meningitis, but this was a wild shriek, expressive as much of fear as of pain, which was kept up for hours together, and was so distressing that I gave the child a good many four-grain doses of chloral hydrate. Liquid food had all along been taken pretty well, and now the perspiration began to disappear, the high temperature ceased to recur, and the flushes declined to two or three in the day.

At last, on the 23rd of July, just a month from the

(a) Read before the Harveian Society of London.

first threatening of head symptoms, and I ought perhaps to add—though I believe it to be far less material—just after the application of two long sinapiams down the spine, the spasm of the right or extended arm was observed to have slightly relaxed, then the twitching of the eyes to the left ceased, the child began to keep her eyes open and soon to follow things with them, then to make little inarticulate but voluntary noises, till, on the 30th, she distinctly uttered the word “father,” soon to be followed by other single words and phrases, such as “how are you?” which latter she repeated with ludicrous iteration whenever I appeared. Meanwhile the right arm had been rapidly improving, and could now be pulled to pull the other down, when a few days later its rigid flexion began in its turn to relax.

The next week was one of still more rapid improvement. She could now hold things even with the left hand. The rigid extension of the legs now gave way in the same order as the arms, the right leg being drawn up some days before the left, but the claw-like “set” of the feet continued in a lesser degree even after she began to sit up, as she first did on August 10th.

By this time she had almost completely recovered the faculty of speech, together with a very merry laugh, and by the end of another week she had regained the control of bowel and bladder, and was making attempts to walk.

Her recovery has been complete with the exception of slight weakness and wasting of the left—always the worst—arm. With that exception she seems quite a healthy child, and in this respect her case contrasts favourably with the only other cases of recovery from meningitis of which I am cognizant, the favourable event having been marred in each of them by paralysis, epilepsy, and serious impairment of the mental powers.

I am sorry that so interesting a case should not have fallen into hands better qualified to bring out the lessons which it is capable of yielding. The most salient point to me is the justification which it affords of clinging to some hope even in the worst case of meningitis, especially if the symptoms be at all of an unusual type. It is obvious that whatever effusion there may have been in this case was of a kind capable of absorption; but may not the situation of the inflammation and its products be quite as important a factor as their nature? What I mean to suggest is that the almost invariable fatality of the tubercular variety of meningitis may possibly depend upon its seat being the base of the brain immediately contiguous to the important vital and respiratory centres in the medulla oblongata, quite as much as upon the quality of the effused material.

Next to this I should be inclined to dwell upon the utility of the cold bath. It was most striking, and to it I venture to attribute, under Providence, the child's recovery, simply because without it she must on several occasions have died, and by it time was gained for Nature to effect a cure.

The rest of the treatment, with the exception, perhaps, of the constant application of ice to the head, which I have forgotten to mention, was probably of doubtful value, and the belladonna clearly did harm, though the results of its administration were interesting.

Still, though I am disposed to claim so little for the results of medicinal treatment, I am bound to say that most of the few cases I have known recover did so under the administration of mercury, and that I shall probably give it again when I next meet with a case of this, essentially serous, inflammation.

ON THE DIAGNOSIS OF TRICHINOSIS IN MAN. (a)

Lecture delivered at the Hotel Dieu, Paris.

By Professor GERMAIN SÉE

THE recent discussion in the public press, and at our learned societies, on the discovery of trichinae in various articles of food, and the preventive measures adopted against

these tainted provisions are familiar to all medical men; the present time is, however, opportune for the consideration of the different forms under which trichinae may present themselves. I am convinced that epidemics of trichinosis have passed in France unnoted, through imperfect knowledge of the symptoms of this malady. I desire to address especially practitioners in small towns, and in the country; to familiarise them with the diagnosis, symptoms, &c.

Trichinosis is not, properly speaking, epidemic, it does not attack the masses, it invades families or individuals who have partaken of the same viands. In the country, or our small towns, the same medical man is probably called to a number of cases presenting the same symptoms, from the analogy of the complications suspicion is directed to the food supply, poisoning is suspected.

In Paris if two or three families were attacked, as many different medical men would be called in, so that the comparison of the complications and the singularity of so many sufferers with similar symptoms would pass unnoticed. Difficulties arise, too, which are simplified in small towns, or in the country. In the latter place it is easier to trace the attack, from house to house, to the shop of the dealer.

In order to facilitate inquiry I shall briefly run over the principal symptoms of Trichinosis.

History.—Before describing the symptoms a few words are necessary on the discovery of trichinae, and on the manner in which this parasite behaves in the economy. For some years the presence of a worm in the muscles in an encysted state was recognised. Owen, in 1835, gave the names of trichina spiralis to the parasite; up to 1860 the mode of development of this parasite in spite of research was unknown. Zenker, however, in 1860, threw light on the evolution of the parasite. At this time Zenker was professor of pathological anatomy at Leipzig, he was studying some alterations in the muscles in typhoid fever. Whilst making an autopsy on the body of a girl, presumably dying from typhoid, he found the muscles filled with a number of trichinae, in a free state, without apparent cysts. There was no ulceration of Peyer's patches, no trace of typhoid fever, but the intestinal mucus furnished worms exactly similar to those found in the muscular layers, but provided with completely developed genital organs. It was ascertained that this young woman had eaten some pork. Zenker obtained some of the pork, and found it infested with trichinae. He cleared up the obscure point in the evolution of the trichinae; before becoming encysted in the muscles the worms fecundated in the intestines, from whence the embryos migrated to invade the muscular tissues. Zenker's experiments were repeated by Virchow, Lenellard and confirmed. Numerous cases of trichinosis have been since reported in Germany and England.

Description of the trichinae.—The trichina is a filiform worm of the length of eight lengths of a millimetre to a millimetre, spirally rolled in the interior of a cystic membrane, interposed between the muscular fibrilla, in the connective intra-muscular tissues, and not in the muscular fibres themselves. Ingested with infected pork the trichinae emerge from their cyst, and after a few hours may be found free in the stomach, from which they pass to the intestines, where they undergo development. Embryos may be found in about seven days. These embryos develop in the interior of the female; expelled by the vagina they may be found in the intestinal mucus under the form of small threads, then in the mesenteric ganglia, in the peritoneum, pericardium, whence they spread to all the muscles. They destroy the contractile tissues, then roll themselves into coils raising at one point the sarcolemma to form the external envelope of the cyst, whilst the core proliferates in the interior, forming a second covering. How do the trichinae migrate? Probably by the lymphatic glands. The presence of the young trichinae in the mucous membrane, and in the mesenteric ganglia seems to prove it. Zenker and Thudichum say they have seen embryos in the blood of man. It is certain that the muscles first invaded are those nearest the intestine, as diaphragm, and intercostal, and abdominal muscles. The trichinae accumulates towards the muscular insertion. The heart is the only muscle escaping invasion.

Symptoms of the Malady.—We must not expect to meet with all the symptoms described in books. The disease proceeds by groups of symptoms. I shall describe the most forms in the following order:—1st. Gastro-intestinal form. 2nd. Rheumatoid form. 3rd. Œdematous form. 4th. Typhoid form.

I. Gastro-intestinal form.—Trichinous individuals are taken,

(a) Translated from *La France Médicale*.

without apparent cause, with serious digestive derangements; epigastric *malaise*, with a sense of fullness; nausea; vomiting. The time of vomiting is variable; sometimes it takes place on the same day as food was taken, or the day after, or three or four days. These gastric troubles are often attended by diarrhoea of a choleraic type. The physician may treat the case as one of simple indigestion, or may believe it choleraic. The microscope will remove all doubt, the parasite will be found in the *garde-robæ*. There are two points worth noting in this form, there is excessive perspiration, and extreme muscular prostration.

II. *Rheumatoid form*.—In this type muscular pains predominate. Patients experience great fatigue accompanied by violent pains which prevent movement. There is a sort of weakness, painful paresis. About the eighth day the muscles became swollen and hard as a plank, very sensitive to pressure. If the trichinæ have invaded arms and legs, test the muscles, the flexors are always more seriously affected than the others. Palpation gives a feeling of hardness; but the muscles of the limbs are not the only ones attacked. The trichinæ may fix themselves in the muscles of the jaw, pharynx, larynx, and eye. The muscles of respiration, especially the diaphragm, are always attacked, dyspnoea may be observed, but this will vary according to the number of parasites fixed in the muscles of respiration. Pain is a leading symptom, and this pain may be put down to rheumatism, syphilis, neuralgia, &c. The physician will, however, be on his guard if gastro-intestinal trouble has been previously noted. The muscles may be pierced by the trocar of Duchenne, or the harpoon of M. Odéday, and the trichinæ sought for in the fragments removed. This is not a certain test, for you may take away a fragment of muscle perfectly healthy which may be along side a completely trichinised fascia. It is better to make a retrospective inquiry as to what the patient has eaten.

III. *Œdematous form*.—This is the most characteristic type. Patients come to you with their faces swollen, especially their eyelids, complaining of extreme prostration. This œdema may be unilateral when it is, so to say, pathognomonic, or it is dual. Not finding anything the matter with the heart or the kidneys, cachexia is expected. When joined to these symptoms we have muscular weakness and gastro-intestinal disturbance, the diagnosis is simplified. This œdema may become general or give place to œdema of the extremities. This is explained by disturbance of the circulation by obliteration of the small vessels by the trichinæ.

IV. *Typhoid form*.—This form of trichinosis presents more than one analogy with typhoid fever. The temperature is raised and the fever continued. The aspect, prostration, respiratory trouble recall the onset of typhoid. The acute pain may be put down to spinal derangement. These phenomena will assist you:—1st. The profuse perspiration which does not exist in typhoid fever, where the skin is excessively dry. 2nd. The œdema of the face, observed in nine cases out of ten of trichinosis. 3rd. The rapid subsidence of the fever. I might make a fifth class under the name *nervous*. M. Le Roy De Mericourt believes that there is a certain analogy between these symptoms and those, of acrodynia, which prevailed in Paris in 1829, and which may be attributed to poisoning by trichinæ. I might speak of the various furuncular, miliary, pustulous eruptions which have been noticed in a certain number of cases.

Resumé.—The four forms of the malady which I have just described may combine, though intestinal disturbance may be absent, yet the muscular pain, the intestinal disturbance, and the swelling of the face, will almost constantly be found. The typhoid form is usually seen in those cases which terminate fatally, death taking place from the twelfth to the thirteenth week, with stupor, delirium, and all the phenomena of adynamia. This short sketch will put practitioners on their guard against error, and facilitate the diagnosis of trichinosis.

Two youths, said to be medical students, have been summoned at the Belfast Police-court for wrenching knockers off doors. Thirty-five summonses were issued against each defendant. The magistrates imposed a fine of £10 on each defendant, with the alternative of three months' imprisonment and hard labour. The defendants also to pay the cost of the knockers, making a total of about £35.

Clinical Records.

ST. MARY'S HOSPITAL, LONDON.

Under the care of Dr. HANDFIELD JONES, F.R.S.

CASE I.—*Psoriasis*.—Use of *Chaulmoogra Oil, Chrysophanic Acid, Warm Packs, and Jaborandi*.—R. B., æt. 31, groom, admitted August 31, 1881. Has had eruption on skin for twenty years, till last three months it has been confined principally to the trunk, his thighs and knees being slightly affected. His father was very gouty; died of apoplexy. Mother alive; occasionally has eruption round eyes and ears. One brother and two sisters are alive and healthy. Patient had some sores ten years ago. He is well-nourished, not weakly. Pulse 68; temp. 99. Tongue clean and moist. The whole trunk is thickly covered, back and front, with patches of psoriasis, and the same are largely developed on both shoulders, arms, and forearms, as well as on the buttocks, thighs, and legs. Not much itching. The patches are often annulose; the margin formed by a low ridge interrupted here and there. The patches are red, with a moderate covering of scales. He was ordered at first Chaulmoogra oil, vaseline, p. æq., to the left half of trunk and limbs, and chrysophanic acid ointment, gr. 30 ad. ʒj., to the right half and limbs; also vini antimoniæ, ℥xxx.; pot. citratæ, gr. xx.; aq. chlorof., ʒj.; liq. morph. bimec., ℥x.; t. d.

On September 4th and 5th diarrhoea occurred.

On 9th griping pains.

On 18th he was very well. The right arm and chest presented many patches, where the inflamed area was bordered by a ring, two or three lines wide, of white skin, beyond which the intervening sound skin was dusky.

Both the ointments were discontinued next day, and sulphur fume baths substituted. The following note was made:—The right side of trunk and arm on the flexor surface presents a curious resemblance to leucoderma, the original psoriasis patches being replaced by white spots, and the intervening spaces considerably darkened. The left arm is better than the right. The psoriasis has affected both palms, which present a condition much resembling that seen in true psoriasis palmaris. The pigmentation caused by the chrysophanic acid is well marked on the right shoulder, and all the right side of the trunk.

22nd.—His hands are very dry and painful. The skin of palms of fingers is cracking.

26th.—Phosphori, gr. 1-33; t. d. c. bibis.

29th.—Naphthaline, ʒj.; vaseline, ʒj.; ft. ungt. ad latus sinist. applied. Pigmentation is disappearing on right arm and adjacent chest. State of palms much improved.

October 3rd.—Sulphur fume discontinued, and warm packs substituted. Out of fifteen of these the temperature was the same at the beginning and end of the pack in four; it was lower at the end than at the beginning in five, the difference once amounting to 1° Fah., and a second time to 8·8°. In the remainder the temperature was higher at the end than at the beginning, the difference amounting on one occasion to 1°. The observations were all made by experienced nurses.

11th.—Eruption declining a good deal, specially on the side of the body and arm to which the chrysophanic acid had been applied.

24th.—Has had Plummer's pill gr. v., t. d. since 18th. Liq. pot. arsen. ℥iij. t. d. ordered instead. Warm packs left off to-day. Eruption not improving.

31st.—Psoriasis worse. Omit arsenic. Carlabad salts, ʒj. t. d. s.

November 7th.—No improvement. To resume chrysophanic acid ointment.

11th.—Yesterday had smart conjunctivitis. Could not bear the light. Eyes are better to-day with cold bandage. Dec. sarsæ, ʒj.; ext. sarsæ. liquidi, ʒij.; t. d.

17th.—Glycerole of tannin to be applied to left side of chest, where the patches of eruption are almost confluent.

23rd.—Skin improving generally. Ordered on 21st quinine, gr. v. t. d. Is now cinchonised. Rept. mist. bis die c. quina, gr. 2½, in single dose.

December 6th.—Skin was yesterday very sore and irritable. Ordered to omit the chrysophanic ointment, and to have glycerine lotion, one in five, and gelatine bath. To-day he is much relieved, and his skin is much more natural, though extensively red.

19th.—Has been taking tr. jaborandi since 15th without any other notable effect except that his skin in certain parts is much improved. Both axillary and adjacent regions, both groins and hams, and inner part of thighs, the inner side of arms, and flexion side of elbows, are almost natural. The legs are red, and covered with large thin scales. The back is less red, but covered with thin powdery matter—partly made up of scales, partly of zinc oxide and starch, which is dusted over his surface after it has been smeared with glycerine lotion. Dose of jaborandi to be raised from ℥xx. to ℥xxx. t. d.

On 24th the dose was increased to ℥j. t. d.

26th.—More skin has become healthy on chest and on upper and lower limbs. The back, especially at its upper part, is of the natural colour, and covered with thin small scales. The face is fairly normal,

29th.—Went out on pass yesterday; came back very drunk, and was discharged by house-surgeon. He was supplied with the same dose of jaborandi, and came to hospital January 9, 1882, much improved, though the skin of front of chest, and of back and posterior and anterior parts of lower limbs, was more or less rough and scale-covered. He has not presented himself since.

In this instance chrysophanic acid proved itself much more effective than chaulmoogra oil. Its effect on the hyperæmic patches was well marked; there was no increase of inflammation, as has been affirmed, they simply became pale and devoid of pigment, which seemed to accumulate in the intervening areas. The non-elevation, or lowering of temperature in 10 out of 15 warm packs is interesting, as it shows that the evolution of heat in the body must be under regulation, at any rate in apyretic states. The natural tendency when the escape of heat is prevented would be of course that the axillary temperature would rise, as actually occurred in five observations, but it was mostly very slight, averaging on the whole little more than $\frac{1}{2}$. In fever the rise in warm packs is apt to be more considerable, the regulating centre being paretic. As to the other remedies that were used they were of no avail until I bethought me of jaborandi. The effect of this certainly was remarkable, and it was a matter of great vexation to me that the patient's misconduct prevented me from testing the drug thoroughly. I gave it on the ground of its exerting an action on the skin, and one which seemed likely to antagonise the usual dry state of the integument in psoriasis.

CASE II.—*Psoriasis—Use of Jaborandi—Warm Packs—and Chrysophanic Acid.*—T. M., æ. 24, footman, admitted March 2nd, 1882. Present disease commenced at Christmas, 1881, or in a slight form in October previous. Face was affected six weeks ago; at present the whole body is completely covered with psoriasis, except the genitals, the palms of the hands, and the soles of the feet, which are almost free. The axillæ and the popliteal spaces are also less affected than most other parts. He has been under treatment six or seven weeks. Eruption commences as red spots, which get covered with scales. General health good. Denies having had syphilis. The skin is very red, but not uniformly; scales separate in very large quantities. No discharge from affected skin, except very slightly from ears. Scalp is scurfy. Has some itching, chiefly at night. Temp. a.m. 99. Temp. p.m. 100. Simple diet—milk, rice, pudding. Ext. jaborandi liquidi, ℥j.; mist. mucilag ℥j. t. d.; gelatine baths o.n.

8th.—Skin generally looks much less red than it was. The general surface of the body, too, seems to be more free from scales, and between the markedly red patches the skin is smoother and of more natural colour than it was.

Gelatine baths on the 9th replaced by ung. zinci, as he complained of cracking of the skin about the legs, and inability to move them. Urine of normal colour; sp. g. 1025, not albuminous. He does not sweat at all.

17th.—Skin improves, but slowly, scales are less abundant, and skin is less red. Ordinary diet.

23rd.—Skin looks very much better.

27th.—Some fresh spots appearing on arms and legs, some isolated, others blending in patches. Rept. mist. 4tis h.

30th.—Omit jaborandi; warm pack o.n.; magnes. sulphatis ℥s.; acidi sulph. dil. ℥v.; M. C. ℥j. t. d.

April 5th.—Legs present numerous bright red spots, often coalescing. Pulse small, rather weak. Quinisedi sulph., gr. iij.; vin. colch., ℥x.; acidi sulph. dil., ℥v.; aq., ℥j. t. d.

16th.—Much eruption on both lower limbs, consisting of red small cohering or discrete spots. Arms are nearly free, and trunk is but slightly affected; forehead quite clear. Has had warm packs alternate nights lately. Performs passive

movements for a paraplegic patient, and sweats freely while thus engaged. There is very little scaling now, the eruption consists chiefly of red spots. Acidi chrysophanic, ℥s.; vaseline, ℥j.; ft. ungt. to legs and thighs.

13th.—Somewhat improved.

20th.—Skin is now nearly normal everywhere.

24th.—Had an attack of articular rheumatism on the 22nd, which was dealt with by salicylate of soda, and he is apparently well to-day. Skin stained in some places by the ointment. The stain can be removed, at least partly, by soap and water.

27th.—Skin in a very satisfactory state, only a few points are scale-topped on legs. He has some pain at back of left knee—blister.

May 1st.—Gone out.

In this case the jaborandi was certainly of material benefit, but did not avail to the cure of the disease. Of other remedies the warm packs followed by chrysophanic acid were most efficacious. The persistence of the hyperæmia after the formation of scales had well-nigh ceased, as well as its preceding their appearance, indicates plainly, I think, that the hyperæmia is the primary phenomenon, and is not itself caused—as has lately been advanced—by disease of the epidermis.

The Mineral Waters of Europe.

THE "MEDICAL PRESS" ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.
President of the Pharmaceutical Society of Ireland, Lecturer
on Chemistry, Carmichael College of Medicine, &c.

WITH
NOTES ON THEIR THERAPEUTICAL USES.
By PROSSER JAMES, M.D., M.R.C.P. Lond.
Lecturer on Materia Medica and Therapeutics at the London
Hospital, Physician to the Hospital for Diseases of the
Throat, &c.

(Continued from page 402.)

ROYAT.

THERE are four springs at this place, which is a short distance from Clermont. Dr. Candellé, in his "Manuel de Médecine Thermale," says that this is the Ems of France. He gives a very elaborate analysis of one of them, which, he says, is the most important, "Eugénie." We have not been able to get this water, and have, therefore, analysed St. Mark.

As, however, Eugénie water is said to be the most important, we give it as it appears in Dr. Cadelinlé's book, converting the grams per litre into grains per gallon.

Eugénie.

From Candellé's work.

Bicarbonate of soda...	...	94.43
" potash ...	...	30.45
" lime ...	...	70.00
" magnesia ...	...	47.00
" iron... ..	...	2.80
" manganese (trace)	...	
Sulphate of soda ...	...	12.95
Phosphate of soda ...	...	1.26
Arseniate, iodide, and bromide of sodium (traces)	...	
Sodium and alumina (traces)	...	
Chloride of sodium ...	...	120.96
Chloride of lithium ...	...	2.45
Silica ... ..	...	10.92
Organic matter ...	...

Total 393.22 grains

Skeleton Analysis of ½ a pint (10 ounces fluid).

Total solids.	Antacids.	Purgatives.	Salines.	Iron.
24·6	15·3	·8	7·7	·17

The four Royat Springs are Eugenie, Cæsar, St. Mark, and St. Victor. According to the published analyses, there is not much difference. They would all appear to contain iron in considerable quantities, but St. Victor seems to be doubly as strong when viewed as a chalybeate. Lithium is also present in St. Mark and St. Victor waters, and occurs in rather considerable quantities; but it is not mentioned in analyses of Lefort, performed in the year 1857, of the Eugenie and Cæsar waters. The St. Mark's and St. Victor analyses are by Truchot, and performed at a much later period (1875); this fact may account for the difference. We have only been able to examine "St. Mark," but do not consider it necessary, give Truchot's analyses.

St. Mark.

Bicarbonate of soda	...	...	51·2
Bicarbonate of potassium	...	...	10·9
Carbonate of calcium	...	...	37·1
Carbonate of magnesium	...	...	23·7
Carbonate of iron (ferrous salt)	...	...	1·4
Sulphate of sodium	...	...	10·5
Phosphate of sodium (trace)			
Arsenic (trace)			
Chloride of sodium	...	...	99·8
Chloride of lithium	...	...	2·2
Silica, &c.	...	...	4·8
Ammonium	...	...	1·002
Albuminoid Ammonia (trace)			
Total solids	...	...	242·6

Skeleton Analysis of ½ a pint (10 ounces fluid).

Total solids.	Antacids.	Salines.	Purgatives.	Iron.
15·1	7·6	7	·4	·08

This water gives a very marked alkaline reaction with phenolphthalein, which is not only permanent, but is greatly intensified by heat; the alkalinity being due to the large proportion of sodium and potassium carbonates.

PLYMOUTH.

Once the most celebrated spas in Europe, and certainly one of the oldest watering-places; it was frequented by Charlemagne. The mineral waters were so celebrated in the year 1556 that a camp had to be erected outside the town. The concourse of visitors have, however, very much fallen off. Plymouth contains about twelve or fourteen springs, and many of them are specimens of highly-charged waters. It is stated that when several glasses of Trinkwelle water are taken in quick succession a feeling of intoxication is produced for a short duration. This spring is said to contain the largest quantity of carbonic acid gas of any known German spring. There is a gas douche, which is said to be very powerful; but at the same time there is one of the springs which is totally without gas. Near here is the Dünsthöhle, or Gas

Grotto. This is a cavity from which rises a stream of carbonic acid gas, which, if breathed, is fatal to life, Rabbits and dogs, when thrown in, are killed in the same manner as the celebrated Grotto del Cane in Naples.

TRINKBRUNNEN.

Carbonate of calcium	...	...	104·80
Sulphate of calcium	...	...	90·04
Carbonate of magnesium	...	...	1·13
Sulphate of potassium	...	...	3·34
Sulphate of sodium	...	...	15·12
Ferrous carbonate	...	...	3·78
Manganeous carbonate	...	...	0·23
Chloride of sodium	...	...	6·15
Chloride of lithium	...	...	0·26
Nitric acid (trace)			
Ammonia (trace)			
Albuminoid ammonia (minute trace).			
Alumina	...	...	0·10
Silica	...	...	0·27

Total solids per gallon ... 225·22 grains.

Skeleton Analysis of ½ a pint (10 ounces fluid).

Total solids.	Antacids.	Purgatives.	Salines.	Iron.
14·	6½	1·	½	·2

This water gives very little action with phenolphthalein.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, MAY 12th.

The President, J. LISTER, F.R.S., in the Chair.

MR. PEARCE GOULD showed a man, æt. 73, on whom he had performed a new operation for amputation of the penis. The disease for which this was done was epithelioma, extending back to pubes. The scrotum was split along the raphe, the urethra detached from the penis and fixed to the perineum just behind the scrotum, and the crura of the corpora cavernosa were then peeled off from the pubic arch, and the whole organ thus removed. The man had complete power over his urine.

Dr. S. MACKENZIE exhibited an interesting case of petechiosis rheumatica in a female.

Mr. T. SMITH read notes of a case of ANEURISMAL VARIX AFFECTING THE HAND AND FINGERS, and exhibited the patient, a healthy female, æt. 25, admitted into hospital last February for great loss of blood from an abrasion in one finger. This was easily controlled by pressure. The disease was stated to have commenced at the age of a year and a-half, following a severe burn in the left hand. This hand is now much larger than the other, and the whole of its subcutaneous veins dilated and tortuous; the arteries of hand and forearm are much enlarged and constricted. A purring, continuous venous thrill is to be felt on lightly grasping the hand, and a well-marked arterial thrill on firmer pressure, over the whole of the affected member. Bruits corresponding to these thrills are to be heard on auscultation.

Mr. T. HOLMES referred to a somewhat similar case he had treated some years ago in St. George's Hospital: operation did not appear to be desirable, and on consultation the question of ligaturing the subclavian was considered and decided not to be justifiable. Subsequently, the patient, a

man, contracted typhoid and died. Post-mortem examination showed there was no communication between arteries and veins. The patient, an actor, met with an accident on the stage, and the history given was one of slow onset of the disease. The preparation of the limb could be seen in St. George's museum; it exhibited nothing abnormal except a varicose and enlarged condition of veins and arteries.

Mr. HEATH had twice seen such a condition in the lower limb; in neither case could any history of accident be obtained. In one case, that of a lady, increasing pulsation alarmed the patient, and led her to seek for advice. Pressure on the femoral artery in this case produced no effect, either on the limb, or on the disease. No treatment seemed feasible, and discretion would probably prove the wisest weapon to employ against it.

Mr. LISTER remembered seeing, 28 years ago, a patient under Mr. Syme, an elderly woman, whose hand was affected in the way under discussion. The arteries were enlarged and pulsating, and also the veins, the ring finger especially being implicated, and twice its normal diameter, with aneurismal pulsation, so that he (Mr. Lister) regarded it as a peculiar form of *nævus*, since all the tissues seemed to be included in the condition. Mr. Syme decided to do nothing, and in Mr. Lister's opinion no good could be anticipated from interfering with such cases.

Mr. SMITH thought his case differed from an arterial *nævus*. He had seen but one other example of aneurismal varix; it occurred in a youth, who punctured the femoral artery and vein with a penknife. The patient was now fairly well, and his case went to prove such cases tend to improve.

Mr. T. HOLMES ON

REMOVAL OF AN EPITHELIOMATOUS ULCER BY SCRAPING.

This was the case of a young man suffering from an ulcer of the leg, which presented decided appearances of epithelioma, both to the eye and the microscope. It was of very large size, almost isolating the tendo Achillis, and accompanied with considerable enlargement of the inguinal glands. These symptoms would undoubtedly have been held, in former times, to indicate amputation. The total removal of the epitheliomatous tissue, followed by the free application of the actual cautery, was sufficient to induce sound cicatrization, and the enlarged glands subsided entirely. This is a fresh proof of the feeble malignancy of epithelioma.

Mr. DENT said he had seen Mr. Holmes' case, and had been struck by the favourable results to be obtained by the treatment adopted in such cases. Microscopical examination of the growth showed that it did not present the alveolar structure of tumours which could not be successfully treated in the same way. He described a case recently within his own experience in which a woman afflicted with a flat epithelial cancer, of six years' growth, was submitted to the operation of scraping and cauterisation with good result, the wound healing well, although the growth had extended down to the bone. Contrasted with this was the case of another woman with an epithelioma-like ulcer of the leg, but which was alveolar and pigmented, and attended with constitutional infection. Such a case would not be favourable for operation.

Mr. T. SMITH observed that all surgeons must have been struck by the varying degree of malignancy presented by ulcers. Epithelioma, however, was rarely met with in patients twenty years old. He himself had never come across a case of epithelial cancer in so young a person. At that age the growth could not be of such grave malignancy.

Dr. WILLSHIRE remarked on the rapidity with which the disease progressed when it attacked the vagina, and on the difficulty of treating it in this situation. Even one scraping, however, served to suppress pain and hæmorrhage, but was succeeded by persistent offensive discharge. He referred to two cases as showing the after-course of patients so treated; each did well for some months; one then died, and the other was getting rapidly worse. Prof. Paul F. Mundé had performed the operation of scraping the vagina on one of his patients in the West London Hospital, and so well had he succeeded, that the uterus sloughed away entirely. The woman lived for eight months after, dying eventually of uræmic coma. In another case, a patient of Dr. White's, he scraped and cauterised the cavity four and a-half years ago, and the patient still remained well. But in this instance the disease was attacked at an early stage of its course.

Mr. R. W. PARKER, having elicited the information from Mr. Holmes that the tendo Achillis in his case was unaffected,

said he was much struck by this fact, since it was the tendency of cancer to eat into every tissue with which it came into contact.

Mr. LISTER narrated the history of a woman who came repeatedly to Prof. Simon, of Heidelberg, in order that he might afford her relief by scraping an epitheliomatous ulcer in her rectum. He considered Mr. Holmes right in restricting the application of the spoon to such cases as were not adapted for treatment by the knife. This latter instrument was well known to fail in extirpating true epithelioma, the characters of which could be accurately determined by means of the microscope. It was the general experience that, however completely excised, epithelioma assuredly recurred. He himself had carefully removed an epithelioma of the cheek in a man, cutting wide of the affected spot, but the growth returned notwithstanding. He confessed to being sceptical as to the really epitheliomatous nature of Mr. Holmes' case.

Mr. HOLMES said that he entertained a suspicion that many cases of disease of local character would, if left to develop, become constitutional, and distinctly epitheliomatous in type. In spite of scepticism concerning it, his case corresponded to the general description of epithelioma, and he wished to urge that early treatment of such cases might result in the extirpation of disease, which, if permitted to remain, would assume a malignant character.

Mr. T. HOLMES ON

REMOVAL OF LOOSE CARTILAGES.

This case was, in two respects, remarkable; first, on account of the number of loose cartilages (there being six of large size and one small one), contained in the joint in a person not apparently affected with chronic rheumatic arthritis, and still very active, and even athletic; and next, on account of the perfect impunity which attended the somewhat protracted manipulations necessary for their extraction, there being no rise of temperature or any symptom of inflammation, except that which followed a somewhat too early use of the limb; and this was only trifling.

Mr. HAWARD said he had removed three false cartilages from the joint of a man some years ago, and since then, a single cartilage in another case, both under rigid antiseptic precautions. He advocated a clean, free incision as entailing less danger than a small one, and the use of a small lithotomy forceps for extracting the cartilages, this producing less irritation than the fingers.

Mr. LISTER observed that the case was both rare and interesting. He had seen only one example of the kind, and that in the practice of Prof. Tiersch, who removed many loose cartilages from a joint, some of them of large size. There was no disease of the joint. The cartilages seemed to continue their growth after becoming loose. Mr. Joseph Bell had suggested that in this operation the cartilages should be first fixed by a needle, then cut down on and extracted by the needle.

Mr. HOLMES condemned Bell's plan, as often producing embarrassment, especially if the cartilages were hard and resistant, the movement then driving the bodies deeper into the joints. It was a mischievous plan also to fix a wire through the cartilage to the synovial membrane. Free incision, with antiseptic precautions, was both the simplest and safest plan of proceeding. In his own case he had failed to find two of the cartilages. Prof. Pirrie had mentioned a case in which twenty-five cartilages were removed. It was an error to suppose the joint was always disessed when loose cartilages appeared in it.

Dr. ALTEAUS read a paper on

A CASE OF CEREBRO-SPINAL SYPHILIS.

The patient, a healthy young man, suffered, eight years after an infecting sore, from severe headaches, which continued for six months, and were followed by an attack of aphasia and right hemiplegia, after which they ceased. He recovered his language, but the paralysis remained, and was followed six months later by paralysis of the left leg and the bladder and bowels. There was rigidity in the paralyzed limbs, and an enormous increase of tendon reflexes, so that the slightest irritation, such as a sudden noise, opening the door, &c., caused the legs to shake fearfully, exhibiting the condition of spinal epilepsy. The centre of these movements was in the patellar tendon, but percussion of any point of the tibia and the rectus femoris led to similar, although less violent, phenomena; ankle-clonus was likewise marked, and the faradic and galvanic excitability of the nerves and

muscles appeared to be increased. In the right arm powerful tendon reflexes could be elicited by gently striking the metacarpal bones, the capitulum ulnæ and the styloid process of the radius, the olecranon ulnæ, and the humerus. The abdominal and cremasteric reflexes were also increased; the muscles of the body were parætic; the urine, which had to be drawn off by the catheter, was healthy, except that there was occasionally an excess of lithates. The sexual power and desire were in abeyance. Dr. Althaus considered the exceedingly violent headache from which the patient had suffered not owing to a gummatous deposit, to which it is generally ascribed, but to syphilitic endo-arteritis, which was going on all the time the headache lasted, and which ultimately led to thrombosis of the left middle cerebral artery and softening of brain tissue. When the artery was completely blocked the headache ceased, never to return. With regard to localisation, he argued that it was not the main branch of the Sylvian artery which had become blocked, but its cortical system, more particularly the anterior and posterior parietal arteries, and that the affection was therefore not one of the corpus striatum, but of the central convolutions bordering the fissure of Rolando. His chief reason for this was that the aphasia had been quite temporary, and that in plugging of the main branch of the middle cerebral loss of language is generally permanent. He thought the paralysis of the left leg and of the bladder and bowels, which came on six months after the first attack, not to be owing to fresh arterial thrombosis in the right cerebral hemisphere, but to secondary sclerosis of the pyramidal strand spreading from the right side through the anterior commissure to the left side of the lumbar enlargement of the cord, where it involved, not only the pyramidal strand, but also the paths for the conduction of motor impulses to the bowels, bladder, and sexual organs.

Dr. WILLIAM M. ORD on a case of

DISORDER OF MOVEMENT FOLLOWING RIGHT HEMIPLEGIA.

M. A. J., æt. 53, female, servant, was admitted for the first time to St. Thomas's Hospital on the 25th May, 1881. On the evening of the preceding day she had suddenly lost power over the right arm and leg, without loss of consciousness. When examined she presented complete motor paralysis of the right arm and leg, with impairment of sensation more marked in the leg than in the arm. There was no facial paralysis, but the right pupil was larger than the left, and sensation was impaired on the right side of the face. There was no defect of mind or of speech. For a few days her condition became worse. She became apathetic, had some difficulty in articulation, and loss of the memory of words, some paralysis of the right facial muscles, and loss of control over the bladder, without rise of temperature. The urine contained no albumen, but the retina presented the signs of albuminuric inflammation. After this condition had lasted a few days she began to amend. Her intellect became clear, and voluntary motor power and sensation returned—in the leg first, afterwards in the arm. She was discharged on the 30th September, showing very little weakness of the right side. When re-admitted, on the 17th February, 1882, she stated that at the time of her leaving the hospital in September two fingers of her right hand used to twitch involuntarily. She did not mention this, and it was not noticed. But from that time she began to experience steadily-increasing involuntary movements of the arm and hand, with stiffness of the leg. When admitted for the second time she was in very fair general health. There was some imperfection of movement of the right half of the mouth, but no other facial paralysis. The tongue deviated to the left. The left pupil was smaller than the right. The right arm was in constant movement—upper arm, forearm, and hand all sharing. At present, when she is sitting with the right hand resting on her lap, the fingers are all extended, and are alternately moved together and separated, as in the act of playing on the pianoforte; the palm of the hand is pressed with a rocking movement against the lap, the wrist rotating in about a fifth of a circle; the elbow is sometimes quiet, sometimes adducted and abducted gently. The shoulder is rhythmically raised and depressed. These movements are perfectly regular, and recur at the rate of about 140 times in the minute. When the hand is moved voluntarily from the lap the movements become more extensive. If a book is presented to her she brings her hand to it with a double series of pendulum movements, small in the hand and wrist, large in the whole limb, which sways several inches alternately on each side of the intended line of movement.

Ultimately she seizes the book and holds it firmly, while the arm continues its vibrations. When the whole arm is abducted the vibrations increase in extent and force, moving the limb as though it were a pump-handle vigorously worked, shaking and swaying her whole body. The movements cease during sleep, and are sometimes almost lost when she is sitting or lying very quiet with the hand and arm completely supported. Sometimes on waking she finds the arm stiff for a time. There is no loss of sensation and no disorder of sensation. The patellar tendon reflex is much exaggerated on the right side, not on the left. The arm tendon reflexes can be elicited, but not ankle-clonus. Her mind and speech are clear, but she walks with a limp, because of the stiffness of the right leg, which, however, does not present any of the rhythmical movements seen in the arm. The superficial reflexes are normal, except that the plantar is increased on the right side. The eyes present now no abnormality. The original hemiplegia was probably hæmorrhagic, there being no valvular disease, and the signs of albuminuric retinitis having been present soon after the attack. The movements are neither those of athetosis nor of chorea, but, resembling in part those of paralysis agitans, more closely approach the vibratory tremors attending voluntary movements in sclerosis of the lateral columns, and disseminated sclerosis. The exaggeration of the tendon reflexes goes with this to lead me to believe that in this case the past hemiplegic disorders of movement probably depend upon a descending lesion.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 17, 1882.

THE UNQUALIFIED ASSISTANT SYSTEM.

No. VI.

At the present moment expectation of the forthcoming report of the Medical Acts Commission must be aroused in the mind of every member of the profession; and naturally, too, it will be looked to for some indication of the amendment likely to be proposed in respect to what is undoubtedly one of the greatest evils under which the profession labours, that, namely, which forms

the subject of these articles. Though it is, of course, impossible to forecast the direction which the report will take on this or on any matter, it is at least open to doubt whether such a decided stand will be made against the system as the best friends of medical science would desire. In some way we can form an idea of the proposals that will be made from a review of the names of witnesses examined before the Commission. These include those of officers of various defence associations, who may justly be presumed to have dealt in their evidence with evils that most commonly engage their official attention; but from the very half-hearted way in which these societies have set about their work in the past, it is hardly possible to hope for any great enthusiasm on their part in suggesting future reforms. It may, indeed, be a little unfair to charge them with dilatoriness in this respect, since the difficulties that beset the path of any who essay the conviction of pretenders to medical qualification are manifold, and such as favour the escape of impostors. To this, in great part, must be undoubtedly ascribed the immunity enjoyed by the army of quacks of every description that now infest London and every big town. Had not the Medical Act of 1858 been framed in the manner it was, we should not be disgraced at the present moment by the existence in our midst of innumerable men who live, and live well, on the gains derived from a most unblushing system of fraud and deceit. But for the supine, apathetic attitude of medical men at a time when their best interests were, and are being imperilled, we should be free from the competition of knaves whose only claim to consideration is the daring effrontery with which they ply their trade. Nor is it only legitimate practitioners who suffer from the exercise of their calling; the public, equally, who are deluded into belief in impossible prospects of cure and relief, pour huge sums of money annually into the pockets of rogues who shame honest men by the outrageous nature of their pretensions. While, on one hand, we are met with the announcement of a person who signs himself M.D., without having a place in the Register, and who openly proclaims himself the "physician" of an "hospital" for women, we see, on the other, a flaring and conspicuously placed advertisement by a "specialist," who blasphemously invokes the aid of the New Testament in palming off his worthless wares, and prefixing the title "Rev." to his name, proclaims his power, for a fee, to restore hearing to the deaf. And again, the number of a yet more degraded type of "special" practitioner, whose living is gained at the expense of physical and social ruin of their victims, is, in spite of a wholesome outcry raised against their existence some years ago, still almost as great as ever. The amount diverted from the pockets of regularly qualified medical men each year by these harpies is incalculable, and what makes the matter more iniquitous still, is the fact that, after being robbed of their last penny, the poorer victims thus treated finally become either recipients of hospital charity or the unremunerative patients of actual medical men.

Serious as this state of things must be confessed to be, it is yet right that we should recognise to what it is chiefly due, this being unmistakably the indolence of

medical men themselves. They have consented to regard the inroads of quackery with disgust and annoyance it is true, but at the same time without doing anything effectual in the way of repressing it. Protesting is all very well as far as it goes, but unless backed up by much more energetic proceedings, it cannot be expected to be productive of any satisfactory consequences. It is, too, almost clear without any necessity of proof, that the spirit which consented to remain quiescent amid the doings of quacks and shameless impostors finds little difficulty in accepting as immaterial that which it regards as the lesser evil of unqualified assistantcy. We might anticipate that those who will not trouble to unite for the extermination of danger-dealing knaves who work on the fears and susceptibilities of diseased persons, will far less exert themselves to obtain a reformation in what even less nearly affects their personal interests. And though unqualified assistants do actually rob younger members of the profession of a sum approaching two hundred thousand pounds annually, yet this is but a drop in the ocean compared with the gains netted every twelve months by the horde of quacks who infest this country. Perhaps, however, a computation of the sums which are actually pocketed, to the deprivation of young qualified men, by unqualified assistants may be serviceable in opening the eyes of the latter to the loss they tacitly agree to suffer. That this is not under the figure given above is certain; it is probably a good deal over, and is so much money illegitimately diverted from the support of those who are plainly wronged to this extent every year by a system that is indefensible on whatever grounds may be selected for examination. We have previously drawn attention to this point, and we would once more urge young men waiting for opportunities of gaining a livelihood by the exercise of their profession to look at the facts as they exist. They cannot be taught to feel too strongly the injustice that is thus inflicted on them; and they have every right, moreover, to complain of the action of those who are mainly instrumental, by employing unqualified assistants, for the loss thus sustained by the first claimants to consideration.

Against medical men themselves who are guilty of the meanness comprised in the act of employing men to help them who possess no qualification to practise, we have already spoken in strong and explicit language. Once more, however, we would repeat the strictures we have uttered, and insist that no excuse can be found for their complicity in what is really systematised robbery of the profession. That seemingly respectable practitioners continue to indulge the habit can be held in extenuation by no one. It is a distinctly unprincipled act; and when once they fully understand the wrong they are committing, nothing further will serve to relieve them from the reproach of an impropriety hostile to the interests of the profession they are members of.

We have received numerous communications on the subject of these articles since they were first commenced. Many have contained much valuable advice and encouragement, and though acknowledgment of each individually has been impossible, we would beg all the writers to accept our thanks for their letters. One,

however, we must specially refer to here. It is from a practitioner who employs *three* unqualified assistants, and who gives as his reason the fact that he finds unqualified men better fitted for his work than qualified men are. He has had several of the latter, some with University degrees, and has found them, though highly-educated generally, inferior to assistants of long training, but without qualification other than that gained in dispensing and surgery experience. The argument is not a valid one, since it must be plain that, had the qualified men also undergone the training of the unqualified assistants they would have been incomparably superior to them, in virtue of their general attainments. They are, however, deprived, by our correspondent's own showing, of gaining this experience, and thereby is proved the existence of the evil we have so often insisted on.

THE VACANT "KING'S" PROFESSORSHIPS IN THE DUBLIN SCHOOL OF PHYSIC.

THE controversy whether the future Professors of Midwifery and Medicine in the School of Physic are to be compelled to resign their present hospital appointments and confine their clinical work to Sir Patrick Dun's Hospital is causing a great commotion in medical teaching circles in Dublin. It may be necessary to explain that the School of Physic is on the premises of Trinity College, and is officered by "University" Professors appointed by the Board and Senate of Dublin University and by "King's" Professors appointed by the College of Physicians. As to the selections made for these latter chairs, the Board of Trinity College has to approve; and it seems to be by the sufferance of the Board that they are allowed to deliver their lectures in the School of Physic. Many years ago a rule was enacted jointly by the College and the Board that no Professor should hold an hospital appointment except in Sir Patrick Dun's Hospital; and this rule being since acted on has had the effect of excluding from the race for these professorships every teacher who did not choose to sacrifice the position gained in his hospital by previous work. Three successive vacancies in the "King's" Professorships have now raised the question of the legality or expediency of such a rule to "burning" temperature, there being many candidates for the vacant chairs who utterly protest against being forced to forsake their hospitals and migrate to Sir Patrick Dun's; while, on the other hand, the governors of that hospital asseverate that the institution will be ruined unless the School of Physic teachers are compelled to do duty there. We stated recently that Serjeant Hemphill, Q.C., and Mr. Jellet, Q.C., had advised the College and the Board of Trinity College that the rule in question is illegal, and accordingly, the College proposes to advertise an open competition for the empty chairs. We hear that at the last meeting of the Fellows of the College the Reverend Dr. Haughton, who has hitherto been regarded as the mouthpiece of the Board as well as of the Governors of Sir Patrick Dun's, brought the controversy to the *ultima ratio* of a pitched battle. He told the College of Physicians

plainly that, if they opened the competition, the Board would "call a visitation"—i.e., invoke the interference of the Lord Chancellor, Master of the Rolls, and other supreme supervisors of collegiate proceedings. Being thereupon informed that the College was quite ready to meet the Board before the Visitors, the Reverend Professor stated that, if the Visitors decided that the College was legally right in opening the competition, the Board would simply terminate the dispute by shutting the doors of the School of Physic in the face of the King's Professors. This was a sufficiently startling threat, yet it did not daunt the College champions, who at once told Dr. Haughton that the Professors of the King and Queen's College of Physicians in Ireland did not in the least care whether they lectured in the School of Physic or out of it, and that they would be gladly received in the best school in Ireland if they found occasion to secede from the University School. This narrative will be almost incredible to those who have been accustomed to believe that Professor Haughton and "the Board" are almighty; but we believe it is substantially quite correct. If Professor Haughton had authority from the Board to give utterance to such a threat, that conclave must be simply doating; for it must be evident that the College cannot submit to occupy a position of subordinate sufferance in the School of Physic, especially as the severance of the connection between the "King's" and the "University" Professors would be, at least, as severe a blow to the School of Physic as to anyone else. We rather think that the Board will not uphold the challenge given in its name, which, after all, may have been only an ebullition of heated debate; but if it does, we certainly hope that the College will feel that its day of emancipation has come, and that it can no longer accept the function of electing professors at the bidding of the Governors of Sir Patrick Dun's.

NOTIFICATION OF INFECTIOUS DISEASES.

IN the beginning of last month the Local Government Board issued a circular asking the local authorities of the towns in which "notification" is in force whether they were satisfied by the working of the system? In what respect they considered it might be improved? and whether they had—before getting the coercive clauses from Parliament—caused the subject to be fully considered by all concerned? We have not seen the return, but, as the answers to these queries will all be penned by the sanitary officers of the town councils, we presume there is a chorus of approval of notification coercion. We would like, however, to have a straight answer to the question: Has the rate of mortality from infectious diseases in the "notification" towns seriously diminished since the introduction of the system? or has it increased? Sanitarians are strangely silent on this point, and we judge from their keeping clear of the point that, if the truth were known, it would appear that the death-rate, taken on the average, is rather worse than better under the system. The medical officer of health for Warrington, whose annual report has just been issued, is obliged to confess to the following facts:—

"During 1881, scarlet fever was prevalent in the borough, the outbreak being a recrudescence of a previous attack in 1880. During the first six months of the year 34 cases came under notice, all but two were removed to Hospital. Notwithstanding this, however, the disease spread, as many as 328 cases being notified during the latter half of the year. At first, nearly all the cases heard of were isolated in hospital; but, in the last three months in the year, and presumably owing to want of sufficient accommodation, only 138, out of 265 cases which were notified, were removed from their homes."

This statement appears to us to admit of only one interpretation. All the cases occurring in the first half year were compulsorily notified and summarily carted off to hospital. The immediate result of this policy was wholesale concealment of the disease and immediate and widespread dissemination of it as a consequence. This, the medical officer of health himself admits for he says that, "A number of cases occurred in which parents, who had called in no medical practitioner, failed to notify the existence of the disease. Unfortunately, the disease, in some of these cases, made its way into schools, and a rapid spread resulted."

We shall require some very strong evidence to satisfy us that, in this case, notification with compulsory removal to hospital and the rapid spread of the infection were cause and effect.

Notes on Current Topics.

Surgery at Cambridge.

THE University of Cambridge will in future confer the degree of Bachelor of Surgery in addition to the M.B. and M.D., which have in late years become so popular among aspirants to higher qualification in medicine. Publicity has recently been given to the report presented by the Board of Medical Studies in connection with the subject, and the suggestions it contains will be likely to meet with approval, as being of a nature to ensure adequate preparation by candidates for the new honour. Examination of a distinct and separate kind from that for the existing degrees will be held, and the subjects to be included are:—(1) Surgical operations and the application of surgical apparatus; (2) the examination of surgical patients; the test will be both written and *viva voce*, and of a practical nature; it will take place twice annually, and candidates will be required (1) to have passed the first part of the third examination for the M.B., (2) to have attended the surgical practice of a recognised hospital for at least two years, (3) to have held the post of dresser and house-surgeon in such hospital for six months, (4) to have undergone a course of instruction in practical surgery; in addition, a sum of two guineas must be paid before examination. The provision that all candidates for the degree must have previously passed the first part of the third M.B. examination will commend itself to most critics of the action taken by the University; but at the same time it is abundantly clear that some modification of the requirement according to which candidates must have been dressers and house-surgeons at a recognised hospital for six months will

have to be adopted. At the more important metropolitan hospitals it might easily happen that no house-surgeon could be obtained by an intending candidate for the B.S. of Cambridge in time to qualify him for presenting at the examination; and if no relaxation of the rule is permitted, it will certainly press with undue harshness on many deserving students. What is meant by the rule is probably that the post of resident dresser must have been held for a definite period; but since regulations in respect to students' dresserships vary so indefinitely in different hospitals, it is desirable that the actual requirements should be more clearly explained.

The Coming Elections at the Irish College of Surgeons.

It is expected that the meeting of the Fellows of the College on the 3rd of June—to consider the report of the outgoing Council—and, on the 5th to elect the Council and officers for the ensuing year, will be the largest assemblies of the College which have taken place for many years. Many subjects of great interest and importance both to the College and to Irish surgery will be open to debate in connection with the annual report, and the elections will be hotly contested. Dr. Chaplin will vacate the presidential chair in favour of Dr. Barton, now Vice-President, and the Vice-Presidency will be competed for by Mr. Wheeler, Surgeon to the City of Dublin Hospital, and Mr. Stokes, Professor of Surgery in the College, both of whom are now members of the Council. The candidates for the nineteen councillorships who have already declared their candidature are numerous. The whole of the outgoing councillors will, we believe, seek to be returned to office, while the following Fellows will also offer themselves:—Drs. Chaplin, Meldon, Croly, A. H. Jacob, Bruner, Fitzgibbon, Kendal Franks, Hayes, and Jackson. We anticipate a large congress of provincial Fellows.

Calcium Sulphide in Suppuration.

In a report on the action of sulphide of calcium as an anti-suppurative, presented to the County of New York Medical Society by a committee appointed for the purpose, and printed in the *Record*, the following conclusions are arrived at:—First, in many cases of suppurative affections, ranging from simple pustules of acne to extensive suppuration, certainly an appreciable, often a marked, benefit is derived from the use of calcium sulphide. At the same time its action is not uniform. Second, the drug is somewhat prone to irritate the stomach, therefore small doses frequently repeated should be used, and one-tenth of a grain every two hours in acute cases is an average dose, although larger doses may be required. Some patients may bear well one grain three times a day. Patients are more or less annoyed with eructations of sulphuretted hydrogen while taking the drug.

Though these conclusions present nothing that is unknown to most English practitioners, and to every reader of this paper, yet they are interesting as showing that American physicians have met with the same experience of dosage in respect to calcium sulphide as has been encountered over here. From almost infinitesimal doses we gradually progressed to more tangible quantities, and this with very varying results, as seems to have occurred also across the Atlantic.

The Pay System at Norwich Hospital.

A PROPOSAL has been made for the admission of paying patients to the Norfolk and Norwich Hospital, and though possibly harmless in itself, has been seriously weighted for mischief by the suggestion that such patients should be attended only by the hospital staff, who are to exact fees for such attendance. It is hardly necessary to point out the abuses to which this may not improbably give rise, to say nothing of the gross injustice such a system would entail on Norwich practitioners who happen to be not on the hospital staff. It cannot either need insisting that all the capable physicians and surgeons of any town provided with a hospital are not necessarily included on its staff of attendants, and at Norwich, no less than in other places, are many non-attached practitioners whose services would be available for intra-hospital paying patients. The attempt to exclude them from the practice of the hospital, even though patients themselves might wish for them, cannot be regarded as anything but unjustifiable exclusiveness. The mere reception of pay patients may be harmless enough, but the moment the principle of absolute freedom concerning the choice of medical attendant by such patients is superseded, then the system becomes capable of gross abuse. We earnestly trust that no such mischievous proceeding will be sanctioned by the governing authorities of the Norwich Hospital.

Consultation with Homœopaths in New York.

THE resolution passed recently by the New York State Medical Society, sanctioning the meeting any practitioner in consultation who has obtained a diploma, has been received with universal disapprobation throughout the United States. In this way homœopaths, botanists, eclectics, &c., who all have some kind of diploma, are admitted to professional recognition. But the most severe thrust has been inflicted by the homœopaths themselves. At a meeting of the Homœopathic Medical Society of Lancaster county, the following resolution was unanimously adopted:—

“Resolved,—That it is the sense of this meeting, that since the practice of homœopathy has established for itself an honourable position in the estimation of the community, against all the opposing forces that the Old School could bring to bear against it, there is no advantage or prestige to be derived by homœopathic physicians in consulting with *allopaths*, and, therefore, the recent action of the *Allopathic* Medical Society of the State of New York, in resolving in future to consult with them, was entirely gratuitous.”

Truly, the profession in New York seem to be insensible to any consideration save that “hankering after the flesh-pots” which has its origin in consultation fees. We are well satisfied that the homœopaths have flung back in the teeth of the New York Medical Society its mean, self-interested patronage, which, indeed, would do no honour even to such people as eclectics and other quacks.

MR. H. C. BURDETT read a paper last night at the Statistical Society of Great Britain, on “The Mortality from Operations in Small Hospitals, and the Action of the Antiseptic (Listerian) System upon such Mortality.”

Something for the Police.

THE action we have taken in exposing quacks and medical shams is so well known that we make no apology for pointing out in these columns another iniquitous institution which should at once receive the attention of the police authorities. We refer to the place called Sir John Fleming's Phosphoric Institution of London, situated at No. 4 Sidmouth Street—the proprietors of which establishment not only have the audacity to advertise a preparation for the cure of every conceivable disease, at the modest price of five and ten guinea cases, but endeavour to blind the public by announcements that the *Lancet* and the *Medical Circular* spoke in the warmest praise of their production, as “eclipsing the discovery of vaccination, and the circulation of the blood.” We need hardly assure our readers that neither we nor our contemporaries have said anything of the kind, and that were our opinion asked we should say that the sooner the authors of such an imposture are placed between four strong walls the better for the public. To give an impression of respectability, titles are assumed, and Sir John Fleming, M.D., is dangled before a too-credulous set of readers, as the immortal discoverer of this precious stuff which is sold at five and ten guineas per case. Of course, Sir John Fleming, M.D., is a myth, but the public are ignorant of this, and so in this land of freedom, the health of thousands is ruined, and a rich harvest reaped by the vilest forms of quackery. Another similar institution in the neighbourhood of Oxford Street might also be taken under the kindly surveillance of the police.

Means and Appliances for the Protection and Preservation of Human Life.

WE observe that an exhibition as above is advertised as shortly about to take place. In connection therewith a long list of names appears as constituting the honorary committee. Among these names, somewhat incongruously we think, the Superintendent of the Royal Small Arms Factory and Chief Inspector of Explosives occur. Other names appear in the same list, the reasons for which are little, if at all, more apparent to the uninitiated observer; but no less paradoxical is the complete absence, as far as we can judge, of the very men whose training specially fits them for such a position—namely, the medical officers of the Navy and Army.

The Phoenix Park Murders.

ON Thursday last a special meeting of the Fellows of the Irish College of Surgeons—very numerously attended—was held, at which the following resolution was unanimously adopted, and ordered to be sent to the Lord Lieutenant and to the representatives of the victims of the outrage:—“Resolved—That the President, Vice-President, Council, and Fellows of the Royal College of Surgeons in Ireland at this meeting specially convened for the purpose, do record their deep horror and indignation at the atrocious murder of the Chief Secretary for Ireland, Lord Frederick Cavendish, and of the Under Secretary, Mr. Thomas H. Burke; and that hereby this College while it expresses unanimously its abhorrence of an act so inhuman, also declares its loyal devotion to the Throne and Government of our Most Gracious Majesty the Queen,

against which this outrage was directed, and earnestly trusts that the effort to restore peace and order to this country, and to vindicate the authority of the law against the perpetrators of this crime may prove successful. That the College expresses its warmest sympathy with the bereaved families of the gentlemen thus suddenly cut off in the performance of their duties, and records its conviction of the severe loss which the country has sustained by the foul crime of which they have been the victims." The Fellows of the Irish College of Physicians also, at a special meeting, unanimously resolved:—"That the College take this, the earliest, opportunity of expressing their horror and indignation at the barbarous assassination of Lord Frederick Cavendish and Mr. Thomas Henry Burke, and offer their sincere sympathy to Lady Frederick Cavendish and Miss Burke, and the other relatives of the deceased Chief Secretary and Under Secretary in this hour of their terrible bereavement."

Militia Surgeons.

It would appear that, under the most recently published warrant having reference to militia surgeons, not only is retirement compulsory at 65 years of age among that class of public servants, but that, instead of a rate of half-pay equal to 6s. per day as heretofore, they are now being about to be cast adrift at that age without pension or compensation of any kind.

The case of these officers stands somewhat thus:—Prior to the year 1875 they were appointed by the Lord-Lieutenants of counties, and on retiring with 20 years' service were accorded the rate of pension as stated above. In 1875 a Royal Warrant fixed their rank and pay, but very distinctly informed them that they were to have no claim to any pension or retiring allowance as granted to medical officers of the regular forces. It is with reference to the latter proviso that militia surgeons assert their grievance. They say, and with much show of justice, that an Act could not legally be made retrospective, nor can any one be deprived, except by his own consent, of benefits conferred by previous Acts, and this has not been done in regard to them.

Considering the well-merited reputation for fairness enjoyed by the gentleman who has recently assumed charge of the Medical Department of the Army, we cannot doubt that a genuine grievance, such as the present one seems to be, will obtain his most careful consideration. In the Secretary of State for War, also, the medical officers, whether of the regular or auxiliary forces, have a Minister who has frequently given the most liberal interpretation possible to the provisions of warrants the tendency of which might otherwise have pressed hardly upon particular officers.

PROSPECTIVE of the opening of the new Hospital for Women at Chelsea, the governors have issued announcements for the election of two additional physicians, and one assistant physician, in June, particulars of which will be found in our advertising columns.

THE Social Science Association has memorialised the Home Secretary, praying that her Majesty may be pleased to issue a Royal Commission to inquire into the management and administration of hospitals in the metropolis.

Harvey Memorial Fund.

A GENERAL meeting of the subscribers to this fund was held on the 3rd inst. in the King and Queen's College of Physicians, Dr. J. W. Moore, Vice-President of the College, in the chair. Dr. C. J. Nixon, one of the honorary secretaries, read the report of the Committee, which recommended that the sum collected—about £280—should, after payment of all expenses, be invested in the names of the King and Queen's College of Physicians and of the Royal College of Surgeons in Ireland; and that the Presidents of these Colleges should be requested to award the interest of the fund triennially for the best essay on any subject in physiology, to be selected by the candidate, and illustrated by original preparations or drawings. It was further recommended that the prize should be open to all students of the Dublin schools of medicine, as well as to all junior practitioners, under three years' standing, holding qualifications from Irish licensing bodies. The Colleges having previously signified their acquiescence in this proposal, it was unanimously adopted by the meeting. The first award of the prize will probably be made in June, 1885.

The Working of the Infectious Disease Notification System in England.

FORTY of the leading physicians and surgeons of Nottingham have recently presented to the Town Council an earnest protest against the application of this system to their town, as provided by a gas bill which the Council is now promoting. The signatories do not think that a measure relating to the public health has any place in a gas bill, or that it ought, under any circumstances, to have been inserted without the consent of the profession, or without full discussion. They consider that a physician's first duty is to his patients; that all other considerations are subordinate; and that the secrets revealed at the bedside ought to be as sacred as those of the confessional. They conceive that they would be false to their trust and dishonour the profession did they accept the post of informers. They are moreover convinced that the existence of this sentiment will suffice to defeat the object of the clause in question, since it will lead to evasion, wilful errors of diagnosis, falsehood, concealment, and consequent spread of disease. They beg to call your attention to the fact that the medical practitioners of Bolton, who state that they "have suffered grievously" under a similar clause schemed into a private bill, petitioned Parliament for relief, alleging, among other serious objections to the compulsory notification, "That by reason of the medical attendant having to give such information, disease is spread and the fatality increased from their services not being obtainable, or only in the latest stages and the severest cases." Concealment will therefore become the order of the day, and concealment means aggravation and spread of disease. If it is alleged that the services of the doctor could only be dispensed with in the milder cases of disease, we reply that slight cases are quite as infectious and dangerous to the community as severe ones; and the medical practitioner, when called in to such cases, can do more and better work in the way of home isolation, disinfection, and prevention of the spread of disease, than could be accomplished by notification and compulsory

removal, with the drawbacks we have alluded to. They believe that in sanctioning the proposal of the Medical Officer of Health, the Council have not been sufficiently alive to the fact that it is very frequently absolutely impossible for the most skilled practitioner to say whether a patient is suffering from an infectious or contagious disease or not. Finally, the signatories submit that a law which is a nuisance to respectable people, which is almost necessarily and frequently evaded, and which fails signally to attain the end in view, is, *ipso facto*, a bad law, and ought to be repealed.

Homœopathy and Regular Medicine.

THE St. Louis (U.S.A.) Medical Society recently passed a resolution to the following effect:—"Resolved, that the St. Louis Medical Society, while it desires to accord the broadest freedom to medical investigation, and recognises fully the right of individuals to form and hold private opinions, hereby declares that it regards with disfavour any steps taken to lessen or obliterate the distinctions and safeguards between an honourable practice of medicine founded upon science and that founded upon any of the current delusions and exclusive medical systems of the day."

The Materies of Sausages.

A PORK-BUTCHER named Walters has been summoned before the Kingston magistrates, and fined £30, for exposing for sale meat unwholesome and unfit for human food. A number of pieces of ulcerated beef were found lying on the board where his men were engaged in making sausages; and the medical officer of health was shown a leg of beef infiltrated with pus, the tissues in the neighbourhood of the joints being quite disorganised. A lad in Walters's employ owned to having cut up some of this meat for sausages, and he had not been told not to use any portion of it. An attempt was made, on the part of the defendant, to show that the condition was due to post-mortem changes. It was however, shown that the meat, when it was seized, had been only four days killed; and the medical testimony proved that its condition was due to disease, and not to mere decomposition. The highest fine that can be inflicted under the 117th clause of the Public Health Act is a bagatelle to those whose profits must be at least cent. per cent. on the outlay.

MRS. TURNER, widow of Mr. Charles Turner, at one time M.P. for South-West Lancashire, has announced her intention of building a home for incurables in the suburbs of Liverpool. The home will accommodate 200 patients and cost £40,000. It will be suitably endowed by Mrs. Turner. A site overlooking the Mersey has been already secured.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Birkenhead 13; Halifax 16; Huddersfield, Plymouth, Birmingham 17; Derby 18; Cardiff 19; London, Wolverhampton, Salford, Oldham 20; Sheffield, Edinburgh, Hull 21; Leicester, Norwich 22; Bristol 23; Newcastle-on-Tyne, Bolton 24; Leeds, Bradford, Liverpool 25; Glasgow 26; Dublin, Brighton,

Nottingham, Manchester 27; Blackburn, Portsmouth, Sunderland 28; and Preston 29.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Calcutta 33, Bombay 28; Paris 27; Geneva 29; Brussels 22; Amsterdam 26, Rotterdam 23, The Hague 21; Copenhagen 28; Stockholm 30; Christiania 19; St. Petersburg 60; Berlin 24; Hamburg 28; Dresden 27, Breslau 31, Munich 33, Vienna 38, Prague 42, Buda-Pesth 33; Rome 33, Naples 32, Turin 27, Venice 24; New York 36, Brooklyn 23, Philadelphia 24, and Baltimore 22.

BIRMINGHAM, whence the Hospital Sunday Fund originated, has just held its annual collection, and so far the amount seems likely to realise a larger amount than usual. Up to the present time about £4,300 has been paid in. In Manchester this year the collections on Hospital Saturday have been £1,574 in excess of those of 1881; the gross amount raised reaching £7,486. Of this sum £7,000 has been divided amongst eighteen medical charities of the town, the Royal Infirmary receiving £3,367.

THE highest annual death-rates per 1,000 in the large towns last week from diseases of the zymotic class were— from whooping-cough 20 in Bristol, and 1.8 in Liverpool, Manchester, Birkenhead, and Sunderland; from measles, 6.4 in Portsmouth, 3.8 in Brighton, and 3.1 in Bradford; from scarlet fever, 1.9 in Derby and 1.6 in Hull; and from "fever" (probably enteric), 1.3 in Sunderland and 1.2 in Bristol. Of the 27 deaths from diphtheria, 14 occurred in London, 6 in Glasgow, 2 in Birmingham, and 3 in Leeds. Small-pox caused 17 deaths in London and its suburban districts, 2 in Nottingham, 1 in Liverpool, and 1 in Bolton.

Scotland.

[FROM OUR NORTHERN CORRESPONDENT.]

ABERDEEN NATURAL HISTORY CHAIR.—Professor Alleyne Nicholson delivered, on May 9th, his inaugural lecture as Professor of Natural History in Aberdeen University. Dr. Nicholson was accompanied by Principal Pirie, and by Professors Brazier, Struthers, Fyfe, Minto, Ogston, Smith-Shand, Stephenson, Stirling, and Traill. The large new Anatomical Theatre, in which the lecture was delivered, was crowded in every part by the students, who gave the new Professor an enthusiastic welcome, the cheering being again and again renewed before the proceedings could begin. After a few remarks by the Principal, in which he spoke in very complimentary terms of the great reputation with which his new colleague came to Aberdeen, both as a teacher and as a man of science, Prof. Nicholson proceeded with his lecture. After some remarks relating to the former occupants of the Chair of Natural History in Aberdeen, and especially to Macgillivray and Nicol, the Professor proceeded to give a brief account of the ground which modern zoology may be understood to cover, and of the relations which it has with various cognate or allied branches of science. At the conclusion of the lecture, the students again manifested their satisfaction with their new Professor, whose reception was very hearty.

HEALTH OF EDINBURGH.—At a meeting of the Public Health Committee of the Edinburgh Town Council on the 9th inst., Dr. Littlejohn, the medical officer of health, submitted a report on the health of the city during the month of April. The total number of deaths registered for that period was 377, giving an annual death-rate of 19.88 per 1,000 of the population, this rate being considerably lower than that of the five preceding years, when the average was 22.07. Of 51 deaths due to zymotic diseases, 19 were from whooping-cough, 24 from measles, and 6 from typhoid fever. The number of births registered during the month was 579, of which 52 were illegitimate. The cases of infectious diseases reported numbered 1,376—1,239 of measles, 83 scarlatina, 52 typhoid fever, and 12 diphtheria—this being the largest number reported in any month since the Act providing for intimation of such cases by the medical practitioners came into operation.

GLASGOW INSTITUTION FOR DISEASES OF WOMEN AND CHILDREN.—The annual meeting in connection with this institution took place on the 9th inst. : Dr. Robert Bell read a characteristic report, and Sir James Watson good-naturedly said, in the course of a gushing speech, that the institution was established for the treatment of a class of female diseases which could scarcely come within the scope of either of the infirmaries, a statement, to say the least of it, showing imperfect knowledge on the part of Sir James, seeing that fully-equipped departments for female diseases exist at both infirmaries.

EDINBURGH UNIVERSITY CHEMICAL SOCIETY.—The ninth meeting of this Society was held on the 10th inst. in the University, Dr. Knott in the chair. Mr. D. O. Marson read a paper on "Fluorine." He sketched the various efforts to extract this element from its compounds by Davy and Core, every time ending in failure, and indicated the possible basis for future experiments, the most important being silver fluoride. Mr. H. R. Mill read a paper on "Archæological Formulæ as found amongst the Alchemists and the Works of Chenevix."

Literature.

CONTINUED FEVERS. (a)

AMONG the valuable monographs on diseases which have appeared of late, that on the "Continued Fevers," by Dr. Wilson, of Philadelphia, must be considered as taking very high rank. The several forms of fever discussed by the author are thus enumerated by him, viz. :—Simple continued fever; influenza; cerebro-spinal; enteric or typhoid; typhus and relapsing fever; and dengue. A distinguishing feature in his manner of treating these subjects is, that he gives a carefully prepared *résumé* of the history of each form of disease which he notices. As an example we take the historical sketch he furnishes of dengue. Regarding the etymology of the word he says: "This disease, when it first appeared in the West India Islands, was called the *Dandy fever*," in allusion to the stiffness and constraint which it gave to the body and limbs, thus causing the subjects of the affection to assume the gait of the "dandy" of that day. The Spaniards of the neighbouring islands mistook the term for their word *dengue*, denoting prudery, and much the same thing as dandy. Hence the term "begotten of a misapprehension of a word applied to it in jest has become the generally accepted designation of the disease."

The earliest notice of the disease occurs under the date 1779. In that year it prevailed in Java, affecting both natives and colonists. In the year following, namely, 1780, it appears to have extended over an enormous portion of the earth's surface, including Coromandel, Africa, Arabia, Persia, Tibet, and North

America. No particulars appear from which an explanation can be gathered as to the manner of its rapid diffusion over tracts so extensive and far distant from each other. Dr. Wilson observes, however, that "climate has a large influence in the development of dengue," and, moreover, that "dengue is in the strictest sense a pandemic disease. With the exception of influenza, no other disease has prevailed over so wide an extent of the surface of the globe, or attacked with such impartiality the inhabitants of the countries over which it has passed." Thus, then, by inference, the circumstance is gathered that the actual cause assigned for its rapid and great extension is what in recent years has acquired the name of "pandemic influence." But then again the question still remains unsolved—what is that?

From 1780 to 1818, it does not appear that dengue was anywhere noticed. In the latter year it prevailed at Lima; then came a brief interval during which the disease appears to have been again dormant. In 1826 it occurred in Savannah; in 1827 at St. Thomas, in the West India group; then, during 1828 in the United States and North America, after which, at intervals of time, it has recurred at intervals of varying length in America, Eastern Africa, Arabia, India, Burmah, and China. In 1872, the epidemic which then prevailed in Southern India was so intense and wide spread, that in some localities scarcely an individual escaped. It reached its height in September and October, and subsided suddenly after a heavy rain about the middle of the latter month. Among the general remarks made by Dr. Wilson regarding fevers, there are not a few that strike one by their appositeness, in reference to theories expressed by various writers. He well observes with regard to diseases generally, that they are processes, and not entities; that our knowledge of the exciting causes of fevers does not admit of such a principle in their classification. From the tenor of his remarks, however, it is tolerably apparent that he has a hankering after the method of classification which he thus indicates as being defective; but, as he remarks "we must content ourselves with groupings based upon the broad clinical aspects of diseases." And what better method of grouping has yet been devised? Is it not the case that all such "groupings" as have been formed in accordance with particular theories of causation, have severally led to confusion, and to be each in its turn modified or altogether abandoned.

On the subject of fever generally, his remarks are valuable, more particularly in reference to the state of complication into which opinions in this country have fallen. Much confusion, Dr. Wilson observes, has arisen in consequence of the use of the term simple continued fever, by different authors, to designate several distinct affections; further, that some observers even deny the existence of simple fever as a distinct affection. In its most intense form, Dr. Wood considers that it differs from sunstroke in degree, and not in kind. The ardent continued fever of the tropics appears to be only an aggravated form of the now rare synocha of Britain. Young plethoric persons not yet acclimated are those chiefly attacked by it. The asthenic form, on the other hand, is that in which the febrile action is less intense, the duration more prolonged than in the preceding. Following such remarks, however, is an observation which cannot but strike with surprise the medical man who serves in the tropics, namely, that these cases are never fatal, and that enteric fever often presents the collection of symptoms described as pertaining to simple continued fever. Does not this remark coincide, to some extent, with an observation quoted in these pages some time ago from an official document then under review, that in India, all cases of fever that prove fatal are returned as enteric, all that recover, as continued or remittent. Adverting to enteric or typhoid fever, Dr. Wilson enumerates a total number of synonyms of the affection so-called amounting actually to eighty-one. These are taken partly from the supposed relationship of the disease to typhus, its mode of prevalence, duration; its assumed causation; its phenomena, complications, and localities in which it prevails. Then follows an interesting historical sketch, to which space prevents further reference. Finally, (p. 284), we come to the section which refers to treatment; and here the remarks are by no means encouraging as regards the supposed triumphs of modern physic, nor particularly flattering to the conservative spirit of medical practitioners. But the precise words of the author had best be given—

"The expectant or rational treatment of enteric fever, is that generally employed at the present time. Notwithstanding the diminished mortality following the employment of the anti-pyretic treatment in Germany, it has never been generally

(a) "A Treatise on the Continued Fevers." By J. C. Wilson, M.D. London: Sampson, Low, Searle, and Rivington. 1881.

introduced in France, Great Britain, or the United States."

Surely the plain significance of these remarks is that, whereas active treatment is followed by relatively small mortality, the "expectant" method with its implied results is nevertheless held to be "rational."

In conclusion, Dr. Wilson's work is full of valuable information, and it deserves a very careful study by physicians charged with the duty of treating fever in its several manifestations.

SMITH'S SURGERY. (a)

DR. STEPHEN SMITH'S Handbook of Surgical Operations, a work not altogether unknown in this country even, being designed chiefly for military surgeons, its author has been induced to prepare a more general treatise on the same plan for civil practitioners' use. This, the "Manual of Operative Surgery" is a handsome volume of medium size, to which unqualified approval can conscientiously be given. Whether for the purpose of the student or the man in practice, it contains an amount of information clearly and tersely put that could only be gathered from other sources at a much greater expense of time and trouble than is necessary for the appropriation of Dr. Smith's descriptions. These are not always perhaps quite so full as might be desired, but the instances in which the omission of details is likely to create confusion—as e.g., in the account of transfusion, p. 271—are very few. The arrangement of the book, moreover, is calculated to very materially assist the reader, it being arranged into sections admitting of all operations on a particular system of organs being included under its appropriate heading. A valuable feature of the whole work is the invariable reference of every description or phrase borrowed from others to its author. Dr. Smith recommends drawing off the fluid from the tumour in spina bifida, p. 288; this is opposed to recent practice in this country, and apparently our author is not as sanguine as English surgeons of the good results to be derived from operative interference with this condition. The chapter on the kidneys is the least satisfactory in the whole book, the important operations on this organ being too briefly considered; the bladder and urethra are, however, most carefully and completely dealt with. There are a large number of illustrations, but many of them are too badly drawn to be of great service in the way of explanation; the figures of instruments are the best. Notwithstanding these small drawbacks, however, the work is a distinctly valuable addition to our literature; and to students particularly it should prove a welcome help.

THE ELEMENTS OF PHARMACY, MATERIA MEDICA, AND THERAPEUTICS. (b)

This attractive manual differs much from other text-books of materia medica, and will be found of special use to junior students. Indeed, it is a useful book for those who have not commenced hospital work, but are following the plan of apprenticeship or pupilship. The first part is devoted to pharmacy, the various modes of preparing drugs, the contents of the British Pharmacopoeia being all passed in review. Some of the hints in this department are very useful, and evidently derived from a practical knowledge of the subject. The next part gives Materia Medica in alphabetical order, from Acacia to Zingiber, brief descriptions of each drug, its preparations, uses, and dose being given. Then come a few pages on non-official remedies. These are printed in red ink, giving a somewhat peculiar appearance to the page. After this, we have Part III., devoted to therapeutics, also arranged in alphabetical order. The uses of the several drugs are given at greater length than in greater text-books of materia medica, and although in a small manual like this we cannot expect completeness, we must say that the author has contrived to condense into a small compass a very considerable amount of practical information. A few pages are devoted to the groups of therapeutic agents, and a few more to the various modes of administering medicines. Then we have some excellent directions as to prescription-writing, illustrated by lithographs

"Manual of Operative Surgery." By Stephen Smith, A.M., M.D. London: Wm. B. Saunders, 1882.

of actual prescriptions by well-known practitioners, a key to each being printed opposite. The study of these will be very useful to those who have not much opportunity of examining autograph prescriptions. After this we have an explanation of the pharmacopoeial reactions and tests. Altogether the book is one which we can advise every student to procure as soon as he enters the profession, either by apprenticeship or otherwise.

CLINICAL LECTURES ON SENILE AND CHRONIC DISEASES. (a)

WE are not surprised that the Sydenham Society have issued a translation of this volume, the translator being Mr. Tuke. It is one of the most valuable volumes which the Society has given the profession, for the name of Charcot has long been known as one of the leaders of the French capital. His opportunities for observation have been very great, and he has availed himself of them, and the volume before us is one of the results of his labours. It is to be observed that it is only certain diseases connected with old age of which the author treats, and, what is of more consequence, it is of females only that he lectures. That the diseases of females in advanced life differ considerably from those of males in a similar state, can scarcely be questioned. We ourselves have the conviction that men are subject to a greater number of diseases than women. Be this as it may, females exhibit several affections, of many of which our author treats, and of which we shall now proceed to give a very brief notice.

The lectures are commenced by an introduction entitled "Compound and Scientific Medicine—Comparison between the Ancients and Moderns." Though an interesting lecture, and what, from its title, may be inferred to be only introductory, it is not our purpose to notice it here, but proceed to the next, which constitutes the first lecture proper, and treats of the "General Character of Senile Pathology." We have here a very graphic sketch of the changes which occur in our frames in advanced life; nor, indeed, does the author confine his remarks to females alone; but describes as well what both sexes exhibit, and which general state he sets down to a universal atrophy of every portion of our frames. It is to be observed, however, that from this statement two organs are excepted, the heart and the kidneys, which he says, "elude this rule and preserve the dimensions of middle life." He even goes so far as to state that the heart may undergo a real hypertrophy in some old people, and that this follows, or seems to follow, "what is called the senile alteration of the arteries." Whether this be the true cause we have some misgivings about. Our own explanation would be that the heart had become hypertrophied in middle life, and so had remained. It will be observed it is only in some that the heart is found enlarged; and if it were a law it should be more general than it appears to be. Arterial fibrosis, it is commonly considered, leads to hypertrophy in earlier life; but it is another matter to deduce a law from this which would apply to advanced age. How the kidneys elude the general law of atrophy which obtains in old age it is not easy to explain, but it is so stated. The secretion of urine may be relatively of more consequence than other secretions, and so Nature has ordained that the kidneys should not waste. But this is all conjecture. Leaving this question out, however, it may be assumed that the vast majority of the various animal functions decay with advancing life. To ourselves it seems that the function which lasts the longest is the mental part of our being, and obviously for the wisest purposes.

As the first chapter is taken up with the pathological changes found in old age, so the second is occupied with the same subject, but considered from the clinical point of view. This is a very important chapter; nor do we know any other author who has brought so prominently forward the fact that, in old age, the sympathies of the sound organs are very much weakened from what they were in earlier life; and so it is that severe, or even fatal diseases may exist, and be, at the same time, latent. Thus, pneumonia may be present, and cause no general symptoms, and so of other diseases. Here it is the stethoscope becomes of such paramount value. The author mentions biliary gravel as a disease, which in the aged, often exists with little or no suffering, or reaction, also diabetes, cancer of the stomach, phthisis, and other affections.

(a) "Clinical Lectures on Senile and Chronic Diseases." By F. M. Charcot, Professor in the Faculty of Medicine of Paris, &c., &c. Translated by William S. Tuke, M.B.C.S. With Plates and Woodcuts. London: The New Sydenham Society, 1881. Pp. 303.

Following these remarks our author goes on to speak of the febrile state of the aged, and shows the several points in which it differs from what is met in earlier life. This leads gradually on to the subject of Thermometry, which has, of late years, attracted so much attention; and our author speaks of its great importance, and afterwards of its application to the diseases of the aged, and he seems to have bestowed much attention on this particular subject. We notice two agents of which our author speaks as affecting the temperature; these are digitalis and rum, both of which lower it. The former, he states, must be given in large doses, and when it is suspended the temperature again rises, and the same remark is made of rum. Is there any agent, we would ask, which affects the temperature of our bodies in disease, and which does not act similarly to these? We believe not. The cold bath, it is known, lowers the animal heat, but only that it may rise again. The author makes the important statement that when a disease, such as pneumonia, is about to be fatal in the aged the temperature very often falls for the two or three days preceding death; but that a contrary course obtains amongst the middle aged. He also states that it is in the rectum of the aged the temperature should be taken, for that if taken in the axilla it may mislead. This entire chapter will well repay perusal. In Lecture III. our author treats of "nodular rheumatism and gout, and the state of the blood in gout." It would seem as if this disease was very common among female patients in the Salpêtrière. It is put down at 8 per cent., and with such a percentage the author claims for it much attention. He enters at some length into the question of the identity of gout and rheumatism, and gives his own opinion that they are two essentially distinct affections; and then goes on to give an excellent sketch of the presence of urate of soda in the blood of the gouty, and the circumstances which modify its presence. To Garrod he gives the credit of ascertaining, beyond the possibility of question, the presence of this salt in the gouty. And here we would ask, is this the only change which exists? We think not; but rather that other differences must be present, which, however, have hitherto escaped detection. It is to be noted that both in some cases of Bright's disease and also lead poisoning the same salt is found in excess in the blood. Such a fact seems to us to prove that a something must exist besides the salt of which we have spoken. This lecture and the following, we may add, treat of the morbid anatomy of the joints as found in gouty subjects, and also the state of the viscera. Though the descriptions are brief they are very graphic, and impress the reader with the idea that the writer wished to compress what he had to say into the smallest space. These lectures might be described as "multum in parvo." Amongst the effects of gout on the viscera the author mentions the following: An oedematous state of the mucous membrane of the stomach; fatty degeneration of the heart; cerebral apoplexy; affections of the kidneys, &c., &c. But the most interesting part of the chapter many will consider that portion which speaks of gout in the lower animals, or a disease having the closest analogy with it. The writer instances some birds, such as falcons and parrots, and also some of the serpent tribe, as affording specimens of gouty deposits about their joints. He mentions, too, that these lesions have been artificially produced at Tübingen by Zalesky. These points seem to us to have a curious interest attached to them.

Chapter VI. is taken up with the symptoms of acute and chronic gout; these are very well described, but need not detain us here. There is one remark by the author which is worthy of notice; that, though he speaks of acute and chronic gout, it is essential that the disease should be considered a chronic affection; for that when once gout shows itself the system never afterwards gets rid of it, even though years may elapse between the attacks. We have seen cases which fully bore out this remark.

Chapter VII. is on the symptoms of visceral gout. These the author happily divides into the functional and organic lesions. The symptoms are all well given, and describe clearly the several phases which gout presents in its course, according as it is larval, retrocedent, or structural. We observe that he describes and believes that gout may directly attack the stomach—a point which others have denied. For ourselves, we have no doubt about it; it would, we think, be far stranger if the stomach escaped in such a well-marked diathesis as the gouty exhibit. We may state, too, that dilatation of the organ is one of the results, as noticed by Todd, Brinton, and Soudmore. Is this due to the use of

too much food? Speaking of the effects of gout on the heart, the author puts strongly forward the fact that it is fatty degeneration which is the result; there is no contra-distinction to endocarditis or valvular disease. This we take to be a very important observation.

Chapter VIII. is on affections which may be associated with gout, and it is possibly a more important chapter than the preceding one. The diseases which may complicate gout, are anthrax, erysipelas, dry gangrene, and more particularly diabetes mellitus. The author's remarks on the latter complication are of special interest. He gives the details of a family of nine, in five of whom some close connection existed, or seemed to exist, between gout and diabetes. Eight of the family were corpulent. This is a very remarkable example in point; not that the two diseases co-existed, but they were alternated the one with the other. We have not met any cases ourselves of this description, but we consider the subject well worthy of investigation. It may tend to clear up the obscurity which still surrounds that remarkable disease diabetes mellitus.

(To be continued)

Correspondence.

THE UNQUALIFIED ASSISTANT SYSTEM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—You deserve, and I hope will receive, the sincere thanks of every high-minded man in the profession, for the truthfulness of your exposure of the above system in your recent articles thereon. The question vitally affects both the profession and the public at large, and no reform can be hoped for until Parliament, after having settled the Irish question and reformed itself by the *cloture*, can spare a short portion of its time to look out after and to protect the nation's health. As affairs are at present, notwithstanding the protection which Public Health Acts are supposed to give, the amount of sickness in the country, and the total death-rate are inordinately high.

Very recently I have been engaged in a correspondence with that honourable body the *Local Government Board* upon some health questions under its jurisdiction, and the result of this correspondence is, I am sorry to say, very far from a success, if not altogether impotent.

Some few months ago a gentleman who held three appointments (parish, workhouse, and medical officer of health) under the above Board died, and it became necessary to appoint a successor to him. There were three or four candidates and the usual amount of solicitation for votes by each; and one candidate is alleged to have told the Poor-law guardians whom he canvassed, that as he had planted in the district three assistants in charge of "branches," he was the very man for the office, as these assistants would do the work in case a pressure of practice prevented him from doing it. Notwithstanding that this gentleman's assistants were all unqualified (one at least had never been a recognised or regular medical student), the Poor-law guardians gave him the appointment, and their selection was duly ratified by the Local Government Board.

Puerperal fever is now endemic in several parts of the same union, and the assistant above referred to has already had a large proportion of cases—all of them fatal. How he manages with the death certificates to the district registrar is more than I know; but it appears he has no difficulty in that affair. As he holds the office of colliery doctor's deputy, and as the colliery manager or viewer is chairman of the board of guardians, that very possibly may be the reason that his certificates are accepted as genuine.

Another view of the case. Occasionally I vaccinate some of my patients' children in these gentlemen's district, and it sometimes happens that when the vaccination is successful the parents fail to give me the usual certificate to fill and sign. The suspicion has occurred to me more than once that the "colliery doctor's doctor" collects these certificates and hands them over to his principal or employer to sign, return and charge the guardians, or the Government, as the case may be, for work done by somebody else. I could enlarge very much upon this subject, unqualified, incompetent medical or surgical assistants and their work, but as I am reluctant to trespass too far on your space at present, I

may, Sir, with your permission, return to it as occasion arises again.—I am, &c.,

5th May, 1882. A RUSTIC GENERAL PRACTITIONER.

RESIDENT HOSPITAL APPOINTMENTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The discussion of the subject of Resident Hospital Appointments is destined to ventilate a grievance that has long been acutely felt by the body of medical students, and particularly so at this hospital, where, as has already been pointed out in your columns, the number of annual entries at the hospital is so much in excess of the number of available appointments to the junior staff.

Judging from the state of affairs here it is impossible to be led to any other conclusion than that the best men rarely, if ever, get appointments on the junior staff; nor is this unaccountable, when it is borne in mind that those who have personal influence or family connection with the members of the permanent staff, and who thereby readily obtain these desirable appointments, are those of the students who from that fact alone have no incentive to work, when they know that their future position in the profession is virtually secured by the influence they possess. The remedy is obvious, but even if that cannot be immediately expected, a great improvement in the state of affairs would result if the terms of office were made six months (as obtains at many London hospitals) instead of twelve months—an alteration which would immediately double the annual number of hospital appointments. I have heard it said on the other side of the question that it is but right that the surgeon should be allowed some selection of the house surgeon, with whom he will have to work during the latter's term of appointment; but it is seemingly forgotten by those who argue thus that it is alone this power of personal choice that has led to the present abuse; and, again, that it is almost impossible for any of the staff to get as their assistants on the junior staff men to whom they have some personal objection, when it is borne in mind that permission has first to be gained during a student's career and long previous to the date of his qualification before he can even enter his name as a candidate for the appointment.

Another thing I should like to observe is that it is of the highest importance that good men, and only such, should be able to obtain these positions, because it is from the house-surgeon or house-physician that the student acquires his most valuable practical knowledge of surgery or medicine, the more so because of the importance of obtaining a good groundwork on which to build his future experience.

I trust that the correspondence on this subject may call the attention of the authorities to this lamentable system of jobbery, and thus earn for the future of the junior staff a character for ability which it does not now get the credit for generally possessing.—Yours, &c.,

"A PRESENT BART.'S MAN."

St. Bartholomew's Hospital,
May 3rd, 1882.

MATERNITY CHARITIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—My absence from home must be my excuse for not noticing earlier Dr. Atthill's courteous reply to "an anonymous writer" who made use of your pages on the 19th ult. Perhaps Dr. Atthill will permit the writer to point out that the figures that have been called in question were put forward as representing childbed mortalities since the year 1875. This being so, notwithstanding the high authority of the Master of the Rotunda, the writer would respectfully submit, that to meet them by figures of 50 years ago, and from isolated places, is not the proper way to prove their inaccuracy. This method of proof assumes that medicine, or at least the art of midwifery, has not progressed during the last 50 years, and that puerperal mortality is as great now as it was when the basis for a part of the figures quoted by Dr. Atthill was laid. Surely the learned gentleman himself would be the last in the world to take up such a position.

Moreover, from his letter of the 26th ult., he appears to take it for granted on all hands that a higher death-rate prevails among the very poor than among the middle or upper classes. The opinion of a distinguished obstetrician may be mentioned on this point, who makes a statement to the effect that the higher the class of patients amongst which a medical

man practises, the more unfavourable will be his results—that the death-rate is not equal in all classes of cases, but that it is highest in the upper classes. If this opinion is correct, and a consideration of the higher *role* played by the nervous system in the production of disease in the educated classes lends an air of probability to the hypothesis, Dr. Atthill inverts the puerperal death-rate considered in its relation to social rank. That the maternal death-rate is low amongst the lower classes is almost proved by a consideration of those maternity hospitals that have been luckily kept free from infectious disease. Here we come to figures that are reliable, quite as much so as those quoted by Dr. Atthill, and more to the point, inasmuch as they represent the modern maternal puerperal death-rate, and do not include the statistics of our obstetrical fathers. About 200 cases per annum have been treated in the Belfast Lying-in Hospital, and during the last five years two maternal deaths have occurred; in the Birkenhead Lying-in Hospital in the same period 242 women have been confined without any maternal deaths; and the death-rate in the lying-in wards of the Liverpool Workhouse has been 32 per 1,000, or 1 in 300. These figures show that amongst the lower classes a much lower maternal death-rate may be looked for in some localities than Dr. Atthill's figures would lead us to expect, or even to believe possible, and at the same time they go far to prove that those to which he takes exception may possibly be not so erroneous as he would have us believe.

I am, &c.,

May 12th, 1882. THE WRITER OF THE ARTICLE.

MR. LAWSON TAIT AS AN ANTI-VIVISECTIONIST.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I must regard it as a compliment that you think me worthy of such a paragraph as appears in your present issue, but I think it would have been more just if you had waited for the publication of my paper, rather than have judged it on a report communicated by an evidently prejudiced listener.

In the first place, I declared that I am not an anti-vivisectionist, but am in danger of becoming one from the style of argument used by the vivisectionists. That I have not "misunderstood the subjects when dealing with historical questions" may be shown by a single instance. Mr. Sampson Gamgee stated in his pamphlet that amputation at the hip-joint was never attempted till it had been proved safe by vivisection. His authority for this is a bald statement about some experiment published in 1778. But amputations through both hip-joints, in the same patient, were performed in 1748, and I have obtained traces of still earlier cases. What are we to think of a case which is got up on evidence like this? Not a single statement advanced in support of vivisection will stand the test of historical criticism; at least I have not found one, and I shall be glad if you can supply me with some more upon which I can make researches.

I am quite open to any reasonable criticism, and I do not willingly, nor without pain, occupy a position hostile to general professional opinion; but the case for vivisection must be more substantially supported than it has been hitherto, otherwise it certainly will be overthrown.

I am, &c.,

Birmingham, May 13th. LAWSON TAIT.

THE HARROGATE CHLORIDE OF IRON SPRING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the article on the Harrogate Chloride of Iron Water, by Drs. Tichborne and Prosser James, contained in your last issue, I observe some inaccuracies as to facts and figures quoted from my work on the Harrogate Waters which I will thank you to permit me to correct, lest the reputation of this unique and valued chalybeate should suffer from silence on my part.

On p. 402 it is stated:—"The analysis per gallon gave in—

	Protochloride of Iron.	Protocarbon of Iron.
1865 Miller	... 12.48	11.61
1881 Thorpe	... 0.56	0.48."
The correct figures are the following:—		
1865 Miller	... 14.48	11.60
1881 Thorpe	... 13.89	11.61

You will observe how slight is the difference between the

ferruginous charges of 1865 and 1881. Indeed, it is but 1-80th of a grain in the ordinary dose of the water—4 oz.—instead of the enormous falling off suggested by the incorrectly-quoted figures, and therefore the statement, "Now these results show a great change to have occurred in the amount of iron, the most important item in the water, in the space of fifteen years," which follows the above quotation, falls to the ground.

In the table of Prof. Thorpe's analysis you record, "Carbonate of calcium (trace)." As a matter of scientific interest I should state that chemists (and I am not aware that Prof. Thorpe is an exception) have not detected the presence of the carbonates of the alkaline earths since the year 1865, when Drs. Muspratt and Miller discovered the chlorides of iron and of barium in this remarkable water; in fact, since that date the only carbonate recorded has been protocarbonate of iron.

The above errors as to figures have doubtless arisen from a misapprehension of the gist of the data whence they were drawn; but it is right they should be corrected at once, and I will thank you to insert this note, if possible, in your next issue.

I am, Sir, yours, &c.,

GEORGE OLIVER, M.D. Lond., &c.

[We should state at once that our description of the iron spring at Harrogate is based chiefly upon Dr. Oliver's "Harrogate Waters," as being the most reliable and recent work upon this spring. If, therefore, any errors have crept into our article, they either proceed from a misconception of Dr. Oliver's tables, or from errors for which we are not answerable. We should be very sorry to do anything which could in the slightest degree militate against the Harrogate Waters, which we consider amongst the most valuable in England, if not in Europe. Our figures giving the difference between Miller's analysis in 1865 and Thorpe's in 1880 are, no doubt, incorrect. They were calculated from a table given at p. 57 of Dr. Oliver's work, and it escaped our observation that, although the figures appear in the same column, in the case of Dr. Miller's analysis it is the total grains per pint of chloride of iron; but in Mr. Thorpe's analysis it is only the decrease. This is not put very plainly in the table. They were both converted into grains per gallon as being total amount per pint. We cannot, however, quite agree with Dr. Oliver's remark that our views of this water changing in the amount of iron from time to time "falls to the ground;" therefore, we will quote from Dr. Oliver's book, p. 57, the amount of chloride of iron, and his own remarks thereon, which, we think, constitute a sufficient answer on this point:—

Grains of chloride of iron in twenty ounces of water (p. 57, Dr. Oliver's "Harrogate Waters") :—

Miller 1865	...	...	1.81
Davis 1865 to	...	...	1.21 increase.
1879	...	...	0.34 decrease.
Thorpe 1880	...	...	0.15 decrease.
Thorpe 1881	...	...	0.07 decrease.

Dr. Oliver goes on to say:—"It may be noted that changes in the quantity of the constituents, however considerable, in a large bulk of water, e.g., a gallon, assume minimal proportions in the small average doses prescribed, e.g., four ounces." The average fluctuations, of course, if converted into grains per gallon would look very considerable. Again, we find from other tables, &c., in Dr. Oliver's work, that, in 1865, Dr. Miller found per gallon 14½ grains of chloride of iron; Dr. Muspratt in 1866 found 16 grains. In 1872, from monthly analyses, it fluctuated from 26½ to 34½ grains, and now, in 1880, Prof. Thorpe finds about 13½ grains. The carbonate of iron generally seems to run in a like ratio. Surely there is fluctuation here which we have no doubt is common to all mineral waters. It only demonstrates the necessity of periodical examinations of all mineral

waters. As regards Mr. Davis's analyses, we think there must be some misquotation in Dr. Oliver's book. Had we taken the reading evidently intended it would have made the discrepancies as regards those analyses appear greater. The trace of carbonate of calcium is a printer's error, but it is quite unimportant.—Ed. M. P. & C.]

Obituary.

DR. JOHN HUGHES, OF DUBLIN.

WE have to announce the very sudden death, on Friday last, of Dr. John Hughes, Physician to the Mater Misericordiæ Hospital, Dublin. He had just left his morning bath, when he complained of faintness, and expired within less than a quarter of an hour. Dr. Hughes commenced professional life as a general practitioner in Queen Street, having graduated as L.R.C.S.I. in 1842. Subsequently, having taken up practice exclusively as a physician, he was appointed one of the medical staff of Jervis Street Hospital, which position he held for many years. In 1856 he was appointed Physician-in-Ordinary to the Lord Lieutenant, and continued in that office until 1865. Subsequently he was chosen to succeed Dr. Robert Law as Visiting Physician to the Dundrum Central Criminal Asylum. He was also Visiting Physician to the Richmond Lunatic Asylum. By his death these two latter offices, besides his appointment in connection with the Mater Misericordiæ Hospital, become vacant, and there is already keen competition for them.

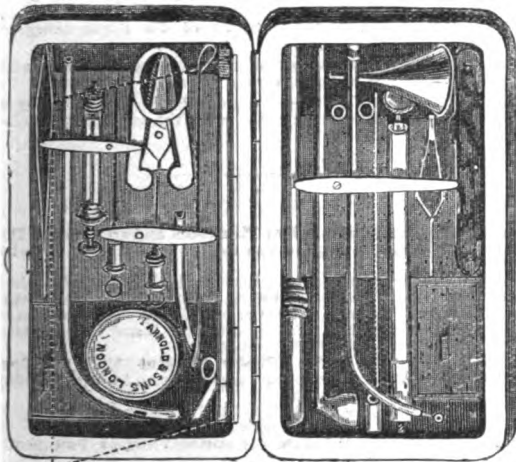
DR. JOHN BROWN, OF EDINBURGH.

A PROMINENT figure in the medical and literary world of Edinburgh passed away on Thursday last in the person of Dr. John Brown. Deceased had been ailing somewhat for the past few weeks, but a few days ago he caught a severe cold, which developed into inflammation of the lungs, to which he succumbed in the 72nd year of his age. He was educated at the High School of Edinburgh, passing thence to the University, where he completed his medical education under Syme, to whom he was apprenticed, and took his degree of M.D. in 1833. He settled down to practise in that city immediately after, and soon began to develop a taste for literary pursuits. His efforts in this direction were rewarded with the success which the talent they displayed merited; and it was a gratification to his friends when his Alma Mater, in 1874, recognised his genius by conferring upon him the honorary degree of LL.D. Two years later, a pension of £100 a-year was granted from the Civil List in recognition of his literary work. His earliest production was a volume of essays entitled "Horæ Subsecivæ," published in 1858, and included the celebrated "Rab and his Friends." The second series of the "Hours" was given to the world in 1861, the volume being dedicated to "Andrew Coventry Dick, William Makepeace Thackeray, and John Ruskin," and comprised his popular papers, "Our Dogs," and the almost farcically-humorous "Dick M'ik, or Cur, Why?" Only a few weeks ago Dr. Brown issued a third series, which has already reached a third edition; and on the 12th April last a fourth series of professional and other papers appeared under the title of "Locke and Sydenham." In a prefatory note to this volume, Dr. Brown took occasion to express his opinion that the cramming system of examinations was becoming an enormous nuisance, and that a "mediciner should be as free to exercise his gifts as an architect or a molecatcher." The additional papers here given include a brief notice of Sir R. Christison, and a warm eulogium on the author's old master, Professor Syne. No writer, it may be safely said, has met with prompter or more cordial recognition, his name having become a household word at home and throughout America. Dr. Brown was a Fellow of the Royal College of Physicians and the Royal Society, Edinburgh, and was

an occasional contributor to newspaper controversies on questions affecting the city of Edinburgh—his *nom de plume* in such encounters being "Randolph." He was a widower, and leaves a son and a daughter.

Novelties.

AN IMPROVED SURGICAL POCKET-CASE.



THIS pocket-case, of which the above is an illustration, has been designed by W. Arnold Thomson, F.R.C.S.I., of Amphill, Bedfordshire, and manufactured by Messrs. Arnold and Sons, of London, for the express purpose of supplying practitioners with a complete, portable, and compact case of really useful and necessary instruments to be carried during the daily rounds of visiting, as well as when sent for to an urgent and unknown patient. The case contains nearly everything a surgeon can require on an emergency, besides many things of daily utility and necessity. One side of the case contains Clinical Thermometer and Caustic Holder combined in silver case, Corrigan's Actual Cautery, Button and Director combined, Bellory's Silver Epistaxis Canula, Finger Saw, Exploring-needle, Toynbee's Silver Ear Speculum, constructed to act also as a Tracheotomy tube if desired, Bull-dog or Artery Forceps, Straight Bistoury, Gum Lancet, Ferguson's Knife and Aneurism Needle, and a compartment to hold Lamella, Discs, Vaccine Points, and Litmus Paper. The other side contains Dressing Forceps, medium-size Silver Catheter, adjustable as male and female, Silver Probe (inside Catheter), Chesterman's Patent Metal Measuring Tape, Hypodermic Syringe and Needle, Aspirating Needle fitting to the Hypodermic Syringe, Folding Steel Scissors, Imray's Double Ear Scoop, and a compartment for thread, wire, and needles.

The case measures only $5\frac{1}{2}$ inches in length, 3 inches in width, and 1 inch deep, shaped and opening like an ordinary cigar-case, and contains in all some twenty-five efficient and highly-finished instruments, besides the other necessities before mentioned.

CHINOLINE TARTRATE.

THE knowledge of the therapeutical action of Chinoline is no doubt very limited as yet, and the peculiar characteristics of the base and the salts have prevented many a medical experimentalist practically to gauge the effect upon the human system. It is the Tartrate of Chinoline which, more than any other of these salts, seems appropriate for dispensing. The product hitherto brought forward had a very strong smell of the residues of coal-tar distillation, but this drawback appears now almost overcome in a sample sent to us by Messrs. Sobring's agents. This sample has only a very faint smell of benzole, and shows perfect and white crystals. It appears however, that Dr. Donath had no such well crystallised salt when he made his experiments, and more that that, it further is a fact that Dr. Donath, in these experi-

ments, made use of Chinoline from Cinchonine and the synthetic Chinoline quite irrespective of their source. Little as yet is known in this country respecting the therapeutical merits of this salt; nevertheless Chinoline will play a conspicuous part in medicine, owing to its near proximity to quinine.

PASS LIST.

Royal Colleges of Physicians and Surgeons, Edinburgh.—*Double Qualification.*—The following gentlemen passed their first professional examination during the recent sittings of the Examiners:—

Charles Edwin Solomon, Robert Martin Fleming, Joseph Dunlop, Douglas Lawson Thomson, Charles Stormont Murray, William Morrison Storrar, John Henry McAuley, Michael Haws, Robert Spring, Edward Morse, Robert Balfour Graham, Frank Laird, Herbert Dumville Harthan, William Ferriday, Cyril Somerset Farle, Charles Theodore Uoo Babot, Percy Howard Day, Robert McCall, Thomas George Williamson, Stuart Herriot, Joseph Fitzgerald, Ernest Frederic Taylor, Neil Stewart, Benjamin Marshall, William Arthur Dickson, Michel Donville Hart, Charles William Dean, James Henry Curtis, Arthur Neville, James Mungle, Clement Rowsell, John Edmund Hutchings Stephens, John George Brown, Wellington Dowman, Major Henry Court, William Pope Baldwin Goodridge, James Malcomson, James Alistair, Sewell Samuel McFarlane. And the following gentlemen passed their final examination and were admitted L.R.C.P. Edin. and L.R.C.S. Edin.:—Joseph Samuel Dunlop, James Pierce Johnston, Robert William Jephcott, Cyril John Williams, Symers Douglas Macvicar, Henry Bolingbroke Seymour Curll, Alexander Meghan, Albert Primrose Wells, Hartley Dixon, James Thomas Carter, William Montagu Venable Williams, James William Jeram, Francis Edwin Mulliner, Campbell Tulloch Dewar, William Johnson, William Turner, James Gunning, Matthew Ryder Draper, James Alexander Mather, Francis Bernard Norris, Charles Cumberland Brodrick, Wesley Franklin McLean, Charles Samuel Brewer, Charles Sherard Leach, Calet St. John Lawrence, Charles Henry Eyles, Robert Walter Mackinstry, George Toussaint Girder, Thomas Moore Dawson, Moffat Young, James Hargreave Mawson, Samuel McCatchan Cowe, Richard Crofts, Searle Monteith Haward, Charles Henry Freeman Underwood, James Fairbairn, Edward Knight, John Wood Lewis, Frank Squire Boreham, Joseph Charles Blyth, William Gunn, George William Daunt, Hugh Owen Hughes, Charles Maxwell, Samuel William Brierley, Harry Albert Murphy, Henry James Edwards, Henry Jesse Thomson, Robert Dickie.

Notices to Correspondents.

ALL 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.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

PAYMENT OF INQUEST FEES.

T. M. says: During the winter I was summoned to attend and give professional evidence at two inquests held in this district. I did attend and gave evidence in each case. It was the custom of the previous coroner to send my fee either before or immediately after the following assize. I expected the same custom to be followed this time. It is now more than six weeks since the assize was held and I still remain unpaid. I have written three or four times to the coroner requesting payment and got no answer. What means would you recommend me to pursue to enforce payment?

[The medical witness's fee is legally payable in cash on demand the moment the evidence is given, and it was the intention of the Act that the coroner should pay without delay and reimburse himself afterwards by including the fee in his account to the Grand Jury. It is entirely unlawful to withhold the fee until the assizes, or to pay it by an order on the Grand Jury or other paying authority. Therefore, our correspondent can recover the money at once by any ordinary process of law, or he may—if he does not like law—write and complain to the foreman of the Grand Jury.—Ed.]

G.—CONSTABULARY.—You cannot get the condition of affairs changed. Every dispensary M.D. has the refusal of the constabulary surgery of his district, if it be vacant, but if not, he must wait until it is, for the Registrar-General will not unseat the constabulary attendant as long as he is able and willing to do his duty. You will have to wait for the departure of the present occupant.

MR. C. E. STEELE (Liverpool).—Early space shall be given to your interesting case of "Extra-Uterine Pregnancy."

THE TAX ON CARRIAGES.—We are asked to announce that a meeting will be held in London on Friday evening, at the Freemasons' Hall, to protest against the increase of carriage taxation as proposed by the

Prime Minister, as "a tax levied on a most useful industry, giving employment to thousands of artisans throughout the country, and as pressing specially on thousands of medical men, as well as on sick, aged, and infirm persons."

MR. FERNLEY.—The production of fibrin has never been thoroughly understood, and the prevalent views respecting it are hardly likely to remain much longer generally accepted by physiologists. The three factors of its formation—viz, fibrinoplastin, fibrinogen, and a fibrin ferment are presumed to have been isolated, but there are many facts which point to the belief that the explanation founded on their supposed existence must be materially modified ere it can be said the whole process has been completely described. Prof. Richard Norris, of Birmingham, is engaged on a new work on the "Physiology and Pathology of the Blood," the appearance of which is shortly expected, and its author will give an account of certain newly-discovered corpuscles that he regards as the fibrin producers. It must not be forgotten, however, that so long ago as 1875 A. Schmidt announced that he had reasons for considering the blood contained a form of cell "intermediate" between the white and red corpuscles, and which was essential to the formation of fibrin. For examination purposes you should be familiar with usual explanation, but prepared also, if possible, to express the grounds on which you assume its insufficiency. We shall be glad to refer you to sources of information if you wish it.

MR. MIDDLETON.—The subject was referred to in our issue of May 3rd, present year.

MEDICAL FEES IN LIFE ASSURANCE.—A correspondent sends us the following letter which he lately received from the old-established "London Assurance Company." It is a neat way of escaping any legal responsibility for the adviser's fee; but what would the shrewd commercial directors think of so mean an attempt to obtain their wares without payment? Of course, such conduct only makes members of the profession recommend their patients to insure elsewhere:—

"SIR,—Being desirous of effecting an assurance upon my life in the London Life Association, I shall feel obliged if you will unreservedly give such answers to the annexed questions as your knowledge of my present and general state of health and habits of life enables you to afford, affixing your signature thereto, and forwarding the same to the Secretary to the Association, No. 81 King William Street, London. "I am, Sir, your obedient servant,"

DR. COLES.—The effect of bicarbonate of potash in rendering the urine acid is well known to surgeons in treating cases of catarrhal cystitis with rapid decomposition of the urine. Surgeons have looked upon this acid change in urine not as the direct chemical effect of the bicarbonate, but as the return to normal condition with relief to the bladder symptoms. Dr. Ralfe, in a little book recently published, entitled "Morbid Urines," has given a report of a series of experiments with bicarbonate of potash, noticing the urine the day before administration, the day of administration, and the day after. He found that on the day of administration the urine was rendered less acid, and on the day after became doubly more acid than on the day previous to administration. A second series of observations were made to test the effect of bicarbonate of potash when taken after meals—one drachm after midday meal and one drachm after supper. It was found that on the day of administration the urine was neutral, and on the day after administration it contained only one-half the quantity of acid that it contained on the day before administration. The effect, therefore, of pot. bicarb. is different according to whether or not it is administered during the process of digestion, when taken on an empty stomach increasing the acidity on the following day, and when taken after meals decreasing the acidity of the urine on the following day.

M.D. (St. John's Wood).—Du Voy is one of the lowest of the tribe of quacks infesting London. You can prosecute him for the offensive literature he causes to be put into your letter-box, and probably would obtain a conviction. But we doubt whether the satisfaction thus gained would recompense you for the expense and trouble you would necessarily incur in the process. We would rather advise you to draw the attention of the head of the police department, Scotland Yard, to the annoyance, and leave him to act.

DR. GOYDER (Bradford).—We hope to find space for your communication "On Bacteria" in our next.

DR. HERBERT PARSONS (Montevideo).—The papers appeared September 14th and 28th, and October 5th and 12th, 1881.

DR. L. E. R.—The book is out of print; we see a second edition is announced as "in the press."

MR. W. YOUNG, Secretary to the Society for the Abolition of Compulsory Vaccination, considerably sends us a card of admission to the annual meeting to be held this evening in London at the Neumeyer Hall, and asks us to notify the said meeting in our columns. We are willing to give him this gratuitous advertisement, and further to state that medical men will be particularly welcome, as their presence would give an air of respectability to the proceedings.

THE STUDY OF NATURAL HISTORY IN EDINBURGH.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Would you kindly give me space in your valuable Journal to point out a disadvantage under which students labour here in the study of natural history. I attended the first lecture of Prof. Ewart, and was surprised to find that he began his course of lectures with a description of the dog-fish unlike anything given in any of the manuals on zoology, including Huxley. Prof. Ewart also informed his class that he could not recommend any manual, but that we must "take good notes," which may account for his unique description of the dog-fish. Now, Sir, this is too bad, and only shows what a pass the University teaching has come to when descriptions are given which can only be learnt up by attending the Professor's class. This is like making hay while the sun shines and in view of certain expected changes in the class emolument.

Your obedient servant,

STUDENT.

F.R.C.S.—The appointment is an annual one, but the holder is eligible for re-election by the Board.

ALPHA.—Many of the experiments are well known to physiologists, but "circumstances over which they have no control" prevent their repetition for purposes of correction in this country. That contraction of the lower part of an excised ventricle can be restored by passing through it an appropriate nutrient serum, e.g., has been proved apparently beyond dispute; and there is good reason for accepting the fact that rhythmic contractility and tonicity are intrinsic properties of all muscular tissues. The subject, however, is too extensive to be discussed in these columns. Send the paper, and it shall be considered.

A TEACHER.—Our opinion of the book was expressed in review; it is an excellent work, and decidedly of more practical merit than most of the better known works on the subject.

MR. T. P.—The dates for the next examinations for the Edinburgh double qualification are July 7th, 8th, and 10th. You will obtain further information with reference to the subjects and books prescribed on application to the Secretary of the Royal College of Physicians.

PROFESSOR ARTHUR GAMGEE will deliver a lecture on Tuesday next, at 3 p.m., at the Royal Institution "On Digestion."

PATENT MEDICINES.—The subject came on for its annual airing on Friday last in the House of Commons, with the customary result—shelving.

DR. LAFFAN.—In our next.

Vacancies.

Chelsea Hospital for Women.—Two Physicians and an Assistant Physician. Honorary. Applications to the Secretary by June 1st. (See Advt.)

District Lunatic Asylums, Ireland.—Resident Medical Superintendent Applications to the Under-Secretary, Dublin Castle. (See Advt.)
Hospital for Sick Children, Great Ormond Street, London.—Junior Resident Medical Officer. Salary, £50, with board. Applications to the Secretary by May 24th. (See Advt.)

Royal Free Hospital, London.—Junior Resident Medical Officer. Board and residence provided. Applications to the Secretary before May 24th. (See Advt.)

Royal Portsmouth, Portsea, and Gosport Hospital.—House Surgeon. Salary, £100, with board and residence. Applications to be addressed to the Chairman of the Committee, Vicarage, Portsmouth, on or before May 25th.

St. Pancras and Northern Dispensary.—Physician-Accoucheur. Applications to be addressed to the Committee, at the Dispensary, by or before June 1st.

Warneford, Leamington, and South Warwickshire Hospital.—Physician. Honorary. Applications to be sent to the Secretary, at the Hospital, on or before May 2nd.

Appointments.

ARCHER, R. S., M.B., M.Ch. Dub., Medical Officer to the Second Everton District of the West Derby Union.

BARNES, R. S. F., M.D., M.S. Aber., Assistant Obstetric Physician to the Great Northern Hospital.

CLAREMONT, C. C., M.B., B.S., Medical Officer for out-patients to the Royal Portsmouth and Gosport Hospital.

HELLIS, R., M.R.C.S., L.R.C.P. Lond., House-Surgeon to the North Lonsdale Hospital, Barrow-in-Furness.

LONG, H. P., M.R.C.S., Medical Officer for the First District and Work-house of the Mere Union.

PREES, W. M., L.R.C.P. Ed., M.R.C.S., Medical Officer to the Third Everton District of the West Derby Union.

WALLACE, W., M.B., C.M. Glas., Medical Officer to the Altofts District of the Wakefield Union.

WARD, A., M.B., C.M. Ed., Medical Officer to the Loughton District of the Rotherham Union.

WORRAL, E., M.D. Q.U.I., M.Ch., Medical Officer to the First Everton District of the West Derby Union.

Births.

BROWNE.—May 11th, at 19 College Square, Belfast, the wife of Dr. S. Browne, jun., Royal Navy (retired), of a son.

O'FARRELL.—May 8th, at Dunmore East, co. Waterford, the wife of N. Sweetman O'Farrell, M.B., of a son.

Marriages.

HARTLEY—NESS.—May 11th, at St. Nicholas Church, Norton, James Hartley, L.R.C.P., L.R.C.S., of Malton, to Amy, widow of John Ness, F.R.C.S., late of Helmsley, Yorks.

MACAULAY—TRESTON.—April 30, at Kilglass, co. Sligo, Roger Macaulay, M.D., Ballina, to Louisa Augusta, youngest daughter of the late Lucas Alexander Treston, R.M., B.L.

Deaths.

BROWN.—May 11th, at 25 Rutland Street, Edinburgh, John Brown, M.D., LL.D., aged 71.

CHEADLE.—May 9th, suddenly, at Mickleton, Gloucester, Edward Cheadle, L.R.C.P. Ed., M.B.C.S.

FREEMAN.—May 11th, at 40 Hova Villas, Brighton, Thos. Anthony Freeman, M.R.C.S.

GRIFFIN.—May 11th, at Limerick, George L. Griffin, L.R.C.S. L., &c.

LIGHTON.—May 2, at Madeira, Henry Alfred Hamilton Lighton, R.A. Camb., M.R.C.S., of 18; Cromwell Road, South Kensington, in his 51st year.

FRATT.—May 6th, at Newtown, Montgomeryshire, William Fratt, M.D., F.R.C.S.E., aged 51.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 24, 1882.

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Original Communications.

BACTERIA. (a)

By DAVID GOYDER, M.D.,
Home Medical Officer to the Bradford Infirmary.

In writing this paper on Bacteria I make no pretension to offer more than a very short and very general survey of the subject. Interested in the questions involved in their discussion at the present time, I have tried to obtain some systematic information which would enable me to recognise what I saw from time to time under the microscope, and what was written in the journals respecting the *role* bacteria perform in nature and in disease. My object, therefore, has been to inform myself, and as far as I have learned, I desire shortly to convey to those of you who are much in my own position some general notion of classification of these organisms. I may say that I have received in this latter respect the greatest help from the work of M. Magnin, as translated by Dr. Sternberg, of America, which, in fact, is the basis of this paper. If the question be asked, What are bacteria? the answer is, They are microscopic cells, having a cell wall and contents, of form, some globular, others oblong or cylindrical, others twisted or spiral, multiplying by spores or fission, and having a size varying from 0.860 in. in breadth and from 2 to 30, 40, and even 200 mil. in length. These bodies were first observed by Leeuwenhoek, in 1675; described by Muller in 1773 and 1786, who classified them. Other observers followed, up to 1824, when Bory de St. Vincent produced a further, but imperfect classification. In 1838 Ehrenberg, and in 1841 Dujardin, followed by Davaine, gave better classifications. Doubt as to their real nature as animal or vegetable structures existed till 1868, when the discussion terminated in favour of their vegetable nature, and Davaine then produced a classification which, as to divisions, is practically that of to-day, except that the globular bacteria or micro-

cocci were not included. Numerous observers up to this time had written upon the subject, but the next distinguished name who studied these organisms was Pasteur. He examined the organisms concerned mainly in fermentation, while Davaine studied them in charbon and contagious maladies. In 1869 Hoffman published his observations, in which he expressed the view that mobility and immobility in bacteria depended on changes in the temperature and density of the medium in which they existed, that they were derived from previously existent germs, and not spontaneously generated, and that except as true ferments their power in decomposition was uncertain. In 1853 Cohn had described the aggregation of bacteria in masses or zooglea as a genus, but it was discovered that these masses were dependent on a gelatinous mass in which spores or rods were entangled. Cohn, however, continued his work for 20 years, and at last determined that the bacteria were really fungi, having no chlorophyll, and this definition is now accepted by all botanists. Cohn now produced a fresh classification, according to the characters of each bacterium, and maintained that the rounded, or spherobacteria, were a single, stable form. Billroth, in 1874, combated this view, asserting that the globular and filamentous forms may pass into, or be developed from, each other. Cohn, in 1875, maintains his opinion as far as micrococci are concerned, and this view seems now accepted. In 1876 Koch published his researches in bacillus anthracis, and demonstrated by its cultivation and experiment its connection with splenic fever. While the foregoing statement mentions the main events in the history of bacterial study, the subject was largely growing by the contributions of Burdon Sanderson, Klebs, Bollinger, and numerous other observers, the former, and especially Pasteur, taking first rank. There are, besides, very many other names of men who have largely contributed to advance the subject, and to-day their number is becoming legion. In fact, the Bibliography collected in a catalogue at the end of Magnin's book contains references up to the end of 1880 to between 500 and 600 volumes and monographs, and the mere naming of these occupies twenty pages of the book.

(a) Read before the Bradford Medico-Chirurgical Society, April 28, 1882

Leaving for the present the question of origin, when bacteria are generating in a vegetable or animal infusion, the infusion loses its transparency and becomes turbid. Examined, then, under the microscope, one of the following four general forms may be discovered:—

1. The Globular, rounded or ovoid, which may be either micrococci, or monads; if the latter, which are believed to be spores, observation will trace them growing into tubules. If micrococci, the globular form remains constant.
2. Straight, or rod-like. These are bacteria, or bacilli. If bacteria, they remain short; if bacilli, they may grow into lengthened filaments, having round cells, which are spores, at the filamentous junctions these rods vary in shape: some are swollen in the middle; some fusiform, *i.e.*, swollen in the middle and attenuated at the ends; others swollen at the extremes, as in *bact. termo*; some swollen at one end, claviform, or club-like, as in *bact. capitatum*.
3. Filamentous, which may be either straight, undulating, twisted, or spiral; these latter belong to the 4th variety, which are strictly spiral, and are called spirilli, or spirochæte. The vibrios are of this variety.

As to the sizes of bacteria. These have been carefully measured, and the results are stated as follows:—

	breadth.	Length.
Micrococi ...	5 to 1 mill.	.....
Bacteria ...	6 " 1.7 "	..... 2' to 5 mill.
" termo ...	6 " 8 mill.	..... 3' " 8 "
Bacilli anth. ...	1' " 2' "	..... 10' " 50 "
" ulna ...	7 " 1' "	..... 5' " 8 "
Spirilli ...	7 " "	..... 10' " 40 "

In this table it is to be noted that bacillus anth. is among the largest bacteria, with the exception of the spirillus, the largest of which is 7 mill. broad, but, of course, the spirillus is distinguished from the bacillus by its spiral form.

Of the special varieties thus stated, some authors distinguish the sizes by adding the affixes *micro*, *meso*, and *mega*; as *micro*, *meso*, and *mega*, bacteria and cocci.

As to Colour.—Colours are present when bacteria are in masses, as orange, yellow, bright red, and blue, and varieties of these.

As to Motion.—Bacteria are either active or motionless; some are absolutely still; but in the greater number these conditions alternate; some have a merely vibratory motion, as the cocci. Bacterial rods and filaments have a backward or forward movement, and if long, this is undulatory. The vibrios have a whirling movement, aptly described by Dr. Rabagliati as a *pirouette*. The spirilli have a screw-like motion. *Bact. termo*, which have cilia or flagellæ, move by lashing the flagellum; but all these may be at certain times still, and this because the movements seem to depend on nutrition, which occurs by endosmosis, or by the absorption of oxygen when it is largely present. Stillness implies, but not necessarily in all, suspended nutrition. *Bac. anth.* is asserted to be still.

As to Structure.—This is cellular, the membrane being of cellulose, as proved by chemical tests, and its being capable of taking colour. Cohn thinks the membrane in certain states swells and dissolves into mucilage forming zooglea. The contents of the cells are protoplasmic, thus nitrogenous, refracting light, and the central part being granular and more compact, gives the moniliform appearance which is usually observed. Some have refractile crystalline centres, as the sulphur crystals in the bacteria of sulphur springs.

Cilia are present in many bacteria, but are with difficulty demonstrated. The *Microscopical Journal* of Sept. 1, 1875, figures them in spirilli—*bact. termo* and others; these cilia act as flagellæ in the motion of the cell.

As to the Grouping of Bacteria.

Bacteria may be unicellular and free, or united in twos,

fours, or chains—the spirilli are always free. Chains are observed in *torulæ*, or filiform *leptothrix*; they are formed from individuals by fission, multiplying end to end. When one cell divides each division may remain permanent—when rapidly-multiplying bacteria form masses united by a hyaline gelatinous substance, and then constitute zooglea. This massing does not obtain in filiform or spirillar bacteria. Zooglea of globular bacteria are called gliacoccus, and when of rods, gliabacteria. A kind of zooglea which forms on the surface of liquids where oxygen is present is called mycoderma. Zooglea differ from swarms of bacteria in that swarms are free, not being held together by a gelatinous menestrium; they may thus be individually in motion. When bacteria exhaust nutrient matters in an infusion they sink to the bottom of the vessel, but may be roused to redevelopment by the addition of fresh nutrient matter.

As to the Position of Bacteria in Nature.

After great discussion the balance of evidence is, as I have already said, in favour of their vegetable nature; and as to their specific place, though Davaine and others pronounced them to be algae, Robin, Nägels and Cohn have settled their fungoid character. At this point it is necessary to warn observers against confounding organised bacteria, especially the micrococci, with molecules and granules of unorganised matter. These latter have a peculiar vibratory movement, but it is not of the regular and defined character of the micrococci. Moreover, granules and molecules are distinctly smaller than cocci, and the latter have a refractive power on light absent in the former. Bacteria are distinguished from inorganic particles by optical and chemical means, and especially by cultivation, when their organic character becomes established. Nägels gives three or four points by which observers may distinguish—viz., their spontaneous movement, their multiplication, their equality of size, and regularity of form. Finally,

As to Classification.

Premising first, what must be admitted, that the whole subject of bacterial origin, development, and life-history is yet in its infancy, that further observations may vastly modify existing opinions, and relegate some of the bacterial organisms to classes of beings in one stage only of their life-history, in other words, to polymorphic organisms; still there are certain characters of the four different forms already mentioned which permit of classification, and which accordingly have been summarised by Cohn in the following manner. Before stating these, however, I may mention that Cohn struck by the resemblance which the various forms of bacteria bore to the Oscillatorie and Chroococci, included them amongst a class of all the inferior vegetable organisms, and named the class *Schizophytes*; this class contains two tribes and forty-four varieties. For all medical purposes, however, Cohn's classification into four primary divisions is the most convenient, since it includes the forms needful for our study.

In stating these and the varieties and individuals of each division I can only venture on the mere indication of each, without discussing it further, leaving certain special forms for subsequent remark.

The four divisions of Cohn are as follows:—

1. The Spherical, or Spherobacteria.
2. The Short rods, or Microbacteria.
3. The Straight filaments, or Desmobacteria.
4. The Spiral filaments, or Spirobacteria.

1st, as to *Spherobacteria*.

The characters of these are that they are either round or oval, and about 1 mill. in size. They may be either single, double, or grouped in chains; they form zooglea and mycoderma, and their motion is vibratory. Their function is that of producing fermentations and catalytic effects, but they seem to have no influence in putrefaction.

This division has but

One Genus—the *Micrococci*, with three Varieties.

- a. Micrococci chromogenes, or Pigmentary ;
- b. " zymogenes, or Ferments ; and
- c. " pathogenes, or Contagious.

a. The *M. chromogenes* are mostly found on foods ; only one of the individuals need be named—the *Micrococcus fulvus*, which gives a yellow and red appearance occasionally to perspiration.

b. Of the *M. zymogenes* there is one individual, the *M. ureæ*, which is the ferment which converts urea into carbonate of ammonia.

c. The *M. Pathogenes*, which are more important to us, include three individuals, which must be named—

1st.—The *Micrococcus vacciniæ*. These micrococci are found in the lymph of vaccine and variolous vesicles ; they are about 0.5 mill. in size, and it is asserted they have been separated from the menstruum in which they float, and have produced in fresh subjects vaccinia and variola respectively. They are practically identical in size and form, and offer an instance of one micrococcus or bacterium modified by passing through the cow as distinguished from man.

2nd.—The *Micrococcus diphtheriticus* is found in diphtheritic exudations ; it has a size of 0.5 to 1 m., and is oval in shape. In extensive diphtheria it is found to invade all tissues, which it has a tendency to decompose and destroy.

3rd.—The *Micrococcus septicus* has a size of 0.5 mill. It is found in masses in the secretions of suppurating wounds in septicæmia, also in the serum of patients with epidemic puerperal fever, and in all tissues and vessels in pyæmia and septicæmia.

Besides the above, Hallier describes micrococci as found in scarlatina, epidemic diarrhœa, typhus, glanders, and syphilis.

There are a number of micrococci also described as of smaller size than the preceding, but there is reason to suspect that they are only the spores of other forms of bacteria.

Taking up the 2nd division.—The *Microbacteria*, otherwise called *bacteria proper*, because in *short* rods. These are characterized by their short cylindrical, or rodlike form ; they have spontaneous movement, and are single, or united in pairs, *never form chains*, but sometimes exist in zooglea. There are

Three Genera.

- a. The Bacterium termo, with a variety. The Bacterium lineola.

These are the bacteria of true putrefaction.

- b. The bacteria of lactic and acetic fermentation. And
- c. The Bacteria chromogenes.

Of the Genus a.—The *Bacterium termo* has a size of from 2 to 3 mill. long by 0.6 to 1.8 mill. broad. Cohn asserts that this bacterium is the *veritable cause* of putrefaction ; when in pairs they may dart backwards and forwards with great rapidity, and some of the single and double rods have ciliæ or flagellæ with which the fluid in which they float is, so to speak, violently whipped, and the cell driven hither and thither as a consequence. This bacterium quickly appears in all infusions or organic matter about to undergo putrefaction. The variety called *Bacterium lineola* is a little larger than the termo ; it is also called the *Vibrio lineola*, and has a more rapid movement than the former. It is also found in animal and vegetable infusions both of fresh and salt water. When comparatively still it might be mistaken for a bacillus, but the greater size of bacilli, their elongation into filaments, which the bacteria never attain, and other characters to be presently named, sufficiently distinguish the two.

The Genus b.—The *bacteria of lactic and acid fermentation* I pass over ; they are similar in form and character to bact. termo.

The Genus c, or chromogenic bacteria, are also similar

to bact. termo. The individuals of this variety have been traced to give the blue colour to sour milk, the green colour to certain offensive forms of pus, and the brown colour to rotten corn. They do not concern us further. Next we come to the

3rd division.—The *Desmobacteria*, so called because they become elongated in growth, in other words, filiform, as distinguished from microbacteria, which remain short. The desmobacteria have elongated cylindrical cells isolated or joined end to end in chains, and growing from transverse divisions ; they are otherwise called Leptothrix. They are unlike torulæ, because they are not constricted at their points of junction. They are not *all* devoid of movement, and such motion as they possess is produced by the presence or absence of oxygen and other conditions ; the movement is slight, and strikingly less than bact. termo and vibrios. Some forms mentioned by Davaine are absolutely still, and denominated Bacteridiæ. There are

Three Genera :

- a. *Bacillus*, with filaments slender and short.
- b. *Leptothrix* " " " " long.
- c. *Beggiatoa* " " " " thick " broad.

Another variety,

- d. *Crenothrix*, has filaments distinctly articulated.

Of the 1st Genus,

Bacillus—there are 5 principal varieties :—

- a. *Bacillus subtilis*,
- b. " *anthracis*,
- c. " *amylobacter*,
- d. " *ulna*, and
- e. " *ruber*.

We will contrast the characters of *B. subtilis*, *B. anthracis*, and *B. ulna*.

<i>Bacillus subtilis</i> .	<i>Bacillus anthracis</i> .	<i>Bacillus ulna</i> .
1 The filaments unite 2 to 40.	1 Filaments unite 4 to 12.	1 Filaments thick, rigid, and articulated.
2 Length, 6 to 30 m.	2 Length, 4 to 50 m.	2 Length of 1 cell, 10 m. of 4.43 m.
3 Thickness, 0.8 m.	3 Thickness, 0.8 m.	3 Has slow rotary motion.
4 Has slight motion.	4 Has no motion.	4 Has slow rotary motion.
5 Found in stagnant water, increases by division, and develops by spores within filaments.	5 Found in charbon, in sang de rate of sheep, malade du sang of cattle, fièvre charbonneuse of horses, and in rodents, developed like <i>B. subtilis</i> .	5 Found in malignant pustule, and splenic fever of man, as well as <i>B. anthracis</i> ; also developed in fresh and salt infusions.

Besides the five genera named there are other varieties, which need not be named or described.

b. *Leptothrix*.—These differ from bacilli by the filaments being very long, adherent, and slender, some of them reaching the length to 200 mill., and having a breadth of 1.3 to 1.9 m. ; they are mostly found in stagnant water.

c. *Beggiatoa*.—These need not be described further than to say that they have this special interest that they abound in hot sulphur waters, and are agents in the formation therefrom of sulphuretted hydrogen and the elimination of sulphur.

The last of the four divisions is the

4. *Spirobacteria*.—This consists of bacteria having an undulating or spiral form, some consisting of a part and others of five or six turns in a spire. There are

Three Genera.

- a. The *Vibriones*, with filaments short and slightly sinuous.
- b. The *Spirilli*, with filaments short, spiral, and rigid.
- c. The *Spirocheta*, with filaments long, spiral, and flexible.

a. Of the *Vibrios*.—There are two individuals, which are thus contrasted :—

Vibrio rugula.

- 1 Filaments with single curvature.
- 2 Length, 8 to 10 mill.
- 3 Movement rotatory.
- 4 Found in swarms in infusions, in deposits on the teeth, and in choleraic discharges.

b. Of the *Spirilli*.—3 Individuals are described.

1. The *Spirillum tenue*.—The smallest, having 3 or 4 spiral turns, the length of each turn being 2 to 3 mill.
2. The *Spirillum undula*.—Larger, but having fewer turns, the length of a turn being from 3 to 5 mill.; and
3. The *Spirillum volutans*.—Very large and thick, and having from 3 to 6 turns, the length of each turn being from 25 to 30 mill.

c. The *Spirocheta*.—Here the filaments are fine, and not straight, the spiral turns being closer together, and the filament being capable of twisting on its axis.

There are Two Varieties described.

1. The *Spirocheta plicatilis*; and
2. The *Spirocheta Oberneieri*.—The latter has been discovered to be present in the blood during the stages of accession of remittent fever.

The foregoing is all that can be at present said on the subject of classification.

(To be concluded in our next.)

IODOFORM: ITS EXCELLENCIES AND ITS DEFECTS.

By E. KÜSTER.

Paper read before the Medical Society of Berlin, March 8th, 1882.

Translated and abstracted from the *Deutsche Med. Zeitung*,

By J. E. BURTON, L.R.C.P. Lond.,

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THE question of the use of iodoform stands to-day in the foreground of interest, and scarcely any surgeon can avoid making practical proof of it. For the last five months in the Augusta Hospital treatment by iodoform has been tried, and an attempt made to settle the question whether the praises lavished upon it have been really justified.

From the year 1828 to the present, iodoform has required a long time to find its way into general use; at last, through the services of Mosetig, it has succeeded in doing so. Since then a copious literature has developed, which has reached a high pitch of enthusiasm, and has not allowed itself to be led astray by occasional announcements of bad results. In the beginning of the present year earnest notes of warning were sounded by Schede, and since that time, in quick succession, such results have been announced. Mosetig alone denies all evil consequences. In opposition Küster feels himself bound to communicate his own experiences. Since the commencement of the iodoform treatment it has become prominent that the drug has striking peculiarities in two directions—(1) antiseptic, and (2) the extraordinarily high degree of specific efficacy over tuberculous affections of bones. The antiseptic action is surprising. Wounds, that under Lister's gauze dressing were not absolutely aseptic, were seen to heal up rapidly. In extensive necrosis of the lower end of the femur the speaker had seen large wounds, scraped out and filled

with iodoform powder, heal completely with lint dressing in two months, whilst with Listerian dressings long-standing fistulæ generally remained behind. More surprising still is its action in wounds that have already given way to decomposition. In a case of empyema in which, notwithstanding antiseptic precautions, the discharge became sanious, both fever and odour vanished at once after sprinkling one grm. of iodoform over the wound, and the patient is now almost well.

Those tuberculous affections also, which are often not to be overcome by Listerian treatment, are now almost with absolute certainty conducted to a favourable termination so long as the bone or joint processes are accessible.

Iodoform treatment of the fungous diseases of joints is somewhat less certain, although even here a definite cure is frequently accomplished by "first intention." The author of the paper cannot ascribe any specific action of iodoform in these cases, but considers that the healing up of them leads back to the high degree of antiseptic power possessed by the drug.

By the side of these brilliant results iodoform gives rise to a series of disturbances that may be classed as (1) local, and (2) general. To the first belongs the peculiarity of iodoform, that it acts as a foreign body upon the wound. (Gussenbauer.) After amputation of the mamma, five days after the healing of the wound, it reopened, and a fistula remained. Such fistulæ usually heal up very slowly. A second local disturbance is a peculiar phenomenon that originates under the action of iodoform. It is distinguished by a hard infiltration and a colour passing into blue. In the case observed, an abscess resulted after the lapse of some weeks. That iodoform is no protection against erysipelas, is a much more disagreeable peculiarity. Since the introduction of the drug into the Augusta Hospital, erysipelas has become much more frequent, and the writer has rarely seen more serious cases, amongst them one fatal one.

More important still are the general disturbances called forth by iodoform: first of all, disturbances of digestion. Some patients complain only of the unpleasant taste that renders disagreeable all the food partaken of; in others, a very persistent diarrhœa makes its appearance after some days, often with some admixture of blood. 2. Iodoform fever. It is almost a rule that patients covered with powdered iodoform exhibit a more or less high temperature, analogous to that experimentally shown by the author to be produced by carbolic acid, with evening temperatures of 40.5 C. (103.4), but without any actual disturbance of health being dependent on it. Often, however, violent headache is added to the pyrexia and the patients die. 3. Psychological disturbances both of depression and exaltation. Patients become melancholy, lachrymose; in other cases they become insensible, answer with difficulty when called to aloud, the urine passes from them, and when this condition persists the patients die. Others again, have the most eager longing to get away from the hospital, and strive to escape. In many cases the most exquisite double of delirium tremens was present. The worst case seen by the author was that of a lady, in whom complete delirium developed and carried off the patient. 4. *Iodoform may be a deadly poison and often is.* The author can increase the statistics of deaths from iodoform by two. The first case is not absolutely free from doubt. It was that of a man whose lower jaw was sawn through, three-fourths of the tongue was then removed, and the stump besprinkled with iodoform powder. On the third day he was very unhappy, uttered wild cries, attempted to get out of the window, from the fourth day to the seventh had serious erysipelas, the patient remained insensible, bronchitis set in and he died. Section: The wound of the tongue absolutely aseptic, high degree of catarrh of the bronchi. According to Aschenbrandt iodoform is intensely irritating to the lungs. The second case is more clear. In a case of ovariectomy the author found a large number of thin walled cysts, from which some

exudation found its way into the peritoneal cavity. These showed all the symptoms of old peritonitis; in Douglas's pouch was a quantity of thick fetid exudation. The author sprinkled the whole of the inflamed surface lightly with iodoform to the extent of 30-40 grammes. The abdominal wound was closed. All went surprisingly well for the first few days. From the end of the third day, however, mania set in, and on the seventh collapse, and the patient died. Section: In the abdominal cavity the remains of the iodoform were found, but no trace of sepsis.

ON ACONITINE POISONING. (a)

By FERDINAND SPRINGMÜHL, M.A., M.D.

THERE exist very different preparations called aconitine, and in spite of many valuable scientific researches on this subject, there seems to be a deficiency in the general knowledge of this poison. Among all other poisonous alkaloids used by medical men, we have no similar discrepancy; quinine, atropine, morphia, and strychnine are well-known alkaloids, and supposing them to be commercially recognised as pure, equal quantities of these alkaloids will always have the same action on the human system, whether prepared and prescribed in France, England, Germany, or America. Not so with aconitine. A preparation known in England by the name of "aconitine pure" acts 10 to 50 times as powerfully on the system as the product known by the same name on the Continent.

A doctor who in England would give a patient aconitine according to German or American prescriptions must necessarily cause his death, and on the Continent a number of such medical poisoning cases have been actually proved, in which by accident or ignorance, English aconitine had been administered to the patient, instead of that prepared according to the German Pharmacopoeia. If this fact were sufficiently known to all medical men it would not be of such import to discuss it, as every medical man would know that in England generally the aconitine is a very strong preparation, and that he must not prescribe aconitine according to any foreign direction or recipes.

Aconitine, as it appears in commerce, is not a crystallised product, neither the Continental nor the English, and when certain authors speak of crystallised aconitine, these are special preparations, or picked samples, in no way identical with the aconitine of commerce. Morson's aconitine, which doubtless contains in a very concentrated form the most virulent properties of the monkshood (probably of *Aconitum Napellus*), is remarkable for its particularly poisonous action on the human system; it acts not only many times stronger than the Continental aconitine, but it differs by its effects on the system, and by the symptoms that are produced by the same, so that we must suppose it to contain another poisonous principle not found in either the German or French preparation.

A friend of mine, an analytical chemist by profession, committed suicide at Brealau, in his laboratory, with this poisonous alkaloid; he used German aconitine, prepared by E. Merck, at Darmstadt, a white powder, which according to all appearance and chemical test was quite free from impurity, and had been carefully extracted from the plant *Aconitum Napellus*.

S—, who suffered during the last months of his life from melancholy, took about 8 grains of German aconitine, and I had occasion to observe the whole course of the poisoning, which led to death after twelve hours' suffering, in spite of the application of every possible remedy. Had deceased better known the terrible agonies produced by aconitine poisoning which he would have to endure, he would certainly not have chosen this poison. Half an hour after he had taken it, the first violent symptoms appeared, whereupon he exclaimed, triumphantly, "Old boy, in an hour I shall be no more. I took aconitine enough to kill an elephant." On the table stood a small bottle of aconitine, out of which not more than 8 grains could have been taken, for the bottle contained no more than 16 grains, and still retained 8 grains of the alkaloid. Unfortunately, S— had dined before swallowing the poison, which fact caused its action to be

considerably retarded and his sufferings prolonged. A burning sensation in the throat and mouth first made itself felt, and this became more intense with every minute; intense pains in the stomach ensued after 30 minutes, and these became so violent in a few seconds that the patient writhed, shrieking, in the most dreadful convulsions, and trying to strike the wall with his head. With difficulty he was held, and emulsive drinks, as milk and oil, given him. Very soon he became nearly incapable of swallowing, and seized with spasmodic coughing and wanting to vomit. In spite of emetics, he could not vomit until an hour after the taking of the poison, and then with violent exertion a dark greenish fluid was vomited, and the patient felt no relief to the pains in the stomach, and the burning in the throat which rendered the swallowing and the application of antidotes very difficult. Neither did the stomach pump (used immediately) give any relief; and although exhaustion ensued after violent convulsions, the symptoms reappeared with renewed force in spite of all applied remedies. In the commencement of the third hour the pains and convulsions attained such violence that death was expected every instant, but this did not ensue till many hours afterwards.

In the fourth hour, after repeated injections of morphia, the patient seemed somewhat better. Previous to this he made us understand that his skin was frightfully irritated. This irritation of the skin, as of ants crawling, continued apparently the whole time, and whenever the intensity of the pains somewhat relaxed, he scratched the skin of his head and naked breast in a convulsive manner until perfectly sore. His eyes glared wildly about, sometimes resting with a fixed stare on one point. The convulsions were repeated at almost regular intervals, and the inclination to vomit continued, although vomiting did not follow after the second hour. At intervals of about forty minutes the patient seemed to lose consciousness, but only for several minutes, whereupon the convulsions and the other symptoms appeared with undiminished violence. Three hours after the appearance of the first symptoms he became incapable of uttering intelligible words, but made us understand that he felt a giddiness, and a little later he appeared to have lost his sight. He throw himself wildly about on the couch and screamed and groaned so frightfully that I have never heard anything to equal it. Thereupon exhaustion and apparent coma, and then renewed attacks of the most violent description. All attempts to give relief were in vain. Then a difficulty of breathing set in, and he appeared to suffocate. At intervals he was conscious, and when asked where he felt pain he made rapid motions to his head and stomach alternately, and wanted to drink, although he could not swallow. His pulse and temperature fell considerably, and before death, thorough exhaustion and unconsciousness set in, cold perspiration covered his whole body, and death-like pallor before the end, which was synoptic, while all the time asphyxetic death had been expected.

The post-mortem examination of the body gave no results which were not known before. The pupils of the eyes were much dilated, the interior of the mouth was very pale, the brain congested, as well as the lungs. The valves of the heart were very flaccid. Congestion was observed in the liver and kidneys, an inflammation of the stomach was apparent, and the mucous membrane congested. The alkaloid was found by chemical analysis in the contents of the stomach; it was not found in the urine of the deceased.

On comparing these symptoms with those described in several Continental and English works, I was induced to investigate more fully its properties by experiments on myself, as there could be no doubt of the existence of different kinds of aconitine—different in purity as well as in chemical constitution, and in their action on the human system.

For my experiments I used the preparations of different chemical works and laboratories of the Continent and England, as also the aconitine extracted from *Aconitum Napellus*, *Ferox* and *Japonicum*, which I prepared according to the well known methods. By preparing aconitine from *Aconitum Napellus*, *Ferox* and *Japonicum*, the observations made by former researches were generally confirmed, and I found that aconitine extracted by the same process from different plants proved to be of the same chemical constitution, and the elementary analysis always gave the same figures, even when the preparation was gained from different parts of the plant. I therefore consider myself justified in

(a) Lecture delivered May 5th, 1882.

calling this preparation "pure aconitine," although differing entirely from Morson's, the English aconitine.

A cumulative action of aconitine, or a lasting disturbance of the system by using Continental aconitine in small doses, I never observed, and Morson's preparation was yet more acute in every respect than the Continental aconitine. With the English preparation I could not continue the experiments for fear of succumbing to the action of a comparatively small dose. Inveterate smokers, or persons who indulge in or use injections of morphia are much less sensitive to the action of aconitine, and this partly was the reason why my poor friend, who was a great smoker, suffered such a long time before he died. It is my belief that a person who did not use morphia nor smoke would have expired in less than three hours from the dose which caused the suffering of twelve hours to my lamented friend S—. I, who do not smoke, felt the action of the aconitine very strongly, and generally several minutes after swallowing it, and I observed that a friend of mine, who was a great smoker, could take doses of aconitine which decidedly acted on me, without experiencing any of its effects on his system. I cannot assert to what point this immunity would reach, as I could not find a smoker willing to have experiments by progressive doses made on him. Smoking, however, cannot be looked upon as an antidote. I have repeatedly tried it as an antidote after taking small doses of aconitine, and although smokers are less affected by the poison, at my experiments smoking caused the poisonous effects of aconitine rather to increase.

At first I tried the aconitine received from German chemical works on animals—especially rabbits—and I repeated the experiments with aconitine prepared by myself from *Aconitum Napellus*. I found the latter to be in every respect equal to the aconitine of commerce, and I further proved that the preparation received from Continental manufacturers did not essentially differ from each other.

As the numerous experiments on animals can have only an interest to professional men, I will pass over these, describing only those made on myself.

I always took the aconitine when fasting, internally, not by subcutaneous injections. I began with one-tenth of a grain of aconitine prepared by myself on Duquesnel's prescription, from the root of *Aconitum Napellus*, and the day after I tried the same quantity of aconitine from a German chemical works. Both preparations were white, but not crystallised. The above dose of one-tenth of a grain was designated by Tylor as the "*dosis letalis* for English aconitine;" and in some English works I found even the dose of one-fiftieth mentioned as fatal or dangerous in its effects—meaning, of course, Morson's aconitine. I took the above one-tenth of a grain in solution, not in a capsule, and immediately observed the bitter, sharp taste, which, however, lasted not more than two hours. The bitter taste gradually gave way to the sharp one, until it vanished, leaving a burning sensation on the tongue; this dose had no influence on the stomach or the digestion, neither did it lower the temperature of the body or the pulse, or expand the pupils.

Having found no difference in the effects of the aconitine prepared by myself from *Aconitum Napellus* and that received from German manufacturers, we may look on these as identical. As one-tenth of a grain seemed to take no marked effect on the system, I doubled the dose on the following day, and took one-fifth of a grain of aconitine in a slightly acidulated solution. The action on the tongue was the same as before, but rather more violent, and lasting more than five hours. The irritation of the tongue was prickling burning, followed by numbness. These sensations did not confine themselves to the tongue, but passed on to the lips and throat in a very marked manner. The bitter taste predominated in spite of the burning, prickling sensation, and did not vanish as quickly as it had before; but on the whole I did not find its action on the mouth as strong as I had expected and found described by several authors. Forty minutes after taking the dose of one-fifth of a grain I felt a peculiar rumbling in the stomach, and the sensation of burning had extended to the throat; then ensued a contraction of the stomach and pains as of acute inflammation of the stomach. In the third hour these sensations ceased, leaving only the burning in the throat and the taste so characteristic of aconitine. In the course of these symptoms a peculiar sensation of warmth, like that produced by morphia, made itself felt all over the body, but no difference in the pulse was observed. Very characteristic was the dilating of the pupil, which lasted eight hours.

My next experiment, after three days, was made with two-

fifths of a grain of the same aconitine, and the effect was stronger than I expected from the foregoing experiment. Immediately on taking the solution the characteristic burning and prickling on the tongue ensued, extending to the whole interior of the mouth, and continued in spite of rinsing several times with water. Then, in about ten minutes, the action on the stomach began, and a feeling of discomfort and uneasiness, painful contractions of the stomach and burning in the throat, with inclination to vomit followed; the pulse rose for about ten minutes and then fell considerably. The pupil was greatly dilated, the nausea increased, and perspiration, excitement, and exhaustion followed alternately. A marked dulness in the head lasted four hours; the other symptoms, except the dilating of the pupils, ceased after six hours. Slowly the bitter taste passed off, leaving only the sharp, burning action on the tongue, lips, and the whole interior of the mouth.

The dose of 2-5ths of a grain causing no serious symptoms nor deranging the functions of the stomach, but allowing me to eat with good appetite a few hours after the action on the system ceased, and not experiencing any ill effects on the following day, I proceeded, after a lapse of three days, to swallow 3-5ths of a grain of the poison, and only this dose acted in a marked way on the brain. Vertigo and dulness in the head ensued, the sight diminished, and all the symptoms pointed to the beginning of a more violent action on the brain, which was not noticed at the former experiments with smaller doses. After ten minutes the pains of the stomach set in with greater violence than before, and nausea immediately followed. The inclination to vomit was accompanied by strong perspiration on the whole body, and an irritation in the finger ends, which gradually extended to the feet and the skin of the head, and later on to the whole body, becoming very unpleasant. The eyes, with very dilated pupils, wandered wild and uncertain, and after thirty minutes vertigo was so violent that I was obliged to lie down. It was, however, impossible to remain in this position on account of the increasing excitation and the sensitiveness of the skin. The pulse and temperature rose during the first hour, and then fell considerably. Vomiting of a dark greenish liquid ensued four or five times and then ceased, as the stomach was apparently empty; the irritation of the skin increased considerably, accompanied by intense thirst; perspiration and alternate sensation of warmth and fever shivering lasted several hours, and meanwhile the pains in the stomach ceased. In the fourth hour a general languor of the whole system and an unexpected inclination to sleep; a kind of narcotic sleep lasted twenty minutes, and on awaking I felt very weak. The irritation of the skin continued as well as the dulness in the head, but the pains and the bitter taste had completely vanished. Cessation of all symptoms after the sixth hour and perfect recovery on the following day, and with the exception of a faint headache, which lasted three days, no consequences followed.

The result of the analysis of the vomiting showed a small quantity of the alkaloid, but not enough to cause serious symptoms in a rabbit. Eight days later, in the presence of two medical men, friends of mine, I proceeded to take a dose of 4-5ths of a grain, from which after the former results no fatal consequences could be expected. The action on the tongue was naturally stronger than in the former experiments, and I observed that the sharp principle was more marked, and the bitter taste vanished more quickly, while the prickly burning sensation was more intense and lasted longer. Immediately on swallowing the solution of 4-5ths of a grain of aconitine the action on the tongue began, and a feeling as if very cold metal touched it was the first effect of the poison, the lips, gums, and throat then being quickly affected to a high degree. In nine minutes I felt the contracting pains in the stomach, with the alternate sensation of warmth, as I had observed in previous experiments. The dilating of the pupil lasted fourteen hours, and the pains in the stomach nearly three hours. Vertigo was noticed thirty minutes after taking the poison, and increased to such a degree that objects could no more be clearly distinguished, and sight seemed to fail—a symptom mentioned by most authors as peculiar to aconitine poisoning, and in fact always appearing when considerable doses are taken. Diminished sight and increased vertigo did, however, not lead to unconsciousness, but was accompanied by buzzing in the ears, and violent beating of the arteries and increased stroke of the pulse.

The characteristic prickling of the skin, beginning in the finger ends and extending to the whole of the body, was very

painful, and caused on the head the sensation as of the skin being drawn off. The dull feeling in the head and the diminished sight continuing, these symptoms lead from time to time to almost swooning. During the first two hours vomiting took place three times, without in any way relieving the pain in the stomach. After the third hour the discomfort was principally caused by violent headache, giddiness, and the intolerable burning in the mouth and throat. Heavy and difficult breathing, from the beginning of the first symptoms until seven hours afterwards, made a deep fetching of breath at regular intervals a necessity. A pressure on the cheek bones and towards the eyes indicated strong congestion of the brain. In the fourth hour general exhaustion and inclination to sleep followed, and a restless and disturbed sleep lasted two hours. After sleep the dizziness ceased as well as the pain in the stomach, but the irritation of the skin and the burning in the mouth continued for some hours. After partaking of some beef-tea no vomiting ensued, and I had quite recovered after a lapse of eighteen hours. I had a good appetite the next day, and considered that aconitine caused a more acute than lasting action on the stomach, and in small doses probably only a very slight inflammation. Similar experiments with morphia caused a less acute but much more lasting disturbance of the digestive organs. Evidently, in my case, the aconitine was quickly and perfectly absorbed in the system.

The alkaloid could not be found by analysis in either perspiration or urine, but decided traces of it in the phlegm which was secreted during the experiment. Finding myself with the dose of 4-5th of a grain still far from a fatal dose of Continental aconitine, I proceeded to make a last trial with one grain, *i. e.*, about half of the dose, which is considered as "*dosis letalis*" on the Continent.

I was in perfect health when making this experiment, and 14 days had passed away since I took the 4-5ths of a grain.

I have to say but very little on this experiment, as the symptoms were nearly the same as at the preceding trial.

The immediate action on the stomach was more quick and violent, as also were the other symptoms, especially the sensation of drawing off the skin, which was so intolerable as to make me forget the pains in the head and stomach. Again a narcotic sleep ensued in the third hour, and lasting nearly three hours, then on awaking cessation of the pains, and continued irritation of the skin. The actual poisoning symptoms diminished afterwards in a marked manner, but lasted nearly twenty-four hours. In the saliva as well as the vomit, the alkaloid was found by analysis—it was not to be found in the perspiration and urine.

My friends and I myself did not think it advisable to experimentalise with a larger dose than one grain of Continental aconitine, so for the sake of comparison I determined to make two trials with the so-called "English aconitine."

Some authors asserted that 1-50th of a grain of Morson's aconitine could act fatally, but as a result of my experiments I believe the "*dosis letalis*" of this preparation must be considerably higher—probably not less than 1-10th of a grain, if we have in view the English aconitine of commerce, and not the picked samples of crystallised aconitine. I took 1-120th part of a grain in solution, and in its taste and action on tongue and throat I could immediately distinguish between the Continental and the English preparation. The latter had not the slightest bitter, but a purely sharp and burning taste. As soon as the solution touched the tongue the latter seemed to become perfectly numb, and in an instant the prickling and burning was felt in the lips, passing in a few seconds to the whole interior of the mouth; the tongue soon had become insensible to touch, and rinsing with water did not lessen the intolerable sensation. In fifteen minutes violent nausea and vomiting followed; the burning sensation in the mouth predominated and increased after vomiting, and pains in the stomach accompanied a discomfort in the whole body. These pains were not contracting but burning, and somewhat stronger than those produced by a dose of German aconitine twenty times larger.

The pulse action increased for thirty minutes, sensation as of ants crawling all over the body, violent heart-beating, only faint headache and pains in the back, restlessness in the whole body, and not the slightest inclination to sleep, were the first symptoms noticed. A diminished sensibility of all parts of the body, not observable in this manner with German aconitine, was very characteristic, and increased gradually. An inclination and want to move the hands and feet constantly were felt. Evidently the small dose of English

aconitine did not act so much on the brain, for actual congestion and vertigo did not ensue.

Although we must take into consideration that the dose taken was too small to make a valid comparison with German aconitine, it is, however (to judge from the former experiments), certain that the dose of 1-120th of a grain of German aconitine, would not affect the human system in a manner at all comparable with the English.

The sharp taste continued twenty-four hours, gradually diminishing, and the tongue again became active as before, the prickling of the skin and convulsive movements of the body ceased after four hours, but the pains in the back remained for nearly forty-eight hours. For several days a healthy appetite was wanting, and sleep until five days after was restless and short.

After a lapse of fourteen days I proceeded to make a second trial with English aconitine, and this time with a dose of one-eightieth part of a grain. More violent symptoms than with the former dose ensued, and the convulsions and the pains in the back were so intense that I found it would be impossible to make further trials with Morson's preparation. The burning in the mouth and throat was quite intolerable; the tongue petrified and insensible; burning pains in the stomach, and vomiting; no signs of narcotic action as observed with Continental aconitine. A feeling, as if the skin were being drawn off the body, and violent dragging in every limb was remarkable; and during the whole course of these acute poisoning symptoms not the slightest relief was felt, so that I had to ask my friends present for an injection of morphia. This, however, rather increased than diminished the symptoms, so nothing remained but to let the latter take their course. They decreased already in the fourth hour, but the sharp burning taste, the pains in the back, and sleeplessness continued for several days.

From the results of the experiments here described, the difference of the effects of German and English aconitine seemed beyond doubt, and, therefore, I thought myself justified in expressing my belief that fatal accidents, caused by mistaking these two preparations bearing the same name will be inevitable until the fact of their difference becomes perfectly known in medical works, or until German and English manufacturers choose a different term for their respective preparations. In no other case is such a difference of virulence to be remarked, and at present it will be necessary that medical men may prove that they are aware of this difference by designating as "English" or "German" aconitine the preparations they prescribe.

It is evident that the difference of German and English aconitine consists in this: Either each of the preparations contains a different alkaloid extracted from the monkshood, or one of them is a mixture of these different alkaloids. Neither the former nor the latter until now has been proved, as the two alkaloids undoubtedly contained in the monkshood have up to the present, not been separated and fully investigated.

Clinical Records.

NOTES IN PRIVATE PRACTICE.

Constipation with Vertigo, &c., &c.,

By H. V. DILLON, L.R.C.S., L.K.Q.C.P.

Kilmalham.

As I think it may prove useful to my fellow-workers in the profession, particularly to the junior members of it commencing practice like myself, that I should place before them notes of a case which I have been lately attending. The case being one of a complicated nature and the patient being debilitated and ailing for five years, in order that the case be clearly understood it seems to me to sketch the history of it as the most likely method to place it in a clear light before the interested readers.

Mrs. D—, *æt.* 56, suffering from a winter-cough for five or six years, and also from a continual noise of a ringing character in the left side of head and ear, and bowels habitually confined. I was called to see Mrs. D— on Tuesday, February 20th, and found her sitting up in bed suffering from continual retching, great dyspnoea, and vertigo. From the little information I got from the child who

came for me, I best as I could made a presumptive diagnosis, in order to bring something with me to relieve the present symptoms till I could get some time to find out by personal examination what really was the case before me. I brought with me a draught containing ether sulphuric, ℥ss., spt. ammoniæ aromatic. ℥ss., aquæ ℥j., which I gave her, as I was informed by the messenger she was suffering from great difficulty of breathing. I applied one of Rigollot's mustard leaves over the stomach, and then ordered a mixture containing acid. prussic. mm. iv., liq. morphiæ ℥j, tinct. lobeliæ æther. ℥ij., aquæ ad ℥iv., and directed a tablespoonful to be given to the stomach, and also ordered soda water and milk to be taken. This treatment, I am happy to state, completely stopped it, and the patient never suffered from this distressing complication during the lengthened attack through which she passed.

Now came the chest and head symptoms to treat, not forgetting the obstinate constipation. Bronchitic râles were to be heard all over the chest, both back and front, the patient having a very rapid and unsteady pulse, and respirations of about thirty in a minute. The temperature all through kept within normal bounds. Expectoration scanty and frothy. I ordered a relay of linseed meal poultices and mustard both at back and front of chest, and put her on a stimulant expectorant mixture—viz., tinct. opii camph. ℥iv., tinct. scillæ ℥ij., vini ant. tart. ℥ij., tinct. senegæ ℥vij., ammon. carb. ℥ss., syrup ℥ss., aquæ ad ℥x. A tablespoonful to be taken every four hours. Now the point was to attack the bowels, so I gave her calomel, grs. v., but it had not the slightest effect. I then gave her pulv. jalap. co. ℥ij., but to no avail, so I ordered enemata of soap and water, some castor oil being added. These had the desired effect of bringing away a quantity of black hard lumps of fecal matter. The head symptoms still continued; she complained of great tenderness of left side of head and neck; the attacks of vertigo were fearful and frequent, when they would come on, which they usually did on her awaking from a slumber. She would scream out and thrust out her left hand to prevent herself from falling off towards that side. She could not open her eyes for days, for if she did all things were revolving at a fearful rate. At the commencement of the attack her eyes would pain her, and she would cry out to someone to hold her, or she would fall away; she would sometimes imagine some one was being killed, or the lower portion of the bed smashed to pieces; any noise affected the left side of the head greatly. I ordered mustard to be applied to the left side of the neck, which she could barely let me touch. This had the effect of lessening the attacks of the head, but on it being dispensed with they came on again; it was tried again, but still they continued; she could no sleep at night, so I gave her bromide of potass and bromide of ammonium, but to little or no avail.

On Friday morning her pulse was very quick and intermitting, and breathing very hurried. I ordered her a mixture of quiniæ sulph. grs. 24, acid. sulph. dil. ℥j, tinct. camph. co. ℥j, aquæ ad ℥vj. Half a wineglass to be taken every four hours. On Saturday the pulse was steady, but rapid, as also the breathing. On Saturday I tried hyd. chloral grs. xx., potass. bromidi grs. xx., syp. aurant. ℥j, aquæ ℥iss. On Sunday pulse very weak and failing and intermitting. Ordered quinine mixture again, with the effect of steadying the pulse. Sight became impaired, so much that she could not define persons or things around her; however, this passed away in a few days. On Wednesday, March 8th, I gave her pulv. jalap. co. ℥ss., hyd. submuriatis grs. iij. This acted pretty well on the bowels. She slept without draught. Bowels did not again move for some days. I continued giving these powders every other day. The vertiginous attacks lessened, soreness left side of head and neck, chest cleared up, pulse became steady, and she, as she said herself, made a wonderful recovery. I may mention the menopause in this case had taken place some years previous.

This is an interesting case, it presenting such complications and the head symptoms being so very severe. When the attacks of vertigo lessened I ordered her up for some hours each day, as I judged from her previous history, it being one having a great tendency to nervousness, and put her on R Tinct. nucis vomicæ ℥ij., am. bromid. ℥ij., tinct. valerian. ℥ij., infusi amari ad ℥vij. Ft. ℥sa. ter. die. The attacks of the head disappeared.

I hope the notes of this case may prove useful to the junior members of the profession commencing practice, and that they will tend to impress that golden rule in treating

diseases, to look well to the excretory organs. In this case I ordered a pill or two to be taken occasionally and some gruel. But what seemed strange in this case was, that though the bowels moved, the vertiginous attacks continued till I gave the nerve tonic above mentioned, when they gradually ceased.

Transactions of Societies.

BRADFORD MEDICO-CHIRURGICAL SOCIETY.

APRIL 28TH, 1882.

The President, Dr. CRAIG, in the chair.

THE CLASSIFICATION, ORIGIN, DISTRIBUTION, AND DEVELOPMENT OF BACTERIA.

Dr. GOYDER, hon. sec. to the Society, read a paper on the above subject (see page 435) which gave rise to the following discussion:—

Dr. BURNIE expressed his obligations to Dr. Goyder for his paper which, in a condensed form, reviewed the whole subject. He thought the further study of this subject by medical practitioners was pregnant with important practical results to mankind. As to the remark that certain different kinds of bacteria antagonized each other, he scarcely thought this phrase was intended by Dr. Goyder who showed in his paper that, while bacillus anthracis existed during life, after molecular death the bacterium termo came into play; it might, therefore, be said the one replaced but did not antagonise the other. He alluded to the extraordinary antiseptic properties of borax and boracic acid, the latter made into a saturated solution in glycerine and a small quantity of the solution dissolved in water and applied to solid, or mixed with fluid, food would prevent decomposition for a great length of time. This confirmed the statement in the paper as to the power of boracic acid to destroy bacteria.

Dr. RABAGLIATI made some remarks on the classification which he thought imperfect in consequence of the alleged uncertain characters of some bacteria. For example, Coszar Ewart asserted that bacillus sometimes took the spiral form, which was incompatible with the third division. Would it not appear, therefore, that the classification failed? Again, as to the spores inside the micro-bacterial rods when they separated, might they not be mistaken for micrococci? Again, as to mobility, bacillus was said to be still, not all bacilli, but bacillus anthracis, yet Coszar Ewart has distinctly seen bacillus move and wriggle; he thought he himself had seen bacillus anthracis move in a specimen of blood from one of the cows that died at Harden. Further observation was, therefore, required to perfect classification.

Dr. TIBBITS said that Dr. Goyder had given a one-sided view of the subject. He asked for the specific characters of bacillus anthracis. As to the alleged bacillus of typhoid fever, the only distinguishing mark written about it was that it had a very small capacity for taking colours. He placed little or no reliance on the alleged distinguishing characters of bacteria. Colour stood for little, this varies. Size stood for less, this also varies. The same was true as to form. He agreed that bacteria were of vegetable origin, but as to their influence in producing disease or altering the condition of the blood he did not believe it. They did not originate, but were the consequence of disease and death. He thought the whole thing a huge bacterian bubble which would not be long before it burst. At a subsequent period of the meeting Dr. Tibbits said that Dr. Goyder had not given any of the opposite opinions respecting bacteria, such as Nagela's, or those of Lewis and Cunningham and Bastian.

Dr. BRITTON (Halifax) requested the liberty to make a few remarks. He would like to hear more proof of a direct connection between some of these bacteria and disease. Why were they not more present and discoverable in disease during life? He was also doubtful as to the distinction between one bacterium and another, and thought the different varieties might be formed from one bacterium.

Mr. BUTTERFIELD remarked that, however difficult it might be for some observers to distinguish the forms of different bacteria, it was not so difficult to determine their character by their effects. This, at least, constituted the great distinction between one and another. It might be difficult to take a handful of mixed seeds and tell what they were; but grow

them, and the different result would soon be observed. As to bacteria being found during life, Pasteur has proved this without doubt, and the remarkable fact, and one full of hope, is, that by his investigations, he has not only been able to produce special diseases through different bacteria, but to modify and destroy those diseases by their influence.

Dr. GOYDER was then called upon to reply; he stated that his object in writing this paper was to give a concise view upon the subject from the affirmative side; he had not omitted the opinions of objectors with a view of ignoring those opinions, but simply because it was not possible to state every opinion. The views of Bastian, Beale, and others were made from different standpoints which he might yet take up. He thought it quite possible to distinguish the various kinds of bacteria; size, form, and colour might vary according to the media and conditions in which bacteria grew, but the general characteristics of each would remain, and their relation and effects in disease and death would, as Mr. Butterfield pointed out, further distinguish them. The form and effects of bacillus anthracis, as distinguished from the bacteria of putrefaction, he had proved by experiments of his own, by examination upon mice. As to the remarks of Dr. Rabagliati, the observations of Coszar Ewart were worthy of further study. He had pointed out in his paper that bacillus ulna, which had been found in the splenic fever of man, was a movable bacillus, but at least the bacillus anthracis was generally immovable. As to the spores of the micro-bacteria, they could be distinguished from micrococci, as he pointed out in his paper by observing them for a sufficient length of time, when the spores would be found to grow into rods, whereas, the micrococci would remain constant. With regard to Dr. Britton's statement that if bacilli were the cause of disease they ought to be found during life in greater quantities in the blood; there was the fact that time must be given for their growth which did not occur so much in the blood-stream as in the capillaries, where they multiplied most rapidly and produced their most injurious effects. He concluded by saying that he could not mention everything in the short space allowed for one paper, nor clearly answer the objections made when subject to such frequent interruptions.

The Mineral Waters of Europe.

THE "MEDICAL PRESS"

ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.
President of the Pharmaceutical Society of Ireland, Lecturer on Chemistry, Carmichael College of Medicine, &c.

WITH

NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P. Lond.
Lecturer on Materia Medica and Therapeutics at the London Hospital, Physician to the Hospital for Diseases of the Throat, &c.

(Continued from page 419.)

Shelfanger.

ANOTHER mineral spring found near Diss, in Norfolk, has lately come into prominence. According to the statement of the proprietors, it flows from a fossiliferous district of old formation. As it is a mild chalybeate water (three grains per gallon), it is recommended as a table water. Being accompanied by magnesium carbonate and chloride, it is, also mildly aperient. Although there is an analysis published with the report by Dr. Attfield, it is not such an analysis as we could use in these articles therefore we are compelled to give one of our own. The result after examining the bottled waters is not quite identical either with some of the figures given in the above named report.

The Shelfanger water is a chalybeate of some con-

siderable interest, and peculiar in its composition. It possesses considerable antacid properties, but the said antacid properties may be said to be almost entirely due to carbonate of magnesium, and, although the amount of strong purgatives (Glauber's and Epsom salts) are next to nothing, yet this water will have a slight laxative character, owing to its magnesian salts being in preponderance. The astringent character, therefore, of the iron seems to be fairly balanced. One of the most striking points about this water is its nice flavour, and absence of disagreeable styptic taste, so frequently found in water where iron is present.

The Shelfanger spring gives, on analysis, grains per gallon—

Carbonate of magnesium	...	23.58
Carbonate of calcium	...	2.45
Carbonate of iron (ferrous salt)	...	2.90
Chloride of magnesium	...	4.81
Sulphate of magnesium	...	0.49
Sulphate of calcium	...	1.20
Sulphate of sodium	...	3.00
Ammonia chloride	...	1.70
Albuminoid ammonia (trace 0.016)		
Nitrates and nitrites (equal to N ₂ O ₅)		0.079
Silica	...	0.21
<hr/>		
Total solids	...	40.419

Skeleton Analysis of ½ a pint (10 ounces fluid).

Total Solids.	Antacids.	Purgatives.	Salines.	Iron.
2½	1½	¼	1-10ths	2-10ths

The Shelfanger water was examined in bottle in its un-aerated state and its aerated condition. In both conditions it was almost identical in strength; therefore, this water is not aerated by mixing with aerated water, but is charged directly with the carbonic acid gas. It gave no action with phenol-phtalein in the cold, but on heating became slightly coloured, this colour disappearing again on cooling. We therefore see that the antacid properties are due entirely to alkaline earths, and not to alkalis. The condition of the nitrogen acidulous radicals was about equally divided between nitric and nitrous acid in the samples examined. This is probably owing to the reducing action of the iron, because the small amount of albuminoid ammonia proves this water to be comparatively free from organic impurities. We should think Shelfanger would prove a most valuable table water where a mild tonic is indicated.

Sulphur Waters.

The remarks that have generally headed the different sections of these articles, apply also to sulphur waters (or, as we would prefer to call them, sulphurated waters), but perhaps in a less degree. The disagreeable smell, in the first place, militates against their use as table waters, however mild they might be in their action. The same objection partially applies to their use as aperient waters. They are however, most valuable from a medicinal point of view. Most of the better sulphur waters owe their activity to the presence, as we have already indicated, of alkaline sulphides, the presence of small quantities of free sulphuretted hydrogen being due to decomposing or dissociating action of the carbonic acid gas. Any waters which owe their properties alone to the presence

of sulphuretted hydrogen gas are of very little use medicinally, and are certainly not suited for exportation, because the modicum of gas is very soon converted into other products. We doubt very much if such waters can act practically as carriers of sulphur into the blood when drank. We find, according to Dr. Oliver's work on the Harrogate waters, that the amount of alkaline sulphide in most of the well-known sulphur springs differs very considerably, and that, with one exception, the richest waters in this respect are to be found in England. The importance of this question in connection with this section of articles must be our excuse for quoting from his book.

	Parts of Alkaline Sulphide in 10,000 parts of water.	
Challin (Willin)	3.59
Harrogate Montpellier	2.07
Harrogate Old Sulphur Well	1.18
Mehadia Schneider and Koltzderfen	1.07
Harrogate Mild Sulphur	0.98
Luchon	0.77
Marlioz	0.67
Strathpeffer	0.26
Barèges	0.22
Eaux Bonnes	0.21
Amélie	0.12

There are other analyses given, but we have taken those which are most celebrated as sulphur springs, or have been lately analysed.

HARROGATE OLD SULPHUR WELL.

We see, but with one exception, we possess in Harrogate the two most powerful sulphur springs in the world. The most celebrated at Harrogate—although not the highest in strength—is the Old Sulphur Well. We give the figures of Dr. Hofmann's analysis, although now performed some years ago, and also the more recent ones of Prof. Thorpe—

	Hofman.	Thorpe, 1875.
Sulphide of sodium ...	15.48	5.22
Sulphate of calcium ...	0.13	...
Carbonate of calcium ...	12.37	29.77
Carbonate of magnesium ...	...	5.98
Fluorine ...	trace	...
Chloride of calcium ...	81.74	43.61
Chloride of magnesium ...	55.69	48.28
Chloride of potassium ...	64.70	9.59
Chloride of sodium ...	860.18	£93.66
Barium chloride ...	...	6.56
Lithium chloride ...	...	.75
Ammonium chloride ...	...	2.23
Magnesium bromide ...	trace	0.11
Magnesium iodide ...	trace	trace
Carbonate of iron (trace) ...	trace	...
Silica ...	0.25	...
Manganese ...	trace	...
	1090.54	1045.81

Gases.

Carbonic acid ...	2.2	cubic inches.
Carburetted hydrogen ...	0.584	"
Sulphuretted hydrogen ...	0.584	"
Nitrogen ...	0.291	"
	3.606	

Skeleton Analysis of $\frac{1}{2}$ a pint (10 fluid ounces).

	Total solids.	Salines.	Purgatives.	Antacids.	Sulphides.
Hofmann	68	57 $\frac{1}{2}$	3 $\frac{1}{2}$	2	.9
Thorpe, 1875	65 $\frac{1}{2}$	56 $\frac{1}{2}$	3	2	.3

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 mitted by International Post-office Order

The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, MAY 24, 1882.

THE LEADWORKERS' DISEASE.

THE ill-consequences that follow prolonged exposure to the influence exerted by lead on the human system do not require to be expatiated upon at the present time. At the hands of several able and competent members of the public health service the question has been dwelt upon, and plentiful suggestions have been made for an abatement of the injury done to the leadworkers from continuance of the ill. Not a few journals recently, moreover, have taken up the subject afresh, and have discussed it, more particularly from the point of view of the operatives. A medical contemporary also has seen fit to stir afresh in the matter, but with that fateful want of appreciation of actually present occurrences and details, which is rapidly becoming its most important characteristic, it has been wholly unable to see the new side presented by the subject in the light of later revelations.

The dangers associated with the manufacture of white lead are mainly those which arise either from handling the substance itself or from inhaling it, when at certain stages of making it it possesses the form of an almost impalpable powder. To overcome the liability to poisoning thus encountered it has been recommended that gloves and respirators should form part of the working costume of operatives in lead manufactories. This, moreover, is done now, and still the dangerous consequences ensue, and outcry is made against the proprietors of the works where the infection of the victims takes place. With the justice of the demand that the lives of workpeople employed in lead mills shall be, as far as

possible, protected, we cannot possibly find fault; but we do insist that the blame for what eventually happens does not rest with the manufacturers, but with the workers themselves. At one manufactory of very large proportions, situated on the Tyne, and owned by Messrs. Cookson, we know this to be the case from most direct personal evidence. The gloves are laid aside whenever opportunity for removing them presents; respirators are all but invariably neglected; and scarcely the least use is made of the acidulated drink freely supplied, and which, containing sulphuric acid, assists the deposition of lead absorbed into the system, in the form of the insoluble sulphate. It has been suggested that the task of enforcing the regulations thus neglected should be laid on the shoulders of employers of labour; that, in other words, they should be compelled to appoint inspectors of *employés*, to be charged with the duty of seeing precautionary measures efficiently adopted. The idea is at first sight a not unnatural one, but nevertheless it could only occur to minds wholly unversed in the peculiarities of the working classes. There is a homely proverb, very much to the point in this connection, and which ascertains that it is an easy matter to lead a horse to water, but a most difficult task to make him drink. So, it is simple enough to provide means of protection on behalf of labourers engaged in dangerous manufactures, but an altogether different affair to ensure their availing themselves of the opportunities thus afforded them to guard against the deadly nature of their employment. The remedy must be of a kind entirely removed from the forcible one proposed hitherto, and a little consideration will suffice to demonstrate the utter inutility of coercion.

That workpeople persist in refusing the means of safety offered to them because they are ignorant of the results thereby incurred, cannot be supposed. Every centre of the lead industry is constantly offering victims to the unhealthy effects of the employment; and in the disease, often fatal, it induces, there is only too certain proof before the "hands" that they run tremendous risks while earning their daily bread. And yet, with this incessantly accumulating evidence before them, they persist in maintaining an attitude of carelessness, and may be seen in numbers, any day, handling the food they consume at meal times with unwashed fingers; refusing the beneficial drink provided for them in favour of beer; and generally acting in a way to ensure speedy contraction of lead-poisoning of the worst type. In spite of the certain danger they run, they, nevertheless, ignore it, or condemn it, and this we have reason to believe they would do equally as much under any system of espionage that may be invented. The condition of things which holds in lead works is a constant source of uneasiness also to their owners, and as a rule, no persons are more solicitous for the welfare of their servants than those who are compelled in pursuance of their business to engage them in performance of such labour as leadworkers undertake. But advice, warning, and encouragement have been tried in vain; and tried again and again with the same ultimate result.

That something needs to be done, however, is very generally agreed. It remains to decide what that something shall be. We have already expressed our con-

viction that a compulsory system of precautions will be attended with the least possible good; and even though the remuneration of the proposed inspectors should be dependent on the reduction of illness following their exertions, the inherent obstinacy of the working classes—which would only be intensified by such a change—would seriously oppose the effectual fulfilment of this plan. There is but one way, and that a simple one, that we can imagine as likely to be attended with good results; and we recommend that trial of it should be made in every manufactory where dangers to health from exposure to lead are incurred. It is to put before the operatives in simple language an account of the effects of lead-poisoning; to give them a plain, easily-understood history of the consequences produced in themselves by the accumulation of lead in their bodies; and clearly to point out at the same time how the evil results may be avoided by a rational use of the means adopted for their protection. This, moreover, must be done, not through the agency of books, pamphlets, or printing, but by directly telling them in words what is desirable for them to know. An hour thus spent once or twice a month, the time to be taken from the period of labour, not from that preceding or following the working hours, would amply suffice; and we cannot doubt that once the workers obtain an intelligent insight into the *rationale* of the process, and the mode by which they can prevent danger following from their work, they will at once cease to neglect opportunities for self-preservation. This plan involves nothing but the loss of a few hours of time per year, and an appeal to the common sense of the men and women whom it is sought to interest in their own well-being; and it offers much greater prospects of co-operation from them in an attempt to do good than will follow from the adoption of anything so unpalatable and un-English as compulsory precaution. Whoever will adopt the plan will at least prove a desire to put an end to what is becoming a source of increasing mortality.

THE UNQUALIFIED ASSISTANT SYSTEM.

No. VII.

THE communication from "a rustic general practitioner" in our last issue possesses an importance which is considerably enhanced by certain recent events. It opens up a question hitherto only incidentally referred to in these articles, but which requires to be fairly and fully considered in its bearing on the unqualified assistant system. We allude to the indirect countenance of the system by different authorities. It has been shown in the letter mentioned above, that an official body with whom the appointment to a certain post rested, deliberately made choice of a candidate who, himself a qualified medical man, had in his employment three assistants, not one of whom possessed a licence to practise medicine. Nor can the blame for an occurrence of this sort be confined entirely to the local authority, since the Local Government Board necessarily sanctions every selection made in its name; and even though the latter body should urge in excuse of its action ignorance of the circumstances, this could be held, not in extenuation of its fault, but as a valid argument against decen-

tralisation, inasmuch as it is a cogent proof of the utter inutility of the controlling power reserved to the central authority.

We need not, however, go far afield to find ample evidence of the fact that laxity on the part of Government officials is a potent factor in determining the action of would-be economical medical men. A case very much to the point has, within the past fortnight, been reported in the daily press, and it will be as well to reproduce an account of it in this place. It is to the Medical Defence Association that we are indebted for the action taken in respect to it, and that body is to be congratulated on the zeal it has displayed in the matter. The subject of the charge was the issue of a false certificate of death by Mr. T. Gray, M.R.C.S., L.S.A., of Poplar, a gentleman who, as well as being surgeon to the Poplar Union Workhouse, holds also other public appointments. In his employ Mr. Gray had an unqualified assistant who had been the sole attendant in the case of a child whose illness terminated fatally. Following the decease of the child its mother made application for the usual certificate of death, and in this, signed by the defendant. Mr. Gray declared that he had attended the patient, had seen her last on March 25th, and that the cause of death was pertussis. The defence set up was that Mr. Gray had erred in ignorance of the law, and that he was a gentleman of position; that the assistant, though unqualified, was very experienced and could be trusted with patients; and, finally, that the defendant had no intention to deceive. The result of the trial was that a fine of £5, with two guineas costs, was inflicted.

This case is, perhaps, the most instructive that has been published in connection with the subject we are discussing; it affords remarkable corroboration of the facts we have previously dwelt upon, viz., that medical men themselves, are the most blameworthy in relation to the evil custom, and that the latter is in great part maintained, in spite of defence associations, by the willingness of magistrates to deal leniently with offences against the law like that committed by Mr. Gray. That gentleman's ingenious defence must strike most persons with a good deal of surprise. On reference to the "Directory" we find that Mr. Gray has been engaged in the practice of medicine since 1839, that is, for a period of about 43 years. According to the statement of the solicitor who defended him, this lengthened experience of the customs and laws relating to the practice of medicine has been insufficient to teach him a fact with which every senior student is well acquainted, viz., that to put one's signature to what is a deliberately false declaration, constitutes a form of perjury. Though Mr. Gray, in spite of his more than forty years of practice as a medical man, may now have learnt for the first time in his life that the Medical Act specifically demands a certificate of death from the *actual* attendant on the case, he could not be unaware that by putting his name to a statement, the untruth of which could not by any possibility be hidden from him, he was committing an act of which a "gentleman of position" at least, should have been utterly incapable. We cannot speak too strongly of such actions as this; it is by the exhibi-

tion of such weaknesses that the medical profession is being constantly disgraced in the eyes of the laity; and it is with keen regret that we are compelled to make this allusion to so recent and flagrant an example of the evil effects following from the employment of unqualified assistants.

With the course pursued by Mr. Chance, the magistrate, we have perhaps less to do; on the ground that the Defence Association had no desire to force matters, he decided to inflict what is, after all, a nominal penalty, in no respect comparable to the enormity of the offence from a moral point of view; and the result is that probably no further effect will be produced by the sentence than the instruction of Mr. Gray in the matter of the requirements of the law in respect of the obligations it imposes on the signatory of a death certificate.

The solicitor to the Association, however, in opening the case for the prosecution, dwelt on one point that must necessarily occupy some attention at our hands. When, he said, a death occurred under such circumstances as those which led to the prosecution in question, the medical man employing an unqualified assistant was compelled to sign the certificate of death *in order to keep up the deceit* practised during the life of the patient by palming off on him and his friends the services of an illegal practitioner. Moreover, in this way a false statement was returned to the Registrar-General, and the vital statistics vitiated to an extent equivalent to the number of spurious certificates so sent in. With that part of the defence which asserted the ability of Mr. Gray's assistant we can at once deal by denying the right of producing any such testimony to an apologist for the irregularity. There can be no possible proof but one afforded of a man's capability to manage a case of illness, because one, and one only such proof is recognised by the law of the land; and that proof is contained in a diploma or licence to practise medicine. Whoever does not possess evidence of this description to testify his abilities can claim neither from long experience nor excessive intelligence any consideration whatever as a medical practitioner. He can never be anything but an impostor, and an impostor of the worst kind, inasmuch as he imposes in situations and under circumstances of the most solemn description. That medical men should be willing to accept the suggestion of experience in place of actual licences to pursue the profession of medicine, and to regard unqualified but experienced assistants as of value comparable to qualified practitioners, is one of the most humiliating convictions the profession is compelled to entertain. And to say nothing of the degradation the admission involves, of the practical insult it offers to the centres of medical education throughout the country, it is also a species of indefensible dishonesty, from the fact that it imposes a pretender on society in the guise of a legal follower of medicine. It is to this and some of its evils we must next draw attention.

THE Royal College of Physicians' *conversazione* will take place at the College on Wednesday, June 14.

THE RELATION OF THE IRISH COLLEGE OF SURGEONS TO ITS SCHOOL OF SURGERY.

WITHIN the last month a succession of circumstances have brought into heated controversy the relation of the Irish College of Surgeons to its own School; and the attack upon the integrity of that department and upon its connection with the College, which was vainly delivered year after year in times passed, is about to be renewed to-morrow, with the whole force of the party amongst the Fellows who are interested in private medical schools. It may be recollected that some months ago, upon the death of Dr. Bevan, one of the Professors of Practical Anatomy in the College, the Council took into consideration the reorganisation of the Anatomical Department, and determined to appoint to the vacant chair a gentleman of the highest character as a teacher, promising to make suitable arrangements to enable him to earn such an income as would remunerate him for devoting his whole time to his work, and abandoning hope of private practice. Having fixed upon these arrangements, the College advertised for a professor, and eventually appointed a candidate whom all admit to have added honour to the College and great strength to the School. This having been done, the Council, with the view of reorganising the professorial department, appointed a special Commission of inquiry to investigate the whole question of the past and future school working of the College, and to suggest to the Council any needful improvements. On taking up its work, that Commission was met at once by the fact that the School buildings were entirely behind the time, altogether unsuitable for modern methods of instruction, and seriously out of repair. They found the dissecting-rooms imperfectly lighted, hardly at all heated, and provided with no efficient means of teaching by preparations, the arrangements for preparing subjects most unsatisfactory, and the School accommodation in other respects in a state discreditable to the College. Moreover, they found that the new scheme of education adopted by the College had decreed the systematic teaching of practical physiology and operative surgery, and that there was absolutely no place available for a class on these subjects. The Commission thereupon at once returned to the Council and reported these defects, stating that, in their opinion, it would be absolutely necessary to execute a complete reconstruction of portions of the School buildings, to make them suitable for their purposes. The Council having heard this report, obtained from the College architect a rough estimate of the cost of such alterations, which he calculated with the necessary fittings at between £2,000 and £3,000, and the Council then, after due consideration, ordered that the preliminary step of preparing plans, specifications, and tenders should be proceeded with.

As soon as this order was given certain Fellows of the College (one or two of whom are members of the Council) who are connected with medical schools outside the College declared their determination to resist to the utmost the vote of any money whatever from the collegiate funds for the purposes of the School, and they have caused a general meeting of the Fellows to be called by the following requisition:—

"To the President of the Royal College of Surgeons in Ireland.

"May 18th, 1882.

"We, the undersigned Fellows of the Royal College of Surgeons, Ireland, having learned that proceedings are being taken by the Council of the College which will seriously affect its finances, respectfully request you to summon a meeting of this College, at your earliest convenience, for the full consideration and discussion of these proceedings; and we further beg leave respectfully to suggest that, pending such meeting, the Council should stay all further action with reference to the matter in question:—

"C. P. Baxter, John B. Story, William Carte, J. Lentaigne, Stewart Woodhouse, F. A. Nixon, Anthony H. Corley, M. J. Kilgariff, W. Booth Pearsall, Henry J. Gogarty, Thomas Darby, R. Theodore Stack.

"In compliance with the foregoing requisition, I hereby convene a meeting of the Fellows of the Royal College of Surgeons in Ireland for Thursday, May the 25th inst., at three o'clock, p.m., precisely.

"SAMUEL CHAPLIN, President."

We understand that the anti-school party in the College are going to contend that the College should have no school of its own nor any special connection with any school. This is a question which comes quite legitimately within the consideration of the Fellows, and we don't in the least deprecate the raising of the issue, if only—should it be settled that the connection of School and College ought to be maintained—that department which has been the subject of so much envy and irritation is then permitted to do its work in quietness.

We do not enter now on the discussion of this abstract question, because the right time for doing so will not have come until the anti-school party thinks fit to bring that subject directly before the College.

The meeting of to-morrow is convened to debate "proceedings which will seriously affect the finances" of the College, and, therefore, on this occasion nothing can come under consideration save the necessity for the proposed grant of money, the reasonableness of the amount, and the capacity of the College to bear the outlay.

These are matters of detail which would not be interesting to our readers, but the value of this economy cry in the present instance may be judged from the fact that the College has recently, out of its current revenue, and without touching a shilling of its invested capital, spent over £7,000 in the enlargement of its libraries and the building of new museums, and is nothing the poorer for the outlay.

The promoters of this attack on the College School are, we think, called upon, before they enter upon the merits of the question which they have raised, to explain to the Fellows of the College why it is that they have called them together at this time. In ten days hence the annual general meeting of the College will be held—this being the legitimate occasion for the debating of collegiate affairs and for criticism of the acts of the Council, and it needs explanation that these gentlemen have summoned the Fellows out of time to hear their views upon a subject respecting which there is no urgency whatever. There was neither any intention on the part of the Council nor any necessity to pledge the College within the next week to any expenditure, nor to the adoption of any challengeable principle, and, therefore, the calling of an emergency meeting of the Fellows does not seem to be justified by any circumstance whatever. This call of the College

appears to us to be nothing less than a *ruse de guerre* involving in suspicion the motives and the tactics of the anti-school party, and therefore deserving to be discouraged by the Fellows, for the intention of the attacking party seems to be to snatch a vote on this question from a section of the Fellows, to the exclusion of the remainder of the constituency, who, they know, would probably be disposed to maintain the integrity of the School and College. They know quite well that the provincial Fellows, having made their arrangements to come to Dublin on the 3rd of June, cannot also be present on the 26th of May, and that in their absence a favourable chance is afforded to concentrate the vote of rival school teachers, and annihilate the College School while disinterested voters are absent. This is not fair fighting, and ought not to be tolerated by the Fellows, and certainly, if a vote hostile to the College should be thus snatched from the metropolitan section of the Fellows, it should not be considered final. An appeal must in that case be made to the whole body of the College, and we are fully satisfied that when the truth of the matter is told openly, and the motives of these newly-zealous champions of economy made manifest, the verdict will be that a school is a desirable appanage of the Irish College of Surgeons, and that as long as such a department exists, it ought to be so equipped as to be the premier school of surgery in Ireland. We shall listen with interest for some better argument in favour of the destruction of the College School than the complaint that it alienates students and fees from other teaching establishments, and we shall hesitate to credit any party with disinterestedness which does not manifest a readiness to submit their facts and arguments to a fair criticism before the whole body of the Fellows. We, therefore, urge that the meeting of to-morrow ought to stand over until the proper occasion, and that, if the Fellows shall then decide against the anti-school party they will convey their decision by such a vote as will silence them for some time to come.

Notes on Current Topics.

Air Baths.

THE employment of compressed air as a therapeutic agent has been more than once suggested in the past, but it is only recently that a practical attempt has been made on a scale of any extent to introduce it as a curative agent. Dr. Daubley has communicated to the French Academy of Sciences the results of experiments in this direction, which he considers justify him in regarding compressed air as an important agent for the treatment of numerous maladies. It is more especially in diseases of the pulmonary and bronchial organs that he thinks the new method will be most productive of good, but gout and rheumatism are also included in the list of those that may possibly be benefited. At present, the matter has reached only the stage of trial, and it remains for careful observations to determine how far any real improvement can be looked for from such treatment. Just at first we cannot fail to be highly sceptical of the advantages attending it, and while ready to hear of and to admit the proofs of real utility, it is difficult in their absence to avoid a feeling of doubt in respect to air baths.

King's College Hospital.

ON Friday last the annual dinner of King's College Hospital was held, under the presidency of Mr. Coope, M.P. The Chairman, in proposing the toast of the evening, "Prosperity to King's College Hospital," dwelt on the fact that such an institution did nothing to affect the independence or self-reliance of the working classes, since it only helped them when they were no longer able to help themselves. We do not doubt the worthy Chairman was fully convinced of the truth of this statement; but nevertheless, we cannot agree with him on the point it deals with. If it were as he says, a fact that the claimants for hospital charity are such as cannot otherwise obtain medical aid, then there would be small need for the constant calls to the benevolent these institutions are compelled to make. By no means the bulk of those who receive the advantages of treatment within the walls of an hospital are unable to afford the cost of home attendance from the nearest practitioner; and it is through meeting the drains on their resources made by patients well able to help themselves that hospitals are in a chronic state of alms-soliciting. What Mr. Coope probably meant was that the sick and the injured bread-winners who are among the inmates of hospital wards are helpless, and need the charity extended to them; but of the in-patients at any time in a London hospital it may be safely said that a very small proportion would answer to this description. A reform of hospitals which shall commence by excluding improper patients will do much to lessen the need for large annual subscriptions in maintenance of the charities. £3,000 was collected at the dinner of King's College Hospital on Friday, the Chairman contributing £100.

Charles Darwin.—A Tribute from Vienna.

IN a glowing tribute to the memory of Darwin the *Wien. Med. Zeit.*, the leading Austrian medical journal, says:—"On the 19th of April died the most admired naturalist of this century, the light of the human race (*die Leuchte der Menschheit*), Charles Robert Darwin, at the age of 73. Although it had been known to the devoted for a long time past that the world-renowned Englishman had been suffering much, yet no one considered the catastrophe to be so near at hand, and for this reason the news of the extinguishment of this mighty spirit of exploration wrought a still greater shock."

After giving a short biographical account of his birth, family, and education, together with a list of his works, from which, by-the-by, his latest, that on "Earthworms," is absent, the notice concludes as follows:—"Darwin himself took no part in the intellectual warfare set ablaze so violently by the result of his investigations, and at his country seat, Down, near Bromley, Kent, continued his labours. Darwin enjoyed, on account of the patriarchal simplicity of his life, the highest esteem of the whole of that world that read his works, which were translated into all languages."

DR. DUHRING, of Philadelphia, has received the first part of the Italian translation of his "Treatise on Diseases of the Skin," the translator being Dr. A. Scambellurri, of Naples.

Sanitation at Oxford.

THE Inspector of lodging-houses in Oxford reports on the improvements made in respect to the sanitary arrangements of such dwellings in the most satisfactory manner. Out of 620 houses licensed for the accommodation of University students, only 13 are, as the inspector says, still in a condition demanding repairs. It will be remembered that this important change is entirely of recent introduction, and must be taken as due in great part to the strong expression aroused from ourselves and other leading papers by the occurrence of several outbreaks of typhoid and diphtheria in Oxford some time ago. The action which the authorities were then induced to take was met by an attempt at opposition on the part of householders, who objected to the expense incurred in a sanitary re-arrangement of their houses. In this matter, however, the University was able to ensure obedience by withholding its licence to receive members of the University as lodgers to every house condemned by the official inspector. What success has attended the vigorous action thus initiated is sufficiently attested by the facts above referred to.

Voluntary Notification of Infectious Disease.

WE have on many occasions insisted that if corporate officers of health were willing to give a little zeal to the work of hunting out cases of infectious disease it would be quite unnecessary to enact compulsory notification laws. A recent instance proves the truth of this statement. Mr. May, health officer of Aston, in a recent report, states that early voluntary information of infectious diseases was sought for from medical men, householders, and School Board visitors. Information was thus received of 261 cases, concerning which it was deemed advisable to institute inquiries. This information was obtained from the following sources:—From parents and friends, 30 cases; medical attendant, 45; union surgeon, 21; neighbours, 67; School Board officers, 12; and from the death registers, 86.

The Royal Irish University.

THE first medical examinations of the University are advertised to be held at the Exhibition Palace, Dublin, commencing on the 19th of June, and much interest attaches to them as an index to the future *status* of its graduates and of the profession in Ireland. The University is cheap—very cheap. It will give a complete outfit of *medico—chirurgico—obstetrico—sanitary* degrees for £19, and on a curriculum of lectures and hospital study costing in addition about £50. These sums divided over four years will not over-tax the most humble means, and if the University is as cheap in its educational as in its monetary requirements, every roadside farmer or small shopkeeper in Ireland will be able to put his son to the doctoring profession. We earnestly hope that the medical degrees of the University will not be as low in standard as in price, and we say advisedly that the future of the profession in Ireland hangs upon the decision of the University Senate on this point. There is not the least objection to pecuniary cheapness of a degree in the abstract; on the contrary, the cheaper an educational distinction can be made the better, so long as it is truly an educational distinction. But, in times not long past, M.D.'s in Ireland

have been cheap in money, cheap in educational work, cheap in standard of attainments, and, consequently, of low rank in social and scientific *status*. Every petty shopkeeper in the country had then money enough to make his son an M.D.; every hedge-school conferred general education enough for an M.D.; and the shortest period of ostensible study in any medical school gave professional teaching enough for an M.D. Naturally, M.D.'s were common, and equally naturally were lowly estimated, socially and scientifically.

Let us earnestly hope that the Royal Irish University will resist the temptation to flood the profession with graduates of this class. In the case of a University just starting in life, there is an immense inducement to catch graduates, so as to make a decent numerical appearance in the first report to Parliament, and to make popularity with the masses. But to yield to such an inducement is to sacrifice for ever the character of the University, and, in the interests of the profession, we earnestly hope that the examinations will be thorough, searching, and stringent. If the Senate will look to the experience of other qualifying bodies they will find that the best modern student does not want cheap and nasty qualifications, and they will see that, if the degrees once get a bad name, it will never again be possible to restore them to the position which the degrees of the Royal Irish University ought to occupy.

Militia Surgeons.

OUR anticipations have been disappointed, and disappointed in a most unexpected way. That a body of public officers should, in an off-hand manner, and without any compensation whatever, be suddenly deprived of a right to pension "secured" to them by Royal Warrant, was certainly one of the very last things to be anticipated. And yet we understand that this has really happened. In a recent "note" we expressed a belief that the Secretary of State for War, on receiving a representation from the aggrieved officers, would be prepared to give the most liberal interpretation possible to previous warrants the terms of which pressed hardly upon them. What, then, is to be said of the decision which, we learn, has been given to their memorial, that decision based, not upon warrants, but upon a picture of the personal condition of individual officers so distorted in its tracings as to be virtually erroneous? In arriving at a decision on this subject it would seem that the War Office authorities altogether pass over Royal Warrants, and in their place present this picture of the militia surgeon:—"An officer of the Militia Medical Department receives pay, exclusive of allowances, at £1 a day as surgeon-major, and 13s. 8d. a day as surgeon when in attendance on his regiment, and at other times is paid according to the duty he performs. As a rule, he is continually employed on regimental duty for only about two months in the year, his militia employment is nearly always in or near the place where he resides, and there is nothing to prevent him from continuing his private practice." Even were the circumstances in all respects as above stated, the fact would still remain, as indeed it does remain, that claims based upon a particular warrant are adjudicated, not upon an interpretation of that warrant, but upon considerations which can only be looked upon as in various degrees affecting

individuals concerned. But taking the reasons given as they stand, they omit to take count of conditions as they really happened. During the Crimean War and Indian Mutiny respectively, militia surgeons served with their regiments in different parts of the United Kingdom, and also in the Mediterranean. At the present day the annual training of militia battalions is conducted in camps, often at great distances from the places of assembly. Thus of necessity the medical officers have had more or less completely to sacrifice their private practice. Is it too late to hope that the claims of the aggrieved officers may yet, in common justice to them, be re-considered ?

Honour to whom Honour is Due.

M. DUMAS, perpetual secretary to the French Academy of Sciences, has received instructions from the Minister of the Interior to make out a list of all the *savants* who have died or been maimed whilst performing experiments, or making researches in the interests of science. The intentions of the government are, to grant a pension to the widows and children of these *savants*, or to those who have been injured. The list will be a long one. The French government will no doubt take into consideration the cases of those medical men who have died while attending diphtheria or fever in the Paris hospitals, and those medical men who have perished in attempts to solve some of the results of drug actions on themselves, or who have, in any way, risked their lives for the good of humanity will not be forgotten. France to her credit honours her medical men. Her Senate, her House of Deputies, are open to them ; her decorations are bestowed with no niggard hand upon them. The medical man is valued at his worth. The poet has truly said—

A wise physician, skilled our ills to heal,
Is more than armies to the public weal.

In England we do not appreciate this distinction. Few honours are given our eminent physicians or surgeons, except an occasional baronetcy, the rank and file of the profession receive no reward or distinction. Our Home Secretary might copy the example of his French *confrère*.

Researches on Heat in Pyrexia.

It being an ascertained fact that venous blood coming from a muscle is sometimes as warm as arterial, sometimes warmer, but also sometimes colder, Prof. Albert instituted an inquiry as to this condition in animals in a state of pyrexia, and presented the results to the Royal Society of Vienna at a recent meeting. The experiments were performed on large dogs, and the heat measurements carried out by means of thermo-electric needles. The pyrexial state was brought about by making a wound in the spinal marrow, and on the following day injecting starch-milk. The rise of temperature was then rapid. It was then shown that the venous blood of muscles at rest (like that of animals where temperature was normal) was at one time of equal temperature with that of the arteries, at another time warmer, and at another colder. The difference was always strikingly trifling, especially when the wound inflicted was small. The temperature of the venous blood issuing from the great abdominal glands was now taken, when great differences of temperature were noticed. Thus the blood-heat in the vena

cava ascendens was 9 degrees higher than that indicated in the rectum ; it once reached to 46 degrees C. (114 Fahr.). During the course of the pyrexia, the temperature of the blood coming from the kidneys or liver was constantly higher than that of the arterial blood, even if the difference was not so striking. There was no doubt, however, that the great abdominal glands play the most important part in the production of pyrexia. It will be the aim in future investigations to ascertain the special part taken by particular organs.

The Proposed Dublin Academy of Medicine.

THE scheme for amalgamating the whole of the medical societies of Dublin into one central Academy of Medicine, of which we published the details some weeks since, has, since then, been under the consideration of a committee appointed to consider the feasibility of the proposition. That committee took steps to ascertain the feeling of the members of the various societies on the matter, and their intentions as to membership in case the amalgamation is ever completed, and they have had affirmative and negative replies in the following proportions :—

	For Amalgamation.		Against.
Surgical Society	135	18
Medical do.	71	4
Pathological do.	56	3
Obstetrical do.	56	2
		318	27

We do not know whether these replies represent the answers of 318 separate individuals, for there may be many who belong to more than one of the societies, and have therefore given duplicate votes.

It is proposed, as we have said, that three classes of members shall be created—Fellows, at £2 2s.; Members, at £1 1s.; and Associates, at 10s. 6d. For these grades the following numbers have sent in their names, their subscriptions representing the sums attached to each grade :—

Fellows	127—£266
Members	62— 65
Associates	3— 1½
Total	192—£332½

The expenditure of the Academy has been calculated at £278 per annum, so that, if such estimate be true, the members already declared would pay outlay and leave a margin. But it is, of course, reasonable to suppose that the majority of persons would abstain from pledging themselves until they saw how the scheme was likely to work, so that this roll of membership is altogether an under-estimate of the probable number of adherents of the Academy.

It is proposed to hold shortly a joint general meeting of all the Societies, to elect a committee to construct the Academy and frame rules and submit same to an adjourned general meeting, so that, if found practicable, the Academy might be in working order next winter session.

THE Harveian Oration will be delivered by Dr. George Johnson on Saturday afternoon, June 24, at four o'clock.

Unqualified Assistants Again.

ON Friday, the 12th instant, at the Thames Police Court, Mr. Thomas Gray, surgeon to the Poplar Union Workhouse, was charged, at the instance of the Medical Defence Association, with having issued a false certificate. Mr. Pridham, solicitor to the Association, who prosecuted, stated that the defendant had in his employ an unqualified assistant, named Bell, who attended the child from the commencement of her illness to her death, she not being seen by any other person. The mother applied for a certificate of the death, and received one signed by the defendant, in which he stated that he attended Minnie Lucy Wadsworth, that he last saw her on March 26th, and certified the cause of death as pertussis. Mr. Montagu Williams, who appeared for the defence, said that he could not deny the facts, but his client had erred in ignorance of the law. Although the assistant, Mr. Bell, had no legal qualification, he had had great experience, and patients were safe in his hands. There had been no intention on the part of the defendant to deceive. The magistrate said that it appeared to him that a serious offence had been committed by the defendant, and inquired whether Mr. Pridham was content to accept a plea of "Guilty." Mr. Pridham replied in the affirmative, stating that his clients had no vindictive feeling in taking up these prosecutions, their object being merely to establish important matters of principle. The magistrate said the case was clearly made out to his mind, but, as the prosecution was not pressed, he would impose a penalty of £5, and £2 2s. costs.

The Burning of the German Hygienic Exhibition.

THE Hygienic Exhibition of Berlin, which was to have been opened by the Crown Prince last week, was destroyed by fire on May 12th. The fire, which was first discovered at a quarter to seven, in less than three hours reduced the handsome wooden structure and all its valuable contents to a heap of smoking ruins. A number of wagons on a siding, laden with a variety of ambulance appliances, which had just arrived at the Exhibition from Vienna, were completely destroyed.

The Amalgamation of the Indian and Home Services.

A DAILY paper, published at Allahabad, says that the Secretary of State for India has agreed to the recommendations of the Government of India for the amalgamation of the Indian and Army Medical Departments. It is now intended to create a new medical corps for India, to be composed of all Indian medical officers who joined the service after 1860, and all army medical officers at present serving in India who volunteer to join the new corps and are under fifteen or twenty years' service. Older officers of the Indian services who joined the Indian service before 1860 are to be on the new list, for the purpose of regulating promotion, but not to be amalgamated with the Army Medical Department, because they have each a covenant, which gives them the right to serve only in India; whereas, younger officers have only the Queen's commission, and no special agreement re-

stricting service to India. After the amalgamation, all medical officers on the new list will ordinarily be employed in India, but will be liable for service in any part of the British Empire.

Sanitary Institute of Great Britain.

AT the annual general meeting of the Sanitary Institute of Great Britain, held May 17, Professor F. S. B. F. De Chaumont, M.D., F.R.S., in the chair, a favourable report was presented by the Council on the progress made by the Institute during the past year. The Chairman gave an address, and the officers for the ensuing year were elected, the President being His Grace the Duke of Northumberland; Trustees, Sir John Lubbock, Bart., D.C.L., F.R.S., Dr. B. W. Richardson, F.R.S., and Thos. Salt.

Society for Relief of Widows and Orphans of Medical Men.

THE annual general meeting of this Society was held on Wednesday last, under the chairmanship of Dr. Pitman, V.P. On the recommendation of the Court of Directors, Dr. Bisset Hawkins was elected a Vice-President, in the place of Dr. Billing, deceased, and Mr. Steet, Dr. F. Weber, Dr. Burdon Sanderson, Mr. Evershed, Mr. T. S. Wilkinson, and Mr. Rivington were elected Directors in the place of the six seniors who retired by rotation; the other officers being eligible, were re-elected. From the financial statement of the acting treasurer, it appeared that a sum of £2,947 had been distributed during the past year to 60 widows, 15 orphans, and 3 recipients of relief from the Copeland Fund. The expenses of the year had been £181 15s. 8d. The funded property had been increased by the purchase of £466 Metropolitan Consolidated Stock. No legacies had been received during the year. The report was read, and showed that the number of members of the Society had fallen to 368; 5 new members had been elected during 1881; 9 had died, and 3 had resigned or ceased to be members. The number of widows on the books at the end of the year was 58, that of orphans 9, and 3 orphans were on the Copeland Fund. Two fresh widows had been elected, 4 had died or ceased to be eligible. Six orphans had become through age no longer recipients of grants. A discussion followed the reading of the report, on the desirability of considering whether any alteration could be made in the mode of granting relief and in the admission of members, to make the Society more useful and popular, and a resolution was passed referring the subject to the Court of Directors. Votes of thanks to the editors of the medical journals and the chairman, Dr. Pitman, were carried unanimously, and closed the proceedings.

Sulphur Fumigation in Cholera.

THE late epidemic of cholera in Bombay has afforded the health officer an opportunity of testing the efficacy of the plan of sulphur fumigation so strongly recommended by Dr. Tuson. Sulphur fires were burned in most of the houses in which cases occurred, and, as far as could be ascertained, with the best effect. The people themselves appeared to place great faith in the measure, and one good result of its adoption was that the fumes rendered the

houses untenable for the time being, and thus gave the authorities an opportunity of thoroughly purifying them, which they would not otherwise have had. A systematic trial of the system under the auspices of the Government and Municipal authorities wherever cholera appears, accompanied with a careful record and comparison of the results obtained, is much to be desired, and the Surgeon-General, H.M.'s forces, has strongly recommended that this plan should be adopted.

The Coming Elections at the Irish College of Surgeons.

THE election of Council and officers of the College which is to take place on the 5th of June has brought to the front the largest number of candidates ever known to contest collegiate honours. Dr. Barton, the Vice-President, will be unopposed for the Presidency. Dr. Wheeler and Mr. Stokes—as we stated last week—will compete for the vice-chair, and the contest will, without doubt, be a very vigorous one.

For the nineteen seats in the Council, no less than thirty-two candidates offer themselves. The whole of the outgoing Council seeks re-election, and in addition, the following Fellows, whom we name as nearly as possible in order of Fellowship seniority, have sent in their names: Messrs. Brunner, Jackson, A. H. Jacob, H. G. Croly, W. Roe, W. Stoker, C. H. Robinson, Meldon, Franks, R. Hayes, Storey, Coppinger and Fitzgibbon.

Without attempting to predict the result of the election, it must be obvious from this list that the junior Fellows of the College are determined to assert themselves and claim a share in the collegiate administration.

THE Society of Arts' *conversazione* is fixed to take place at the South Kensington Museum (by permission of the Lords of the Committee of Council on Education) on Wednesday, 14th June. The cards of invitation will be issued shortly.

WE understand that Professor Ray Lankester has been re-appointed Professor of Zoology and Comparative Anatomy at University College, London, which post he vacated on accepting the chair in the University of Edinburgh.

THE official *Gazette* announces that the Queen has been pleased to appoint T. Grainger Stewart, Esq., M.D., Professor of the Practice of Physic in the University of Edinburgh, to be one of Her Majesty's Physicians in Ordinary for Scotland, in the room of Sir Robert Christison, Bart., deceased.

A BILL has been introduced into the New York State Assembly ordering all persons selling poisons of any nature to put the same in a corrugated bottle or box, with a printed label giving the antidote in English and German. In case of failure to comply, the wholesale or retail dealer is declared guilty of misdemeanour.

WE learn with satisfaction that the sixth edition of the favourably known "Clinical Lectures on Diseases peculiar to Women," by Dr. Lombe Atthill, Master of the Rotunda

Lying-in Hospital, which appeared originally in the columns of this journal, has been translated into French by Dr. P. Lavoie, and published by the house of H. Lauwereyns.

THE annual general meeting of the British Medical Temperance Association will be held in the rooms of the Medical Society of London on Friday, May 26th, at 4 p.m. After the adoption of the annual report and other business, there will be presented a communication by Dr. Richardson, F.R.S., on "The Fallacy of employing Alcohol during Exposure to Poisonous Emanations," and a report on the official investigation of the alleged increase of mortality from the diminished use of alcohol in the West Derby Workhouse.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Derby 10; Birkenhead, Cardiff 16; Leicester, Brighton 17; Birmingham 18; London, Norwich, Hull 19; Huddersfield 20; Preston, Halifax, Salford, Bristol, Newcastle-on-Tyne, 21; Leeds, Edinburgh 22; Sheffield, Bradford, Nottingham, Plymouth, 23; Blackburn, Sunderland 24; Oldham, Glasgow 25; Liverpool 26; Wolverhampton, Manchester 27; Portsmouth, 28; Bolton and Dublin 35.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Bombay 26, Paris 26; Geneva 23; Brussels 24; Amsterdam 28, Rotterdam 26, The Hague 25; Copenhagen 21; Stockholm 20; Christiania 19; St. Petersburg 58; Berlin 23; Hamburg 24; Dresden 25, Breslau 32, Munich 31, Vienna 36, Prague 33, Buda-Pesth 39; Rome 28, Naples 33, Turin 30, Venice 33; Alexandria 33, Brooklyn 25, Philadelphia 22, and Baltimore 23. No returns were received from New York and Calcutta.

THE highest annual death-rates per 1,000 in the large towns last week from diseases of the zymotic class were—from whooping-cough 2.5 in Bristol, 2.0 in Wolverhampton and Bolton; from measles, 8.3 in Bolton, 4.8 in Portsmouth, 4.2 in Bradford, and 3.2 in Preston; from scarlet fever, 2.2 in Sunderland and 2.0 in Hull; and from fever (probably enteric), 1.4 in Plymouth and 1.2 in Portsmouth. Of the 33 deaths from diphtheria 13 occurred in London, 6 in Glasgow, 3 in Edinburgh, 2 in Portsmouth, 2 in Dublin, and 2 in Birmingham. Small-pox caused 13 deaths in London and its suburban districts, one in Birmingham, one in Nottingham, and one in Leeds.

Scotland.

[FROM OUR NORTHERN CORRESPONDENT.]

THE AMBULANCE MOVEMENT IN GLASGOW.—A special meeting of the members of the St. Andrews Ambulance Association was held in Glasgow on Friday last, Mr. James McTear presiding. The chairman read a report of what had been done since the formation of the Association on the 30th of December, 1881. It stated that, with the assistance of Dr.

Irvine and Mr. Brown, the secretary, the chairman at once proceeded to organise the work of the Association, and subscriptions to the amount of about £500 were obtained; and that, too, without the general public being appealed to. The sum estimated to put the Association on a thoroughly sound basis was £2,000. Circulars explanatory of the movement had been sent to about 1,200 employers, and large and successful classes had been formed in and around Glasgow, under the direction of Dr. Irvine, Dr. Whitson, Dr. R. Watson, Dr. Dunlop, and Dr. Batson. An ambulance waggon had been obtained, and had been useful in six cases. The Town Council had also allowed stretchers to be placed in all the district police offices, and since the 1st of January there had been trained or were under training over 600 men.

GLASGOW PUBLIC DISPENSARY.—At a meeting of the directors of this institution, held in the Secretary's Chambers, 308 West Regent Street, Glasgow, Dr. Angus McPhee, junior demonstrator of anatomy at the University of Glasgow, was unanimously appointed physician to the department for the diseases of women and children. There were several highly eligible candidates. The dispensary, in the working of which the provident system is a special feature, is doing much good, and without the attendant evils associated with unstinted eleemosynary aid. It is still in debt; but we hope that an effort will be made by the directors to wipe off this small encumbrance, and thus relieve the institution, and increase its power for public benefit.

GLASGOW DEATH-RATE.—For the week ending with Saturday the 13th inst. the death-rate of Glasgow was 26 per 1,000, the same as the preceding week and the corresponding week of last year. For the same weeks in 1880 and 1879 the rate was 32 and 24 respectively.

HEALTH OF EDINBURGH.—The mortality of Edinburgh for the week ending with Saturday the 13th inst. was 98, and the death-rate 22 per 1,000. At least 50 deaths were due to diseases of the chest, and 17 to zymotic causes. Of these 8 were reported from measles.

PHYSICIAN IN ORDINARY TO THE QUEEN IN SCOTLAND.—We have great pleasure in congratulating Dr. Thomas Grainger Stewart, Professor of the Practice of Physic in Edinburgh University, on his appointment as one of the Queen's Physicians in Ordinary in Scotland, in room of the late Sir Robert Christison, Bart. Dr. Stewart has earned his preferment by the foremost position he has attained in his profession at once as a teacher and a scientific worker. At the International Medical Congress, which was held in London last year, he was an active Vice-President of the Medical Section; and his utterances, more especially on Bright's disease, and kindred questions, were received with deserved attention, and carried much weight in the discussions of the Section.

THE CHAIR OF GEOLOGY IN EDINBURGH UNIVERSITY.—Our contemporary the *Scotsman* understands that the appointment of Dr. James Geikie to the Chair of Geology in Edinburgh University, in succession to his brother, Dr. Archibald Geikie, has now been formally completed. In the new Professor the University acquires a man at once thoroughly versed in his science and apt to teach. As an officer of the Geological Survey, Dr. Geikie has examined and mapped many hundreds of square miles, including some of the most intricate and difficult areas in Scotland. Dr. Geikie has made diligent use of his pen in recording other results of his study and speculation. Besides papers on various interesting questions, he published, in 1874, a volume on the "Great Ice Age and its Relation to the Antiquity of Man," in which an elaborate description is given of the glacial and interglacial accumulations of Europe and

America, which are held to demonstrate that the Glacial Period consisted of an alternation of cold and genial epochs, as demanded by Dr. Croll's astronomical and physical theory. In another extensive work, published a few months ago, under the title of "Pre-historic Europe," Dr. Geikie has brought together the results of his twenty years' investigation of Pleistocene or Quaternary geology, and presents a systematic description of the principal changes of climate and geography which have taken place in Europe since the earliest known appearance of man. Dr. Geikie is a Fellow of the Royal Societies of London and Edinburgh, and an LL.D. of St. Andrews.

THE INTERNATIONAL CONGRESS.

WHAT may be considered as the last meeting in connection with the International Medical Congress was held on the 15th inst., under the presidency of Sir Risdon Bennett, when the balance sheet was presented to the Executive Committee by the Treasurer. From this it appeared that after paying all expenses, the sum of £300 remained in hand, and it was unanimously resolved by the committee to hand over this amount to the Treasurer of the Research Defence Association, Dr. Wilks, F.R.S. The total receipts from entrance fees, subscriptions, &c., from members of the Congress reached £9,030, more than half of which was absorbed in producing the four volumes of "Transactions" and the abstracts and other publications issued during the meetings; and probably no one will think that a full return for the expenditure is not apparent. The Executive Committee is to be congratulated on the happy and complete termination to its labours; and especially well deserved were the thanks accorded at the meeting above referred to, to the Hon. Secretary-General of the Congress, Sir W. MacCormac, and the Treasurer, Mr. Bowman, F.R.S.

Literature.

MATERIA MEDICA AND THERAPEUTICS. (a)

THIS volume is the supplement of that treating of the vegetable materia medica and their therapeutic action, which was published by the same author in the year 1874, and at the time noticed in these columns. A most regrettable cause, in the shape of a severe railway accident, prevented the earlier completion of the work; but it is at least gratifying to find in the second part ample evidence that the author has recovered his full mental and bodily vigour. The two leading features of the book are the careful and full manner in which the medical chemistry of the subject is explained; and the conscientious and complete way in which the current periodical literature of the past years has been summarised and got together. The chemical equations and processes are put in the plainest and clearest way; and in therapeutics we can (as a teacher of the subject) honestly testify that no material point has been omitted. To the advanced student the book leaves nothing to be desired, and to the practitioner it is equally valuable. Medical chemistry and therapeutics are advancing with great strides; and it behoves every physician to keep himself up to the level of the times, and for this purpose he could not, as far as inorganic substances are concerned, have a better guide. We trust that the author will supplement it by a new edition of his "Vegetable Materia Medica" to replace that of 1874, which is now in many important respects insufficient. The present volume is most creditably brought out for a first edition; but there are some errors which we would gladly see corrected. For example, in page 618 it is stated that

(a) "Materia Medica and Therapeutics, Inorganic Substances." By Charles D. Phillips, M.D. London: J. and A. Churchill. Medium 8vo. Pp. 820

metallic mercury freezes at 39° F; whereas the merest tyro knows that this freezing point is 46° below zero F. The printer, like Molière's *père de famille*, *est capable de tout*; but this error cannot be laid at his door. The work is most admirably brought out, and has a carefully compiled and accurate therapeutical and reference indices.

A HANDBOOK OF THERAPEUTICS. (a)

NINE rapidly succeeding editions of a medical handbook may be said to constitute the most effective of selling reviews. No amount of fashion, favour, or patronage could conduce to such a result, which can only be due to sterling merit meeting its due appreciation at the hands of the medical public. As in former editions, this work is a distinct treatise upon the therapeutical action of medicines, a subject which, up to a few years ago neglected, is now yielding surprising results. The volume is not too profound for the student, and yet is sufficient for the practitioner, and ought to be read by every medical man who aspires to advance with the times, and thus elevate his calling above the level of a trade. The book is beautifully and accurately printed, and is furnished with a copious and handy therapeutical and reference index. It is a worthy successor of the previous editions; and, in our opinion, will not be the last of them.

Correspondence.

DEATH IN A DENTIST'S CHAIR.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—There is reported in the *British Journal of Dental Science* for May 1 a distressing case of death in a dentist's chair, which should not be passed over without comment. The circumstances of the case are related by the dentist in whose practice the misfortune occurred, and whose own name, along with his qualification—that of Licentiate in Dentistry of the Irish College of Surgeons—attests the authenticity of the facts of the case. Briefly, these are the following:—A healthy boy, *æt.* 10½, presents himself for treatment. His father alone accompanies him. Single-handed the dentist gives nitrous oxide, and proceeds to attempt the extraction of nine milk teeth. A left lower molar, seventh on the list, is removed from the socket; the gag slips; the tooth drops from the forceps; the boy inhales it in a state of semi-consciousness. He is slapped on the back, and told to cough the tooth up. Neither of these therapeutical measures succeeding, a medical man is sent for, who performs tracheotomy with ease, after life has been for some minutes extinct. Imbedded in the larynx is found the left lower molar, with fangs uppermost. The father expresses himself satisfied with all that has been done.

Let me for a moment read backwards these clauses, with alterations. If the father had not been satisfied to let the dentist operate without medical assistance, tracheotomy might have been performed in time, or might not have been needed, because the medical man might have held the gag, and the tooth, as a consequence, not have been dropped. Further, the opinion might have been modified that nitrous oxide was the proper anæsthetic to use where nine teeth had to be extracted, as also the opinion that, in a healthy boy of 10½ years, there was any necessity for taking out nine milk teeth because they were obstructing the eruption of the permanent teeth. This last point could be cleared up if the article already referred to gave an accurate description of the condition of the teeth that required removal and of that of their successors.

Without saying that this sad accident would never have happened if a competent medical man had been called in at the first, it will, I think, be admitted on all sides that the risk of its occurrence would have been much diminished if a good surgeon had been present. The practice obtains largely in England—and to some extent, I understand, in this country also—of dentists giving an anæsthetic and operating single-handed. This is a responsibility that the most accomplished surgeon will hardly undertake, except under very urgent circumstances. In a case requiring the dentist's aid

the circumstances can never—at least, in a large town—be so urgent as to deprive the dentist of competent assistance if he wishes to engage it. It is assumed, if not decided, that the recent Dentists' Act warrants the dentist taking on himself the responsibility of administering anæsthetics. By that Act this permit is conferred not only on those who practise dentistry alone, but on those who, before July, 1878, practised dentistry in conjunction with pharmacy. To this latter section belongs the operator referred to in the present letter. This gentleman, however, recently obtained the dental diploma of the Irish College of Surgeons. The repute of that which bears the seal of our College stands high in England, and the practitioner holding our diploma may expect a large number of patients to come to him on account of this distinguishing qualification. Would it, then, be too much to ask the authorities of the College, who have hitherto disregarded every suggestion made by their own Fellows practising dentistry, to impress on those on whom, in the future, they may confer the dental licence, the advisability of complying with the practice adopted by the more educated and experienced dentists in Ireland, of having present skilled medical assistance during all operations under anæsthetics.

I am, Sir, yours, &c.,

R. THEODORE STACK, M.D., F.R.C.S.I.,
D.M.D. Harvard.

PASS LIST.

Royal College of Physicians of Edinburgh.—The following candidates have been elected Members of this College:—

Addie, Phillip
Dixey, Arthur Crosbie
Duncan, John Thornton
Dunkley, William Wilberforce
Elias, Thomas Atkinson
Fenton, Frederick E.
Fernandes, Alexander S. S.
Fraser, Fredk. Wm. Dyce, M.B.
Grosvenor, George Fox, M.D.
Harris, William
Lovell, William Day
Lycett, John Allen, M.D.

Parker, Hibbert Sullivan
Parkinson, Richard Thomas
Ritchie, James, M.B.
Simpson, Walter Samuel
Smith, George Daniel, M.B.
Steele, Warwick Charles
Storrs, Arthur
Sutton, Thomas
Taylor, William Charles Everley
Vacher, Francis
Williams, Henry Clarence

Royal College of Surgeons of England.—The following Member has been elected a Fellow of the College:—

Edwardes, Thomas, Llanstiffraid, Oswestry.

The following candidates, having passed the required examination for the Diploma, were admitted Members of the College at a meeting of the Court of Examiners on Monday, May 15th:—

Anderson, Daniel Elie, L.S.A.
Banerjee, Manendra Nath, L.S.A.
Cadman, A. W., L.K.Q.C.P. Irel.
Case, William, L.S.A.
Dearden, John W., L.R.C.P. Edin.
Jones, John, L.S.A.
Kenny, Frederick H., L.S.A.
Lipscomb, Arthur A., L.S.A.

M'Dougall, H. A. H., L.R.C.P. Ed
M'Millan, John Furse, L.S.A.
Russell, Michael Wm., L.S.A.
Scarth, Isaac, L.S.A.
Kinclair, John, L.S.A.
Stoker, George, L.K.Q.C.P. Irel.
Watson, John C., M.B.Aberd.

The following were admitted Members on Tuesday, May 16th:—

Allen, Frank J., B.A. Cantab.
Aslett, Geo. S., L.R.C.P. Ed.
Berry, Harry Poole
Booth, John Henry
Buckell, William Robert
Corner, Edward, L.R.C.P. Ed.
Fox, Robert Fortescue, L.S.A.
Green, George R., L.R.C.P. Ed.
Hoaker, James Atkinson
Hubbard, Frederick Edmund

Knowles, Herbert William
Martin, S. H. Cox
Phillips, Henry Astley, L.S.A.
Skeek, Francis de Courcy
Sloggett, Henry M., L.R.C.P. Ed.
Walker, John William
Waugh, Henry Dunn
Wilkin, Loftus R., I.K.Q.C.P.I.
Williams, R. D. Delahaye

The following were admitted Members on Wednesday, May 17th:—

Clegg, Joseph Filixton
Collins, Robert John
Davies, William

Hopkins, John Walt r
Morton, John Smith
Wheatly, Arthur William

Notices to Correspondents.

ALL 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.

READING CASES.—Cloth board cases, gilt-lettered, containing 26

(a) "A Handbook of Therapeutics." By Sydney Ringer, M.D. Ninth Edition. London: H. K. Lewis. Medium 8vo. Pp. 712.

strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

THE ETIQUETTE OF CONSULTANTS TOWARDS GENERAL PRACTITIONERS.

To the Editor of the *MEDICAL PRESS AND CIRCULAR*.

SIR,—I will thank you, as the conductor of a journal which is the guardian of provincial, as well as of metropolitan interests, to publish the following facts:—

On Sunday, February 12th, I was sent to see Mr. A., who had sustained severe injuries in the right elbow by a fall from his horse. On examination a partial displacement of the head of the radius was discovered, and the entire soft parts around the elbow gave evidence of having been a good deal strained by the fall; no fracture could be discovered, though I examined and re-examined the limb with the most painful minuteness, for I knew Mr. A. had his left elbow broken from an identical cause on a former occasion, without having it recognised by the practitioner who first saw him. This gentleman, consequently, did not put it up in splints, and as the result of non-rest permanent non-union occurred. I was, therefore, I need not say, doubly careful in my examination and pronouncements. I reserved, therefore my opinion, until next day I again examined it with the greatest care, and then gave the opinion that I have above indicated. The usual routine course had been ordered and was directed to be continued, and the limb was put up in a splint, which was removed on the third day. I ask the reader to note the number of days the splint was kept on.

Passive motion was then commenced, and no return of the slight radial mischief having been evinced, it was vigorously kept up for about an hour morning and evening by an active man-servant, as well as by myself when I visited him. This treatment was continued until Tuesday or Wednesday fortnight afterwards, when he visited a consulting surgeon of Dublin, by whom he was informed that the bone was fractured, "but that it was now growing together." The surgeon did not, it is needless to add, communicate with the writer, in whose charge he actually was; but that was a small matter compared with his announcement that there was a fracture. He directed (and I direct the special attention of your readers to this point) that the motion should be continued, but that it should not be so violent as that to which he had been subjected by me, and he ordered some embrocation. I may add that I had already used a mixture of soap and camphor liniments. Mr. A. was, of course, ordered to go up again, and this he did in about ten days. On that occasion the surgeon fell into the same course which I had previously employed, for his passive motion was no half-hearted one, and he sent his patient home with directions which put his man-servant to work as vigorously as before.

Mr. A. asked him on this, the second occasion, what bone was broken; but to him the great man was too engrossed to deign an audible reply. These facts were stated to me by my ex-patient in the presence of a friend of his, and I have also a letter from him on the subject of the first of the two visits.

Now, I put it to your readers, is it conceivable that a broken bone would have united under the treatment to which I had subjected this gentleman? Here was a case where union had been prevented in the other elbow by the non-employment of that very rest which we are all told is indispensable to the union of fractures. That very result of non-union had actually occurred in this very case in the instance, as I cannot too often repeat, of the other elbow; no mobility or crepitus existed at any time from first to last, and I should be glad, therefore, to know how the consulting surgeon arrived at his positive pronouncement, which, of course, was swallowed with all the greediness with which positive statements always are swallowed, but which was wholly opposed to the results which should have inevitably followed from the treatment, unless all our preconceived notions as to the necessity for rest in the treatment of fractures are wholly wrong. I would also add that there was no shortening nor any alteration of osseous relations such as would afford any help to diagnosis in the absence of mobility and crepitus. If the surgeon be right in his diagnosis we must revolutionise our methods of treatment, and when a man presents himself with a broken leg, instead of putting him up in an apparatus elaborately designed to secure rest we must, if he be of the better class, direct his man-servant to vigorously rub the broken fragments together for a couple of hours every day; and if an hospital patient, direct the most stalwart of the students to do the same. I asked my patient to consult a third surgeon, leaving the choice entirely to himself, but I regret to say that he did not do so, though from the fact that he swallowed whole the consultant's opinion, I cannot help thinking that he was bound in justice to me to do so.

I now leave this case in the hands of your readers, only asking them to recollect that what is only my case to-day will be surely theirs to-morrow, and asking them to form their judgments on the facts of the case, and on those only.

Yours truly,
T. LAFFAN.

Cashef.
DR. RICHARDSON is thanked for his note.

MR. J. H.—Thanks; we are a little crowded this week, but will afford space in our next.

A QUESTION OF ETIQUETTE.

To the Editor of the *MEDICAL PRESS AND CIRCULAR*.

SIR,—May I ask your kind opinion in the following case:—B. is called in in consultation to see a patient of A.'s. Two or three days afterwards C. is called in. Was it the duty of A. to suggest that B. should be invited to be present at the second consultation?

Faithfully yours,
E. P. W.

If the second consultant was called in to supersede the first it would, of course, have been useless to suggest that the first should be

also summoned. If the second consultation was for the purpose of corroborating the first opinion, then we think the suggestion ought to have been made.—ED.]

DR. J. M. C.—As the information seems almost incredible, we will give you a call before publishing.

H. S. P.—The gentleman referred to died whilst you were on your way home from India. You will find an obituary notice in our columns.

AN ADMIRER.—We drew the attention of the police authorities to the subject of our annotation, which, we understand, will result in a prosecution of the parties referred to.

DURHAM.—We are informed by the Registrar that there have, been session, this eight new entries for the full course at the University of Durham College of Medicine, making the total entries of full students for the year thirty-nine. There have been six new entries for part of the curriculum, making a total of forty students who have this year entered here for the degrees in medicine.

DR. W. T. G.—Excellent; our joint action appears to have raised the ire of the official to desperation.

A ROSE SHOW FOR MEDICAL CHARITIES.—The Lord Mayor of London and the Lady Mayoress will hold a Rose Show on the 29th June at the Mansion House in aid of the proposed Scarlet Fever Convalescent Home and of the Royal Hospital for Women and Children, Waterloo Bridge Road. The exhibition will consist of 10,000 roses from the gardens of the principal growers. There will also be an exhibition by amateur growers.

A. K. and DR. DRYSDALE.—In our next.

THE HAMPTSTEAD SMALL-POX HOSPITAL CASE.

THIS well-nigh interminable case is lifted further still from the region of settlement by the decision in the Appeal Court of the House of Lords on Monday last. A bench of four judges each gave a separate judgment, the appeal ending with the finding of the Lord Chancellor, who moved "That the order of the Court of Appeal, made December 18th, 1878, and now appealed from, be reversed, and that the order of the Court of Queen's Bench be restored. Their Lordships further directed that the costs of the appeal to their Lordships' House, and those of the Court of Appeal should be paid by the Respondents, who also should pay the costs which had been reserved on a question of competency which had been raised, arising out of a point referring to the question of appealing from a portion of an order in reference to the payment of costs."

From this learned decision it is not particularly clear to our non-legal minds who are the winners or losers in the action; one thing, however, is certain, that the lawyers, as usual, have swallowed some thousands of pounds, and the public weal is an unconsidered trifle.

MEETINGS OF THE SOCIETIES.

ROYAL INSTITUTION.—Thursday, May 25th, at 3 p. m., Prof. Dewar "On the Metals."

HARVEIAN SOCIETY.—Thursday, May 25th, Mr. Osman Vincent, "On Cases of Hysterical Spine."—Mr. G. Eastes, "On Physiological Rest in the Treatment of Medical Cases."

CLINICAL SOCIETY OF LONDON.—Friday, May 26th, at 8.30 p. m., Report of the Committee upon Hyperpyrexia in Acute Rheumatism.—Dr. Greenhow, "On Cases of Rheumatic Fever treated with Iodide of Potassium and Sulphate of Quinine."—Dr. Crocker, "On a Case of Frurigo of Hebra."—Dr. B. O'Connor, "On Cases of Ichthyosis involving the entire surface of the Body" (patients shown).—Mr. Golding Bird, "On a Case of Congenital Hernia in the Adult; Radical Cure after Kelotomy."—Dr. S. Mackenzie, "On a Case of Lupus Psoriasis."—Dr. Churton (Leeds), "On a Sequel to a Case of Double Hemorrhagic Pleurisy, with formation of Cholesteroline."—Mr. Walsham will show a Case of Excision of the Wrist.—Dr. Althaus will exhibit a Case of Cerebro-Spinal Syphilis.

ROYAL INSTITUTION.—Saturday, May 27th, at 3 p. m., Prof. D. Masson, "On Poetry and its Literary Forms."

ROYAL INSTITUTION.—Tuesday, May 30th, at 3 p. m., Prof. A. Gamgee, "On Digestion."

Vacancies.

Chelsea Hospital for Women.—Two Physicians and an Assistant Physician. Honorary. Applications to the Secretary by June 1st. (See Advt.)

Bolton Union.—Resident Assistant Medical Officer at the Workhouse. Salary, £160. Applications to be sent to the Clerk to the Union on or before May 29th.

Dunshaughlin Union, Dunboyne Dispensary.—Medical Officer. Salary, £110, and £15 as Medical Officer of Health. Election, June 2nd.

Hackney Union.—Resident Medical Officer. Salary, £200. Applications to be addressed to the Clerk, at the Union, on or before May 29th.

Lancaster Infirmary and Dispensary.—House Surgeon. Salary, £120. Applications to be sent to the Secretary on or before May 29th.

Deaths.

ALLEN.—May 10th, at Cocker mouth, from inflammation of the lungs, Robert Francis Allen, M.D., late of Towcester, Northamptonshire, aged 39.

BOOTH.—May 14th, at 41A Morehampton Road, Dublin, Thos. Booth, M.B., aged 3.

CORMACK.—May 13th, at his residence, Paris, Sir John Rose Cormack, M.D., Physician to the British Hertford Hospital.

GREWCOCK.—May 16th, at his residence, Folkingham, Lincolnshire, George Grewcock, M.D., aged 79.

NORTH.—May 11th, at Horsemeden, Kent, after a few days' illness, of pneumonia, John C. North, M.B., C.M.Ed., aged 34.

ROBERTSON.—May 14th, suddenly, at Over Darwen, Joseph Robertson, M.D., L.R.C.P., L.B.C.S., aged 33.

ROWLAND.—May 16th, at Gloucester House, Malvern Wells, Worcestershire, Hugh Mortimer Rowland, M.D., aged 47.

THOMAS.—May 16th, at Leavy Greave, Sheffield, Hy. Thomas, F.R.C.S., aged 73.

NEW POCKET SPHYGMOGRAPH (as suggested by DR. DUDGEON).

Vide Medical Times and Gazette, July 2nd, 1881.

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WEDNESDAY, MAY 31, 1882.

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Original Communications.

ON DIET IN CASES OF ASTHMA AND BRONCHITIS.

By JOHN C. THOROWGOOD, M.D., F.R.C.P.,
Physician to the City of London Hospital for Diseases of the Chest,
Victoria Park, &c.

ON three occasions, among hospital out-patients, I have known sudden death occur to men who were under treatment for bronchitis with emphysema of lungs and some amount of cardiac dilatation. One man, who had been driving a van about London during a very foggy afternoon, put up his horse, went home, took a hearty tea, sat down in his chair and expired before any medical aid could be called. In the two other cases the patients were not dangerously ill, but they both died very suddenly, and that after partaking of a tolerably ample meal.

A few weeks ago I observed recorded by Dr. Augustus Bampton an instance of the worst fright he ever had in his experience with anaesthetics. It was a case in which the patient, contrary to orders, had taken a full meal before inhaling the methylene vapour.

These facts show how important it is that the diaphragm should have free play if respiration is to be efficiently maintained. The way in which the diaphragm, when pressed upwards by an over-distended stomach, may embarrass the action of lungs and heart is pretty well known, and yet we are apt to overlook the practical application of this piece of knowledge.

The late Mr. Pridham, of Barnstaple, acquired great celebrity for curing bronchitis and bronchial asthma by diet. The great secret of this diet cure was judiciously starving the patient for a time.

A large number of persons afflicted with chronic bronchitis and asthma are hearty feeders, and have to submit to some annoyance by being often and inopportunistly complimented by their friends, and told how well they are looking, just at the time perhaps when a congested liver, plethoric abdomen, and constipated bowels are sorely adding to the difficulties in the breathing apparatus. Expectorants for the cough, and spirits and water,

or port wine, to strengthen the palpitating and oppressed heart, are means not likely to improve matters, and the patient comes to regard his case as a severe and intractable one.

These are, however, just the cases in which much good may be done simply by dietetic means, and attention to stomach and liver, while the heart and lungs are left to take care of themselves.

The great principle in regard to diet seems to me to be to avoid bulk, or mass of food. Often the patient shows a large, thick, atonic tongue, indicative of a torpid condition of stomach, so that the organ will receive a large amount of simple food without resenting it at the time; though acidity and heartburn may come on one or two hours after a heavy meal. The patient then must not, under the impression that he is likely to die from weakness, eat as much as ever he can at every meal, but must make up his mind to rise from the table capable of taking more, but wisely abstaining from so doing, and the food he does take should be nutritious without being bulky. A lightly boiled egg, the wing of a chicken, or some fish, with one cup of tea, coffee, or cocoa, and dry toast with butter, will form three alternations of breakfast fare. At dinner soups should be avoided, as tending to cause distension of stomach. Vegetables must be taken sparingly. All malt liquours, with pastry and cheese and dessert should be rigidly eschewed, and for drink claret with water, or lemon-juice and water may be allowed. Effervescing drinks of all kinds are not to be commended for habitual use; though sometimes, after dinner, an effervescing water slowly taken acts as a stimulant to the stomach and so may promote digestion.

If the dinner be taken at midday, then before going to bed a small meal of bread and meat, or of ruaks scalded with hot water and mixed with milk may be taken, but a full meal at night will press heavily on the diaphragm, and cause great distress and discomfort.

By this arrangement of diet we keep up nutrition, while we avoid overloading the stomach and so oppressing the diaphragm. The heart and lungs are enabled to work freely, and danger of sudden stoppage of the first-named organ is put at a distance.

Under circumstances of extra fatigue it is well before commencing a meal to take a wine-glass of sherry, but never should alcohol in any form be taken without some kind of food. Large quantities of liquid in the way of drinks of all kinds with the meals are bad; and one glass of wine, with or without water added, will prevent that great craving for copious libations of non-alcoholic liquors with the meals that appears to affect some of those whose practice it is totally to abstain from all forms of alcohol.

The venous congestion of the mucous surfaces of the alimentary canal prevents ready absorption of watery fluids and becomes a cause of great oppression. To relieve this state I do not know any plan of treatment better than the persistent use of small doses of some saline laxative—such as sulphate of magnesia, Carlsbad salt, or acid tartrate of potash. At first there may be some discomfort and increase of venous plethora from the use of these remedies, but as their effect in the way of moderate purgation becomes manifest this will pass away, and the amount of benefit that will result be in every way satisfactory.

Welbeck Street, W., May, 1882.

BACTERIA. (a)

By DAVID GOYDER, M.D.,

Honorary Medical Officer to the Bradford Infirmary.

(Concluded from page 438.)

Origin, Distribution, Development, &c.

WERE one inclined to believe in the truth of heterogenesis, or spontaneous generation, as far as bacteria are concerned, their almost universal presence in Nature, and the actually observed fact of their multiplication by fission and spores, would constitute the endeavour to prove it an almost useless investigation. Without denying the truth of the theory, or entering into the question of polymorphism, which must await further research to be set at rest, the investigations of Pasteur, Tyndall, Lister, and others, who have proved their presence in, since they have extracted their spores from, the air, show their universality in that medium. If water is rendered absolutely pure of them, and then exposed to air, they enter it and are developed. Wherever dust has access, there the spores are deposited. In earth, on rock, on and in vegetation, on the skins of animals, on their mucous tracts which are open to air, and food, spores find media, and in suitable conditions are developed into the forms we have described. The spores will find their way through multiplied thicknesses of the finest filters, and if so, why not through a moist, not to speak of an abraded, mucous membrane? Even the normal blood contains a form of micrococcus, the so-called Brownian granule, or more properly, a hæmococcus, which some allege requires only a favourable condition to develop into a bacterium; this requires proof; but, at all events, micrococci are coincident with pus in closed abscesses. These bacteria, by endosmose, digest and respire like all other organisms. They get their nitrogen from ammonia, and by decomposing albuminous compounds, their carbon, from organic acids, not from CO₂, and their oxygen from the air, or by splitting up organic compounds which contain it; hence the rôle of some of them—the microbacteria especially, in the completion of putrefaction, and reducing noxious matters to primitive elements, even although they may be instrumental in first setting up the destructive change. Wherever you have stinks there Bacterium termo and its fellow rods abound. If you have oozans, inflamed tonsils, or stinking breath, the mucous membrane of nose, throat, bronchial tubes, pulmonary alveoli, and even the tartar of the teeth, if examined, will disclose bacteria. Pasteur at one time

spoke of anaerobes—bacteria living and generating without air—but this has been disproved, and in bacillus especially. Cut off oxygen, and development is arrested; readmit it, and again they increase and multiply. Their absorption of oxygen in charbon is so active that the blood is rendered blackish, or purple; though this condition is intensified by the blocking of the arterioles of the lung by the bacilli. Place them in fluid under a slide, and observe them for a day: those in the centre cease to grow; those at the edges nearest the air continue development. Then surround the edge of the glass with Canada balsam, and growth is stopped.

Temperature influences their growth—a moderate, say a blood heat, is most favourable to growth. Cold to the freezing point does not kill, nor heat to 250 Ft. destroy the life of spores, but both arrest their development. Compressed air and oxygen at first increase, but ultimately destroy spores and bacteria, and prevent development. Ozone at once destroys them. Pure hydrogen at first excites, and then kills. Carbonic acid paralyses, but does not prevent their resuscitation by oxygen. Boracic acid kills them, and carbolic acid to 1-20th per cent. prevents all development.

When bacteria have exhausted pabulum in a fluid they sink and die, but the spores live.

Their reproduction, as I have said, is by fission and spores, and the rapidity of their growth in suitable media is amazing. Cohn calculates that a single bacterial rod by growth and division will produce in two days of 48 hours the enormous number of 281,500,000,000, and at the same rate of development it would fill the ocean in five days; but, of course, other telluric influences prevent this.

In the reproduction of bacteria from spores there are some interesting facts, but to these we have not time to allude.

If the question now be asked, What purposes, beneficial or the opposite, do these micro-organisms fulfil? we can answer generally, and as far as medicine is concerned, that they play an important part in certain of the arts, in putrefaction, and in disease. Zymosis, or fermentation, is of two kinds—that occurring in nitrogenous, and that set up in nitrogenous media. The former may result in tolerably stable fluids, as wine and beer, &c., when not exposed to aerial influences; the latter partakes generally of putrefactive change. That the former can be, and is, initiated by micro-organisms, is a fact that cannot be gainsaid; that the latter has a similar origin, we think, reasoning by analogy, is highly probable, but at all events, putrefaction and bacteria are inseparable. Thus, acetic fermentation is associated with a micro-organism called *Mycoderma aceti*—the ammoniacal fermentation of urine with the micrococcus ureæ—the butyric fermentation with a germ like the *Bacillus subtilis*, and so on. Again, there is a change which occurs in infusions of nitrogenous matter of another character, called nitrification, in which the nitrogen first converted into ammonia by one organism, is split up by another, and acquires oxygen so as to become a weak acid; in this state it is easily re-decomposed, and the nitrogen absorbed by plants, or as a weak acid it unites with alkaline bases, and becomes nitrites of hyponitrites (old nomenclature), of potash, soda, &c. Thus decaying animal and vegetable substances seem to be reduced by two sets of processes—one oxygenising, the other reducing, the former brought about or accompanied by organisms of the character of *Bacterium termo*, the latter by such as the *Beggiatoa*. Both changes may take place in different strata of one fluid—the oxygenation above, and the nitrification below, or they may succeed each other, the *Bacterium termo* dying as soon as oxygenation is complete, and the *Beggiatoa*, taking up the work of nitrification, and flourishing therein till completed. How far the destructive and reformatory changes occurring throughout nature are initiated, or accompanied and influenced by these all-pervading organisms, how even great natural

(a) Read before the Bradford Medico-Chirurgical Society, April 28, 1882.

chemical transformations may be dependent in some degree on the cycle of their life, are questions neither barren of interest nor even at the present time unasked by some of the *savants* who are studying these bacteria. Many extraordinary facts are already described, and the investigation is proceeding apace. One thing is certain, that all organisms are formed under the influence of living cell germs, and their dissolution cannot be separated from other cell germs as ubiquitous and numerous as they are important and thought-compelling.

Lastly, it is our main business to shortly consider the influence of germs in the production of disease.

Contagious Maladies.

In *Septicæmia*, Davaine, Vulpian, Hallier, Bechamp, Coze and Feltz, Moxon and Goodhart, have all demonstrated the presence in the blood of bacteria, and regard these as the cause of the affection. Heinrot asserts that the addition of an animal poison is necessary for the bacteria to act, which animal poison Reimschneider believed to be similar to atropine in its effects. This microzyme is a micrococcus, and is especially present and demonstrable in puerperal fever.

Next, as to *Charbon* and *Splenic Fever*. This disease was studied even in ancient times, but first specially by Chabert in 1782, by Gilbert in 1795, and since then by numerous others, including Davaine, Burdon Sanderson, and Klebs. All found bacteria; but it was not till Koch isolated and cultivated them, and injected his cultivations into animals, that they were proved to be the *materies morbi* of anthrax. Cohn, following the same line as Koch, corroborated his results, and thus charbon, mal de rate, &c, were proved to depend for their production upon the spores and resultant rods of *Bacillus anthracis*. Another observer found that the filtered blood from this disease would also produce the affection, but the discovery was soon made that in these cases the spores of the bacillus passed through the filters, and were, after all, the *materies morbi* of charbon. The immediate cause of death in splenic fever has been attributed merely to the presence of the bacillus in the blood, the claret and purple hue depending on the affinity of the bacillus for oxygen in its rapid growth, but Trousseau and others found the capillaries of the pulmonary artery so blocked with bacilli, even to the extent of rupture, that the fatal result was believed to be partly mechanical; the effect on the bronchial glands was similar, and the pleuritic effusions were seen to be rather passive than active. Another form of bacillus which I have named in the classification has been found capable of producing a similar, but not so fatal a form of this disease. The local external and internal forms of tumour in splenic fever and the malignant pustule seem due to local concentration of the bacilli, which in some cases are so numerous as to be felt together, emboli and blocking producing death. In malignant pustule this is seen in the sphacelated spot. *Prevention*.—Koch has found the external and internal use of carbolic acid efficacious in charbon, also boracic acid, which kills the bacillus by depriving it of oxygen. In external anthrax, caustics and the actual cautery should be employed to destroy the bacillus at its point of entry into the body. I purposely refrain from further comment on this subject for the present, but only to take it up another time.

As to *Variola*. Coze, Feltz, and Baudouin have found bacterial rods in variolous blood, and have reproduced the disease in animals by their agency.

Luginbühl and Weigert found a micrococcus specially present in the pustules, also in the liver, spleen, and lymphatics, and this has been confirmed by Cohn and Hallier. It is a notable fact in this relation that exactly similar micrococci are found in vaccine lymph—this fact I mentioned in the classification.

As to *Scarlatina*. Mobile micrococci and bacteria are found in the blood in scarlatina, which injected into

animals produce death, the animal blood being found to contain similar points and rods, though slightly larger.

In *Measles* also, peculiar bacteria of great minuteness and excessive activity are found, which, injected into animals, render them sick for days, but do not kill them. Vacher, in the life-history of contagium, describes them as glistening points found in the lungs, the eruption, and demonstrable in the nasal mucus during the period of the invasion of the disease.

In *Diphtheria*, both micrococci and bacteria are found in the tissues and membrane alike; their influence in producing the disease is asserted, but the proof is incomplete, from the dangers of experimentation.

In *Typhoid Fever*, bacteria, like the *Bacterium catenula*, have been found by Tigli, and Coze and Feltz, who showed their special presence in Peyer's glands. A writer in the *British Medical Journal* describes this as a kind of bacillus, and this view has since been repeated by Dr. Coats, of Glasgow, who also demonstrates their existence in these glands.

In *Glanders* and *Farcy* rods with a vibratory motion and minute micrococci are found in the secretions and vascular glands. Borax and boracic acid destroy these by depriving them of oxygen.

In *Ulcerative Endocarditis*, the ulcers and certain hæmorrhagic foci abound with a special germ.

In *Relapsing Fever*, the *Spirochæte Oberneieri*, already mentioned, has been found present during each accession of the fever, but in deservescence it disappears. This presence during the accession points to a very definite conclusion.

In *Intermittent Fever*. The *Bacillus malariae* has been found in the soil, water, and air of marshes (Klebs and Tomassi Crudelli), has been cultivated, given to animals, and produced all the phenomena of this disease. Human beings affected with the fever have been discovered to possess the same germs in their blood; these have been demonstrated both in Rome and England, and it is difficult to avoid the conclusion that this bacillus is the cause, and the fever the effect.

Here this relation, tedious to you, I have no doubt, must end, for time forbids any discussion of the effects of germs in surgical lesions.

Let me in conclusion, however, state a few points and conclusions which have been suggested to my mind by even this superficial study of the bacteria. This I may offer by way of *recapitulation*. It may be concluded as proven that bacteria are vegetable organisms, propagated by fission, but mainly by spores which have extraordinary vitality; that they are extensively diffused in Nature; that they initiate, accompany, and follow changes in animal and vegetable organisms and their products; but that they require further study to determine their exact influence and rôle. That they assume four special forms, and that the individuals of the division *Desmobacteria*, especially the bacilli, have been best studied and determined. That the microbacteria differ from the mesobacteria, not only in size and development, but that there exists a peculiar degree of antagonism between them which amounts almost to an essential distinction. For example, *Bacillus anthracis* will flourish during the life of an animal in the blood and tissues in which it is generating, but when somatic is followed by molecular death of the animal the *Bacterium termo* appears, and either kills or displaces the bacillus, whose filaments break up and disappear, though its spores survive. This antagonism also exists amongst other varieties of bacteria. That there is proof that the *Bacillus anthracis* and *Bacillus ulna* originate a disease called charbon and splenic fever, and that other bacteria will sooner or later be proven to initiate certain contagious maladies. In saying that the *Bacillus anthracis* has been best studied and determined, there are certain points which can be stated as fairly precise. That the bacillus is the largest of the bacteria, with the exception of the *Spirillus prodigiosus*, but that the

latter is distinguished by its spiral form from bacilli; that it is also clearly distinguished from the microbacteria by forming filaments, which microbacteria, as *Bacterium termo*, never do. That a pretty general consensus of opinion exists as to its rods and filaments being still or immovable, and that where in true splenic fever, whether in animals or man, a vibratory motion of the rods is observed, the movement is slow and rotary, and as different from microbacteria, such as *Bacterium termo*, as it is different in length, the *termo* being a rod which never becomes a filament, whereas the *Bacillus ulna* attains a length of from 4 to 40 millimetres, and that it only requires observation to prove the distinction.

Individually, I make not the slightest reservation, though the reading of further researches may alter it, in saying that such study of this subject as I have had, determines me in accepting the view that the *Bacillus anthracis* is the true infecting agent in splenic fever and malignant pustule, and that I endorse the opinion of Dr. Bell as to its connection with Woolsorters' disease.

As to the opinion entertained by some gentlemen that bacteria are only the products of decomposition, or harmless cells scattered throughout Nature, and present merely as a consequence in disease, and that they have no influence in its origination, I have only to say that accumulating experience and research is against them, and that it is just as certain that they are capable of originating disease as that the saccharine fluid called "brewers' wort" is converted into alcohol and carbonic acid solely by the initiatory action of the cells of the yeast plant. May it not be that the peculiar fact of a certain stamp being impressed upon the blood by the passage through it of a zymotic germ, which enables it to resist the onset of the same disease a second time, is somewhat analogous to the state produced in alcoholic and fermented liquids by the effect of the yeast plant in the rearrangement of the primary saccharine elements?

THE RELATIVE MORTALITY AFTER AMPUTATIONS OF LARGE AND SMALL HOSPITALS, AND THE INFLUENCE OF THE ANTISEPTIC (LISTERIAN) SYSTEM UPON SUCH MORTALITY. (a)

By HENRY C. BURDETT.

PROBABLY no question has been more keenly contested than the one which constitutes the heading of this paper. Ever since Sir James Simpson published his famous essay on the subject the controversy has continued, and the disputants on either side have held to their opinions, often with considerable warmth. In fact, the discussion of the relative mortality of large and small hospitals has generated more heat at times than can be easily accounted for.

The accuracy of Sir James Simpson's statistics of the results of amputations in country and private practice has been seriously impugned by Callender, Holmes, and other authorities, owing to the impossibility of proving the reliability of the sources from which they were derived, and because no details of the cases were given.

Feeling deeply the importance of the subject, it seemed to me of interest to collect actual figures, which could be definitely verified from the books kept by the medical staff of the different hospitals; and with this view a circular was despatched to 160 cottage hospitals, in the following terms:—

"The relative success of the graver operations in surgery as performed, first, in large town hospitals, and, secondly, in country cottage hospitals, has for years attracted much attention, and there is reason to believe that the mortality in cottage hospitals in the major opera-

tions is much less than in the London hospitals. With a view of setting this question at rest, and of proving the truth or fallacy of Sir James Simpson's theory, I shall feel deeply obliged if you will fill up the enclosed form with the results of all the amputations which you may have had in connection with your cottage hospital since it was first opened.

"However few may be the amputations of the limbs, an exact return from every cottage hospital will be regarded as a very valuable contribution to surgical statistics."

Answers were received in reply from ninety-two cottage hospitals, into thirty-one of which no cases requiring amputations had been received, although the majority had had, in addition to severe fractures, cases of herniotomy, lithotomy, extirpation of eyeball, removal of bone for necrosis, ovariectomy, excisions of knee, ankle, shoulder and breast, or other surgical cases of interest.

The cases of amputation in the sixty-one hospitals, which are given in alphabetical order in the table on next page amount to 326, or nineteen more than the number given by Professor Erichsen in his book, as "all the amputations which have been performed in his wards at University College Hospital from the foundation of the hospital, a period of thirty-eight years." The average mortality in Professor Erichsen's cases was 25 per cent., while it amounted to a little over 17 at these cottage hospitals.

To facilitate comparison, the following summary of the table on next page has been prepared on the plan adopted by Sir James Simpson:—

1. *Total mortality of all amputations in 61 cottage hospitals, having a total of 553 beds.*

Total number of cases, 326.
deaths, 58.

Or 1 in every 5·6 died; or 17 in every 100.

2. *Mortality of the individual amputations.*

When we include all the amputations of the thigh, leg, arm, and forearm, the results are:—

Thigh cases 90; deaths 30; or 1 in 3; or 33·3 p. cent.
Leg " 114; " 18; " 6·3; " 15·5 "
Arm " 66; " 7; " 9·4; " 10·6 "
Forearm " 56; " 3; " 18·6; " 5·4 "

3. *Mortality from the amputations that were primary or for injury.*

Thigh cases 36; deaths 21; or 1 in 1·7; or 58 p. cent.
Leg " 82; " 15; " 5·5; " 18 "
Arm " 55; " 7; " 6·6; " 15 "
Forearm " 47; " 3; " 15·6; " 6·4 "

4. *Mortality from the amputations that were secondary or for disease.*

Thigh cases 54; deaths 9; or 1 in 6; or 16·6 p. cent.
Leg " 32; " 3; " 10·7; " 9 "
Arm " 11; " nil.
Forearm " 9; " nil.

These tables will be incomplete unless the cause of death in each case is recorded. Thus, in the primary amputations for injury:—

Of the thigh cases—13 died from shock.

1	"	pyæmia.
1	"	enteritis.
1	"	inflammation of lungs.
1	"	delirium tremens.

In the remaining case—a compound fracture just above the knee, with destruction of the femoral artery, not detected at the time of reduction—mortification of the limb set in, and amputation was performed as the last resource.

Of the leg cases—6 died from shock.

3	"	pyæmia.
1	"	tetanus.
1	"	delirium tremens.
1	"	pneumonia.
3	"	not stated.

(a) Read before the Statistical Society, 10th May, 1872.

Table of Amputations and their Results, Primary or for Injury, and Secondary or for Disease, of the Thigh, Leg, Arm, and Forearm, performed in Cottage Hospital Practice by Country and Provincial Practitioners.

Nominal List of Cottage Hospitals.	Number of Beds.	Primary.								Secondary.								Total.	
		Thighs.		Legs.		Arms.		Fore-arms.		Thighs.		Legs.		Arms.		Fore-arms.		C.	D.
		C.*	D.†	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.		
Ashford	6	1	1	5	1	—	—	2	—	2	—	—	—	—	—	—	—	10	2
Beeches	7	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	3	—
Bournemouth	6	—	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	3	—
Burton-on-the-Water... ..	8	1	1	—	—	2	—	1	—	—	—	—	—	1	—	1	—	5	1
Burford	6	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	2	—
Bromley	10	—	—	—	—	1	—	—	—	1	1	—	—	—	—	1	—	3	1
Boston	5	1	—	1	—	2	1	1	1	—	—	—	—	—	—	—	—	5	2
Buckhurst Hill	7	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1
Bromyard	5	—	—	—	—	—	—	1	—	—	—	2	—	—	—	—	—	3	—
Crewkerne	12	1	1	1	1	3	—	2	—	—	—	—	—	—	—	—	—	7	2
Cromer	6	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Chesham	7	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Cranleigh	6	1	—	—	—	—	—	1	1	3	—	—	—	2	—	—	—	7	1
Cirencester	6	—	—	—	—	—	—	1	—	4	—	—	—	1	—	—	—	6	—
Charlwood	4	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Dorking	12	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	2	—
Enfield... ..	6	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Erith	7	—	—	—	—	—	—	—	—	1	—	2	—	—	—	—	—	3	—
Fairford	8	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Fowey	8	1	—	1	—	—	—	—	—	—	—	3	—	—	—	—	—	5	—
Frome	10	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Hayes	5	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Hillingdon	4	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Hatfield Broad Oak	8	—	—	—	—	—	—	1	—	1	1	—	—	—	—	—	—	2	1
Jarrow-on-Tyne	11	3	2	6	1	2	—	—	—	—	—	—	—	—	—	—	—	11	3
Iver	7	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	2	—
Kendal	16	—	—	—	—	1	1	1	—	3	1	3	—	1	—	—	—	9	2
Ledbury	5	—	—	1	—	2	—	—	—	1	—	—	—	—	—	1	—	5	—
Lloyd (Bridlington)	13	—	—	2	—	—	—	—	—	3	1	—	—	—	—	—	—	5	1
Litcham	7	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Marlborough (Saver- nake)	20	3	—	4	—	2	—	1	—	1	—	—	—	1	—	1	—	13	—
Mildenhall	8	3	2	2	—	1	—	—	—	2	—	—	—	1	—	—	—	9	2
Malvern	12	—	—	2	—	—	—	—	—	5	—	3	—	—	—	—	—	10	—
Market Rasen	4	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Milton Abbas	6	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Melksham	6	1	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	1
Newton Abbot	8	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—	—	2	1
North Cambridgeshire	23	—	—	—	—	1	—	—	—	2	1	—	—	—	—	—	—	3	1
North Lonsdale	50	5	4	10	—	8	1	—	—	—	—	1	—	—	—	—	—	24	5
Ottery St. Mary	7	—	—	1	—	—	—	3	—	2	—	1	1	1	—	—	—	8	1
Oswestry	8	2	—	2	—	3	1	2	—	—	—	—	—	—	—	—	—	9	1
Petworth	8	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	1	1
Petersfield	6	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Penrhyn	13	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Ross	6	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2	—
Royston	7	1	1	—	—	1	—	—	—	3	—	3	1	—	—	3	—	11	2
Reigate and Redhill	12	—	—	1	1	2	—	1	—	1	1	2	—	—	—	—	—	7	2
Rugeley	10	1	1	2	1	—	—	1	—	2	1	—	—	—	—	—	—	6	3
Ross Memorial (Ding- wall)	4	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Ruabon	6	1	1	4	—	—	—	—	—	—	—	—	—	1	—	—	—	6	1
Stockton-on-Tees	9	1	—	23	7	7	1	5	—	2	1	2	1	—	—	—	—	40	10
St. Albans	7	1	1	2	—	—	—	3	—	1	—	—	—	—	—	—	—	7	1
Seacombe	8	1	1	1	1	—	—	—	—	—	—	—	—	2	—	—	—	4	2
Stratton (Cornwall)	5	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—
St. Leonards (Sudbury)	20	2	1	—	—	2	—	2	—	2	—	1	—	—	—	1	—	10	1
St. Mary's (Burford Tenbury)	8	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Tewkesbury	9	1	1	5	—	4	—	5	—	6	—	5	—	—	—	—	—	26	1
Trowbridge	8	—	—	—	—	—	—	3	1	—	—	1	—	—	—	—	—	4	1
Ulverston	12	2	1	2	1	—	—	2	—	1	—	—	—	—	—	—	—	7	2
Warminster	7	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Wickham	6	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
	551	36	21	82	15	55	7	47	3	54	9	32	3	11	—	9	—	326	58

* C. cases.

† D. deaths.

<i>Of the arm cases</i> —4 died from shock.	
1	„ pneumonia.
1	„ tetanus.
1	„ not stated.
<i>Of the forearm cases</i> —2	
1	died from shock.
1	„ tetanus.
In the secondary amputations for disease :—	
<i>Of the thigh cases</i> —3 died from exhaustion.	
2	„ secondary hæmorrhage.
1	„ shock.
1	„ pyæmia.
2	„ not stated.
<i>Of the leg cases</i> —2 died from exhaustion.	
1	„ not stated.

The cases in which the cause of death is not stated were treated at the Stockton Hospital, the books of which give no information on the point. Of the five cases of pyæmia, two occurred at Stockton, one at Crewkerne, one at Ashford, and one at the Lloyd Cottage Hospitals.

It will be observed that the great mortality in the primary amputation of the thigh is due to the fact that four-fifths (17) of the deaths were caused by shock, consequent upon the severe injuries which the patients had sustained.

I have shown in the above table that the mortality after amputations in cottage hospital practice, in hospitals having 553 beds, is 17 per cent. In four leading metropolitan hospitals, containing upwards of 1,800 beds, Professor Erichsen (a) shows the mortality, after operations, to have been 37·8 per cent. The mortality in the Parisian hospitals, (b) as given by Malgaigne and Hussen, Holmes and Bristowe, amounts to 60 per cent. Billroth (c) gives the mortality at Zurich, between the years 1860 and 1867, as 46 per cent. Sir James Simpson (d) gives the mortality in town hospitals after these cases as 41·6 per cent. ; at the Edinburgh Infirmary as 43·3 per cent. ; at the Glasgow Infirmary as 39·1 per cent. ; at St. Bartholomew's Hospital as 36·6 per cent. ; at the London Hospital, Whitechapel, as 47·3 per cent. ; at Guy's Hospital as 38·2 per cent. ; and at St. George's Hospital 38·8 per cent. These statistics were brought down to the year 1868, and, as Professor Erichsen (e) truly says, "the accuracy of Sir James Simpson's statistics relating to hospital practice has been admitted by all, even by his most determined opponents, for they have been derived from statistical returns furnished to him by the surgeons and registrars of the various hospitals to which they relate." In the result the lowest mortality in any of the metropolitan hospitals referred to by Sir James Simpson is 34·4 per cent., the highest 47·3 per cent. ; whereas the cottage hospitals show an average mortality of but 17 per cent.

When I began to collect materials for this paper, in 1876-77, I thought it would suffice to publish the foregoing tables and remarks. I was soon, however, undeceived. Certain critics threw doubts upon the value of my tables and statistics, on the ground that they were figures and figures only.

It was argued that the question at issue was mis-stated by me. Objection was taken to my figures, as to Simpson's, because they are unaccompanied by "any facts, any particulars of the cases, and are therefore susceptible of any number of different interpretations besides the one which Simpson chose to select, viz., that there is an inherent unhealthiness in large hospitals, which he described by the term 'hospitalism.'" It was alleged that the difference in favour of cottage hospitals of 7 per cent. in the number of deaths after amputations of the limbs, "may as easily have depended upon difference in the surgical practice, in the vitality (from age, state of health, &c.) of the patients, or on the previous condition of disease or injury, or in fact on any conceivable combination of these, and very possibly of other causes, as on a difference in the healthi-

ness of the hospitals." One critic, in fact, congratulated the large hospitals on the fact that a difference in mortality of 7 per cent. "proves that the intrinsic danger of operations in cottage or in large hospitals cannot be great." As to this, it is only to be observed that a death-rate of 70 per 1,000 in any community would hardly be regarded as a trifle, even by the most indifferent of sanitarians. After regretting "the absence of any attempt to estimate the real sanitary condition of cottage hospitals as tested by the prevalence and spread of erysipelas in these institutions," the same critic observed :—

"Every one knows by this time how inferior the arrangements for nursing, cleanliness, and ventilation in cottage hospitals are to those of our great city hospitals." This last statement is made by a gentleman who holds a deservedly high place amongst metropolitan surgeons. It is so entirely imaginary and contrary to the fact, that I must ask him to unreservedly withdraw it. Before doing so I should wish him to visit such hospitals as Cranleigh, Boston, Grantham, Petersfield, Reigate, Savernake, situated as they are in different parts of the country, and ministering as they do to the wants of agricultural and urban populations. He will then feel compelled to admit he has inadvertently been led to make a charge of bad management against these crisply conducted little hospitals which has no foundation in fact. Whatever sins may be laid to the charge of cottage hospitals, they are certainly not filthy, badly nursed, or ill-ventilated. Taking the average, in all these respects, the arrangements are, if anything, more perfect than in the majority of the larger hospitals throughout the country.

I am not disposed to quarrel with my critics for taking me to task because I have given figures, and not a history of all the cases contained in the tables. But in this, as in other things, it is easier to criticise than to remedy the omissions complained of. The labour of abstracting some 400 cases from the hospital books, of condensing and codifying the facts, and of classifying the information so as to reduce it to reasonable but intelligible limits, is not considered. Add to the foregoing that the facts have to be collected from at least sixty different places scattered all over the Kingdom, and even the most exacting of critics will see cause to be lenient in his judgment. With the view, however, of giving information on the points referred to, I have taken out the following facts and figures, which supply all the information demanded by the statisticians I have quoted. Every case given in these tables has been accurately recorded. I have full notes of the cases in my possession, and the detailed information there given is at the disposal of any one who may care to study it. It will be seen that the results are more favourable to the cottage hospitals than those given in the original tables, and that the charge of "want of surgical boldness" (i.e., refraining from amputation in cases which would not be allowed to die in metropolitan hospitals without amputation) is not borne out by the facts. This is creditable to all concerned, and adds weight to the conviction—a conviction which is spreading amongst the well-to-do classes in country districts—that if they have to undergo an operation, it is as safe, and on the whole more desirable, to have it performed at their own houses by the cottage hospital surgeon than to submit to the discomforts and risks of a London lodging-house, where the case can be placed in charge of one of the more notable surgeons of a large hospital.

In this connection I have made it my business to visit many of the newly-erected cottage hospitals. It is now a quarter of a century since the first cottage hospital was opened, and the older hospitals are beginning to desire to "dabble in bricks and mortar." My observations lead me to fear that at present these new hospitals are worse for the patients than the old cottages. The former had no system of direct drainage ; the latter have a system of their own. So far as my observations have gone, I have found the sanitary arrangements of every new cottage hospital faulty, with one solitary exception, the Grantham District Hospital. As a matter of fact, the change from

(a) "On Hospitalism," p. 20. Longmans, 1874.

(b) *Ibid.*, p. 11.

(c) Billroth, "Chirurgische." Klinik, Zurich, 1866-67.

(d) Simpson's Works, vol. II., pp. 280-400; article "Hospitalism."

(e) "On Hospitalism," p. 10. Longmans, 1874.

the old to the new buildings constitutes a danger to the health of the patients, for sewer gas is directly laid on to the latter, whereas earth closets, or the old-fashioned outside privies, were probably used at the former. Architects, almost without exception, display a fatal ignorance of the most rudimentary principles of sanitary construction. Only recently a new cottage hospital was built, and the patients transferred from the old cottage, which had done good service for nearly twenty years. In this case, as usual, the closets were placed inside and in the centre of the hospital. The soil pipes were unventilated, and were directly connected with the cesspool, and many of the drains ran beneath, instead of outside, the hospital. No care in dressings, and no amount of watchfulness on the part of the medical attendant or the nurse, will prevent an outbreak of erysipelas, or of something worse, if the sanitary arrangements remain as I found them. The history of the new St. Thomas's Hospital and of the Leeds Infirmary proves how soon structural defects will produce septic mischief. In the new clinic of Professor Volkmann, of Halle, in Germany, though built with the utmost care, cases of cellulitis occurred within six months of the day on which it was opened. Structurally perfect, it was hygienically incomplete and unsatisfactory. Unless the cottage hospital managers set themselves steadily to work to stop this grave danger, they had best rest content with the old cottage as it is. If many fresh hospitals are built on the present bad system of construction, the mortality of cottage hospitals will, in my opinion, very soon exceed that of the larger general hospitals. Before any more new cottage hospitals are built, the staff should insist upon the plans being submitted to some competent sanitarian for his advice and counsel.

(To be concluded in our next.)

Clinical Records.

CASE OF EXTRA-UTERINE PREGNANCY.

By CHARLES E. STEELE, M. R. C. S. Eng.,
Hon. Assist. Surg. Liverpool Ladies' Charity and Lying-in Hospital.

Mrs. A., æt. 43, married five years, came under my care in January, 1880. She had consulted Dr. Grimsdale a day or two before I visited her, who, finding the case would require more constant attention than he would be able to give, transferred it to me, with the promise of his advice as occasion should require it. She was then suffering from symptoms of a typhoid character, the diarrhoea being very profuse, and was taking an opiate, which however had little or no effect. She was somewhat emaciated, and had no appetite.

Unfortunately, the previous history was incomplete, owing to the fact that communicating with her previous medical attendant was impracticable. She became pregnant three years previously, the menstruation ceasing and a secretion of milk following. Nothing remarkable happened for eighteen months, except that the time for her delivery had passed nine months. She then began to complain of pain in the left side, which she suffered from until I saw her, and which had considerably impaired her appetite and strength, and no doubt accounted for the emaciation. The secretion of milk gradually ceased, though the menstruation did not return. The abdomen had gradually enlarged until about the ninth month, when it decreased again to about the size of a Dutch cheese, and remained about the same size till she came under my notice.

On examining the abdomen, a tumour was felt in the left iliac fossa, like an ovarian cyst; it was immovable, and painful under pressure. Vaginal examination revealed the presence of the tumour in left *cul-de-sac*, and passing the sound showed it to be free and independent of the uterus. I ordered milk diet and bark and ammonia, which improved the appetite, the diarrhoea diminishing daily.

One month afterwards, January 8th, severe abdominal pains set in, accompanied with febrile symptoms, and a rigor which lasted a quarter of an hour. The umbilicus was red and prominent, as if the tumour were pointing.

The same evening a thin, fetid, gaseous pus commenced to exude from a small fissure-like opening at the left of the umbilicus. The discharge continued, and was very profuse the next day, upon the evening of which a watery fluid, like liquid ammonia, escaped with a sudden flow. Two days after, January 10th, the patient seemed much better, the appetite and spirits much improved. The same night she passed *per rectum* a small bone, which proved to be a right tibia of a fœtus; the shaft was completely ossified, though the epiphyses were absent. On examining *per rectum* a *cul-de-sac* was felt on the left side containing a cheesy decomposed mass, amongst which could be distinguished the fetal bones, a piece of scalp, and ligamentous structures; presuming this to be the sac, I drew out a piece of scalp and a string of metatarsal bones connected by ligament, but could not reach more, the sac being very high up. I ordered a mild laxative the same night. The patient continued to improve daily. A week afterwards a radius, ulna, and fragments of vertebrae passed by the umbilical opening, which still remained patent, and discharged gas and pus, and fluids which had been drunk by the patient a few minutes before. Other bones passed from time to time, some by the rectum and others by the umbilicus.

The patient gradually improved in health, and was well enough to go to New Brighton for a fortnight, during which time the umbilical rupture healed. She came back, but a week afterwards diarrhoea set in, the umbilical wound reopened, and a profuse discharge of pus set in. Charcoal poultices were applied, and bark and ammonia administered, but in spite of various changes in the medicinal treatment, both the discharge and diarrhoea continued until November, when she appeared to be giving way under the exhaustive effects.

She died on November 16th, that is, nearly four years from the time she became pregnant.

With some difficulty I obtained permission to make a post-mortem examination.

On opening the abdomen in the usual way, a large cheesy mass was found immediately under the peritoneum. I turned it out, expecting to find the remainder of the fetal bones, but only found a parietal bone; behind this was a mass of pus; there was a thin sac wall, but it was so incomplete that it could not be preserved. There was an opening about 1½ inches in diameter into the rectum immediately below the sigmoid flexure, and another into the transverse colon, about 2 inches in length; the colon opened by its anterior surface externally at the umbilicus, forming an artificial anus. The sac appeared to arise from the anterior surface of the left ovary, and to communicate with the apertures in the intestine. The ovaries and Fallopian tubes were otherwise normal, and the uterus also, except that it had a small sessile nodular fibroid tumour growing from the fundus externally. The fetal bones were preserved and from their degree of ossification show that the fœtus had arrived at the full term of development before its disintegration commenced.

The chief features of interest in this case are—1, the long duration of pregnancy; and 2, the mode of rupture of the sac.

The patient was actually four years pregnant, and during her pregnancy no bad symptoms set in till the eighteenth month. The rupture of the sac into two parts of the intestine without causing fatal peritonitis is in itself remarkable. The formation of the artificial anus by allowing free exit for the pus was probably the means of prolonging life to some extent. The cause of death was no doubt exhaustion, the effect of the purulent discharge from the sac and the diarrhoea set up by the irritating effects of this discharge through the intestine.

The preserved specimen, which showed the ovaries and Fallopian tubes to be uncomplicated, establish the diagnosis as that of abdominal pregnancy.

With regard to treatment, anything in the shape of operative interference was strongly objected to on the part of the patient and her friends. Whether an incision into the sac through the abdomen would have led to good results is very doubtful. The diagnosis of the case was not sufficiently confirmed to justify an operation till the sac had ruptured through the umbilicus, and this occurrence in itself being the commencement of a process by means of which the great majority of these cases lead to a cure, by a gradual discharge of the contents of the sac, such an interference with an apparently reparative process of Nature would have in-

volved the operator in a great responsibility, even if the patient had been in good health and fit to undergo an operation; but inasmuch as the patient's health in this case precluded it, and spontaneous efforts to remove the evil were taking place, not only in one, as is usually the case, but in two distinct parts, the contra-indications to interference were sufficient to dispel any doubt as to which line of treatment to adopt.

The Mineral Waters of Europe.

THE "MEDICAL PRESS" ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.
President of the Pharmaceutical Society of Ireland, Lecturer
on Chemistry, Carmichael College of Medicine, &c.

WITH

NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P. Lond.
Lecturer on Materia Medica and Therapeutics at the London
Hospital, Physician to the Hospital for Diseases of the
Throat, &c.

(Continued from page 444.)

THE strongest sulphur well at Harrogate is the following—

Montpellier.		Grns. per gallon.
Chloride of sodium	...	827.37
Chloride of potassium	...	4.82
Chloride of magnesium	...	57.93
Chloride of calcium	...	79.57
Carbonate of calcium	..	8.75
Sulphate of sodium	...	14.50
Silica	...	3.57
Sulphate of barium	...	0.42
Chloride of strontium	...	2.82
Sulphate of strontium	...	0.53
Nitrate of sodium	...	0.89
Chloride of ammonium	...	0.99
Carbonate of iron	...	0.41
Total solids	...	1002.63

Skeleton Analysis of half a pint (10 fluid ounces).

Total solids.	Salines.	Antacids.	Purgatives.	Sulphide of sodium.
63 grs.	52½	½ gr.	4½	9-10ths.

Besides the sulphur and chalybeate waters, Harrogate possesses a spring called the Alum well, containing over 88 grains of aluminium to the gallon—also a very large proportion of iron, as *ferric sulphate* and *ferrous carbonate*. This curious styptic spring has been carefully analysed by Mr. Davis. His paper on the subject will be found in the *Journal* of the Chemical Society. The alum well is situated in the middle of sulphur wells, and is perhaps more a chemical or geological curiosity than a useful mineral spring. It is generally supposed to have a mere superficial origin, and probably is therefore impregnated with products from recent geological formations.

AIX-LA-CHAPELLE.

Almost intermediate between Holland, Belgium, and

Prussia stands Aix-la-Chapelle, another of the well-known old watering places which date back to the Roman period, at which time it was known as *Aquis Granum*; it is on German ground. The warm springs induced the bath-loving Romans to settle here, and the great Charlemagne was born here. He raised the town to the rank of the second city in the Empire, and the remains of ancient baths are still being constantly uncovered in excavating. The mineral springs rise in the centre of the town, and remain unto the present day the most important in Germany. The waters are divided into the upper, which are the hottest; the lower are comparatively cool. The chief spring is the Source de l'Empereur. This spring contains a large quantity of sulphur, but not, as stated, a larger quantity of sulphur than any other known in Europe. Where the vapour arising from it, is confined and not allowed to escape, it deposits crystals of sulphur. The Emperor's spring supplies two or three baths. Besides the sulphur water there are chalybeate springs at Aix, but they are not of much importance. The town has greatly regained its prosperous condition, and although manufacturers help that prosperity, the mineral springs are a source of wealth.

Aix-la-Chapelle Source de l'Empereur.

The analysis of Baron Liebig very nearly agrees with our own determination, although that analysis was performed many years ago. However, the water is relatively unchanged as regards its ingredients, but it seems to have lost strength a little. Thus, Liebig found in the Kaiserquelle Spring 315 grains of total ingredients, whilst we have found the bottled water only to contain 283 grains per gallon. Our analysis gives (grs. per gall.)—

Chloride of sodium	...	185.75
Bromide of sodium	...	0.25
Iodide of sodium	...	0.04
Sulphuret of sodium	...	0.62
Bicarbonate of sodium	...	48.15
Sulphate of sodium	...	19.70
Sulphate of potassium	...	11.43
Carbonate of calcium	...	10.80
Carbonate of magnesium	...	3.51
Carbonate of strontium	...	0.01
Carbonate of lithium	...	0.06
Carbonate of iron (ferrous salt)	...	0.55
Silica	...	3.20
Organic matter (trace)	...	...

Total solids ... 284.07

Skeleton Analysis of 10 ounces (½ pint fluid).

Total Solids.	Salines.	Antacids.	Purgatives.	Sulphides.
17½	11½	4	½	0.04

The gases given off by the Aix-la-Chapelle waters seem peculiar. According to the analysis of Liebig of the Emperor's Spring, 100 volumes consist of—

Nitrogen	...	66.98
Carbonic acid gas	...	30.89
Carburetted hydrogen	...	1.82
Sulphuretted hydrogen	...	0.31
Oxygen (none)	...	...

It is not stated in what proportion these mixed gases are found in the water. Dr. Madden ("The Spas and their Uses," 3rd edition, p. iii.) says that the gas in this water contains a larger amount of nitrogen than any other European sulphurous spa.

The Borecotte district, a short distance from Aix, is teeming with sulphurous springs, not differing much in character from those found at the parent town.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, MAY 26TH.

The President, J. LISTER, F.R.S., in the Chair.

The Committee on Hyperpyrexia presented a report embodying the following conclusions.

1. That cases of hyperpyrexia in acute rheumatism appear to prevail at certain periods, having in the last decade been remarkably numerous in the years 1873-76, whereas latterly they appear to have been much less frequent. That such excess corresponds in a certain degree, but not in actual proportion, to a similar excessive prevalence in acute rheumatism generally. That the largest number of cases of hyperpyrexia arose in the spring and summer months, whereas rheumatism is relatively more common in the autumn and winter.

2. That whilst very little difference obtains between the two sexes in regard to proclivity to rheumatism, the proportion of males to females exhibiting hyperpyrexial manifestations is 1.8 to 1. But that as to age no such marked difference exists; nor as to occupation.

3. That the subjects of hyperpyrexia show no undue rheumatic tendency as regards family predisposition.

4. That cases of hyperpyrexia preponderate in first attacks of rheumatic fever.

5. That hyperpyrexia is not necessarily accompanied by any visceral complications, but may itself be fatal. The complications with which it is most frequently associated are pericarditis and pneumonia.

6. That the mortality of these cases is very considerable, hyperpyrexia being one of the chief causes of death in acute rheumatism.

7. That although present in a certain number of cases, and then of much value from their prodromal significance, neither the fact of the abrupt disappearance of articular affection, nor the similarly abrupt cessation of sweating, is an invariable antecedent of the hyperpyrexial outburst.

8. That the supervention of delirium or other symptom of nervous disturbance is very frequent either antecedent to or simultaneous with the hyperpyrexia.

9. That there is considerable variability in the date of the occurrence and in the duration of the hyperpyrexial condition, ranging, according to our observations at least, from the 4th to the 30th day.

10. That when death results it has occurred mostly in the 2nd and 3rd week of the rheumatic attack.

11. That the post-mortem examinations in a certain proportion elicited no distinct visceral lesions, and that when present the lesions are not necessarily extensive.

12. That the prompt and early application of cold to the surface is a most valuable mode of treatment of hyperpyrexia. That the chances of its efficacy are greater the earlier it is had recourse to. That the temperature cannot safely be allowed to rise above 105°. That failing the most certain measure—viz., the cold bath—cold may be applied in various other ways: by the application of ice, by cold affusions, ice-bags, wet sheets, and iced injections.

The Committee did not think it advisable in the present report to enter into theoretical considerations, and limiting the study of hyperpyrexia to the records of 67 cases of acute rheumatism, deemed it premature to enter into physiological reasonings until the same conditions had been reviewed in other acute febrile diseases. The report is signed by Drs. R. Southey, H. Weber, W. M. Ord, F. Taylor, T. Barlow, and S. Coupland.

Dr. E. HEADLAM GREENHOW read a paper on
CASES OF RHEUMATIC FEVER TREATED WITH IODIDE OF
POTASSIUM AND SULPHATE OF QUININE.

It comprised notes of forty-three cases of rheumatic fever which were under the author's care in the Middlesex Hospital between the beginning of 1875 and the summer of 1876. Like the groups of cases treated with salicin and salicylate of soda communicated by him to the Society in 1880, they were all treated as nearly as possible in an identical manner, the medicines being administered in the same form in each of the cases. The iodide of potassium was prescribed in a simple solution containing five grains each of iodide of potassium and carbonate of ammonia, and the sulphate of quinine in that of pill consisting of two grains of sulphate of quinine and three of extract of henbane. In the reports of the cases they will be referred to as the treatment with "iodide of potassium and quinine." Further, all the patients were kept in bed and restricted to milk diet and beef tea until the pains and fever had entirely abated; the painful joints were closely enveloped in cotton wool; and whenever any cardiac complication was present, a mixture of equal parts of extract of belladonna and ointment of iodide of potassium was applied over the præcordia. Sedatives, aperients, and stimulants were only administered when they appeared indispensable, and always as sparingly as possible. No remarkable physiological effects having been observed to follow the treatment, the reports of the cases have been shortened as much as possible, and only comprise the more important facts. The cases varied greatly in character and intensity. Some of them were so mild that they would probably have recovered quite as quickly under confinement to bed and fever diet, without any therapeutic treatment whatever. On the other hand, other cases were really very acute. A comparison of the present series of cases with those previously communicated to the Society, demonstrates the fact, well-known to hospital physicians, that rheumatic fever varies much in intensity and character at different periods, a fact which has probably sometimes led to an over-estimate of the value of certain remedies in its treatment. In confirmation of this is the fact that not only did none of the cases included in this paper pass into a state of hyperpyrexia, or manifest any other symptom of cerebral rheumatism, but also that no case of rheumatic fever with hyperpyrexia came under the author's care during the eighteen months over which this series of cases extended. Again, pneumonia or pleuro-pneumonia only supervened in three cases whilst under treatment, and, including the one fatal case, existed on admission in only two cases. A very large proportion of the cases were attended by cardiac complications, which were for the most part noticed on the day of admission, twenty-six of the patients having presented unequivocal evidence of the existence of either pericarditis or endocarditis—in some instances of both—when received into the wards, whilst similar affections were developed after admission in only six cases. Due allowance being made for the probability that some of the patients who had suffered from previous attacks of rheumatic fever may have been the subjects of cardiac disease before the accession of their recent attack, it would appear that cardiac complications occurred in at least one-half the cases. Relapses only occurred in nine cases. The relapses were of short duration, and in no case was there more than a single relapse. Albuminuria existed on admission in eight cases, and became developed in two subsequently to admission. In all these cases it may be looked upon as having been a complication of the rheumatic fever, and not as an independent condition, for, the single fatal case alone excluded, the urine became perfectly normal in them all as recovery took place. Albuminuria and pneumonia were both present in three cases, and were simultaneously developed under observation in one case. Delirium was observed in five cases; epistaxis in five cases. In one of these cases it occurred before the commencement of the special treatment. In another case it recurred several times; and in a third was so profuse as to necessitate plugging the nostrils. Marked depression of the heart's action only happened in three cases. In the last of these cases the patient had been already under treatment, by which the symptoms of rheumatic fever had been suspended at the time of her admission into the hospital in a state of alarming collapse. As this subsided about the seventh day after admission into the wards, the rheumatic fever relapsed. The form in which the medicines were given having already been described, it is only necessary now to say that they were prescribed in moderate quantities, none of the patients having taken more than eight grains of sulphate of quinine and

twenty of iodide of potassium in the twenty-four hours; in a few cases an even smaller quantity was given. In two cases the treatment was discontinued at an early period; in the one because of the occurrence of an aphthous condition of the mouth and fauces; in the other, on the development of an attack of acute pleuro-pneumonia, over which the treatment appeared to exercise no control. In three cases there was a delay of from three to seven days in commencing the special treatment. The pains and fever usually subsided together in the uncomplicated cases. In twenty cases the pains ceased, and the temperature became normal within five days from the commencement of the special treatment. In three other cases the pains continued for some days after the temperature had fallen to the normal standard; but, in none of the uncomplicated cases did the temperature remain febrile after the pains had ceased. In two very acute cases the pains and febrile temperature ran on for eighteen and twenty-one days respectively; in one case, also, a very acute case, and attended by profuse epistaxis, the pains and high temperature continued for fifteen days; and, in another case, attended by purpura, for twelve days. Twelve cases were in the hospital from six to eight weeks. Excluding the two cases already referred to, in which the treatment was soon discontinued, and also seven very mild cases, which were each less than twenty days in the hospital, the remaining thirty-four cases were on the average each thirty-six days in the hospital. The paper concluded, "Even though it be assumed that there was a considerable difference in the character and intensity of the disease at the two periods, my experience of the results attained by the treatment of rheumatic fever with iodide of potassium and sulphate of quinine contrasts favourably with that by salicin and salicylate of soda described in my former papers. How far the treatment described in this communication is really efficacious can only be determined when it shall have been compared with the results obtained by the treatment of a considerable number of cases upon some very simple plan. This I hope to be able to do at a future time, and shall meanwhile defer the discussion of the question."

Dr. GLOVER expressed a feeling of regret that Dr. Greenhow had combined the use of two remedies so widely dissimilar in his treatment of the cases recorded. He regarded the influence of quinine as second only to that of salicin—even if second at all—in the beneficial effects it produced. It would often be found to succeed where salicin had failed, although it was undoubtedly true that great improvement in the treatment of rheumatic fever had followed the introduction of the latter remedy. Being himself in favour of its employment, he was glad to hear that Dr. Greenhow gave promise of publishing a further series of cases.

Dr. RADCLIFFE CROCKER read the account of a case of the

PRURIGO OF HEBRA,

which he had shown at a former meeting. He also showed another case of this disease, a girl eight years old, to demonstrate the great improvement, and, indeed, apparent cure, produced by appropriate treatment, but which, judging by previous experience, would prove to be merely a temporary amelioration, the disease returning nearly as bad as ever when treatment was left off in cold weather, though through the summer she might keep fairly well. The other patient was a girl *æt.* 9, with good general health; the disease began when she was six months old with wheals and vesicles which became sores. The characteristic papules began when she was between two and three years old, but the disease did not attain to its worst until she was seven years old, since which there had been no morbid change in her condition, though temporary ameliorations have occurred in the summer. The itching is at times most intense, and she presents in a marked degree the other symptoms described by Hebra, *viz.*—1. Pale red, slightly raised papules with scabbed tops, on the extensor surfaces especially of the forearm and leg, the skin being thickened and slightly pigmented; 2. Eczema varying in extent at different periods, but always absent from the flexures of the limbs; 3. Wheals developed in proportion to the scratching; 4. Occasional ecthymatous sores; and 5. Enlargement of the lymphatic glands in various parts. The treatment that gives most relief is alkaline baths, tar ointment well rubbed in, good food, iron and cod-liver oil, and last, but not least, tincture of cannabis indica gives material relief to the itching, and most of the lesions of this disease are consequent upon the insatiable desire for scratching. Dr.

Crocker was of opinion that if the distinctive symptoms taken collectively were born in mind, and cases looked out for, the disease would be found to be not very uncommon in this country.

Dr. SOUTHEY remarked that Hebra laid stress on the fact that in such cases the urine on examination presented traces—often considerable—of indican. Constipation also was a marked feature, with scanty scybalous evacuation, while shreds of lymph and detached portions of the intestinal coat were evacuated also.

Dr. THIN said that two years ago the German papers contained accounts of such cases which had been treated with pilocarpin. He had taken advantage of the opportunity of examining the first cases which were noticed in this country while pursuing a series of studies on the changes produced in the red corpuscles by disease. This form of skin affection was not rare in England, but had been overlooked for a long time, and he had observed several instances of its occurrence, chiefly among children, within the last seven or eight years. One particular case referred to had been apparently cured by the treatment adopted, but subsequently relapsed, and was then again temporarily cured. At the present time it was undergoing a three years' course of treatment, with a view to permanent recovery, one of the measures resorted to being a six weeks' course of hot sulphurous baths. Dr. Thin believed that, if attacked in early infancy, the disease was fairly curable, provided the parents of the patient lent intelligent co-operation, one such favourable result having been witnessed in his own practice.

Dr. CROCKER replied that he had not tested the urine for indican, but that its existence was a natural consequence of the relations between cause and effect, as demonstrated in a case of chromidrosis presented to the Society a short time ago, and in which constipation was a marked characteristic. In the case under discussion there had been no acute constipation. He had not resorted to the use of pilocarpin, chiefly because the plan of treatment adopted had been successful. In some cases marked amelioration of symptoms followed rest, improved nutrition, and hygienic surroundings.

Dr. BERNARD O'CONNOR on

ICHTHYOSIS INVOLVING THE ENTIRE SURFACE OF THE BODY.

Dr. O'Connor illustrated his remarks on this subject by exhibiting two sisters, *æt.* respectively 29 and 27 years, presenting universal and congenital ichthyosis. The elder one had been under his treatment during the preceding three months. She was brought before the Society early in March last, when the characteristic scales covered the entire surface of the body, including the palms of the hands, the soles of the feet, and, though to a less extent, the eyelids and the forehead. The family history, as far as could be obtained, was good. No cutaneous affection had ever been known in either the father's or the mother's family. The patient is the second born of a family of seven. The eldest is a son; the remaining five children are daughters. The patient and the second daughter were born with the affection. The fifth also had it, but whether born with it or not is uncertain; she died at the age of nine months. The three remaining girls were unaffected. No particular odour was observable on the surface of the body. The unaffected portions of the face, the palms and the backs of the hands (especially the latter), perspired freely. No perspiration was ever discoverable in any other situation. During the few days preceding the catamenia, scales always fell off in abundance, particularly when the patient was in bed, but other scales immediately appeared in their place. Her general health was found to be excellent, though a scrofulous aspect was noticeable. Prior to coming under recent treatment she had never been more susceptible of the influence of cold than are the majority of individuals, but lately, since the scalliness has diminished, she has frequently complained of the changes of temperature. She regards this last fact as quite a new feature in her case. These two sisters had been, especially during their earlier years, the subjects of medical treatment in various quarters. She herself had given up all idea of any improvement in her condition. There is now a marked diminution of the scalliness all over the surface. The face is perfectly free. The affection on the neck is reduced to a mere roughness. The forearms, wrists, and hands are clear, and the front of the chest, though leathery to the touch, no longer presents the imbricated appearance noticed three months ago. Dr. O'Connor then referred to the treatment. Jaborandi had on a few occasions caused a profuse shedding of the scales; warm baths and emollient applications, lotions containing

borax, glycerine, &c., &c., rendered the surface softer; blistering acted as on a normal skin, but the ichthyotic condition was quickly renewed. On the whole he placed no reliance on external treatment. Arsenic (combined with iron) and cod-liver oil internally are the means which he has found most serviceable. As to the pathology of ichthyosis, Dr. O'Connor inclines to the belief that an hypertrophied condition of the papillary layer, and a thickening of the true skin are probably the essential elements in the affection. Respecting the distribution of the disease, out of 18 well-marked cases that have come under his notice, only three have occurred in females. This, he believes, is in accordance with general observation. Ichthyosis resembles some other disorders (such as pseudo-hypertrophic muscular paralysis, colour-blindness, the hæmorrhagic diathesis, &c.) in that, while it generally appears in the sons, it descends through the daughters, of an affected family.

Dr. STEPHEN MACKENZIE ON

A CASE OF LUPUS-PSORIASIS.

The subject of the eruption was a lad, æt. 19. There was no history elicited of struma, or of skin diseases in his family. The disease began in his face three years ago, and was confined to this position until nine months before he came under observation. It then spread to the forearms, and gradually involved the upper arms, the trunk, and lower extremities. The patient was well nourished, free from any sign of glandular enlargement, visceral or bone disease. When he came under observation his face presented the characteristic appearance of lupus vulgaris. In addition to this, however, on the upper part of the chest in front, between the shoulders, over the lower part of the back, and symmetrically distributed on the outer aspects of the arms and forearms, on both buttocks, thighs, and legs, were discs having depressed centres, and a few fine scales intermixed with dull red scars. The skin of the extremities of the fingers was red, rough, and cracked, and there were a few papules on the dorsa of the feet. The patient, under one-drachm doses of citrate of potash, and later, iodide of iron with arsenic, improved somewhat, but perionybitis became troublesome, and led to erysipelas of the right arm. The attack was severe, but the patient made a satisfactory recovery, and the eruption continued to improve. Later, when the treatment of the case concluded, a good deal of the active eruption had subsided from the trunk and extremities, leaving scars in the positions in which it had occurred. His general health was good. The points to which attention was directed were—That the eruption on the face was characteristically lupus. That the eruption on the trunk and extremities resembled psoriasis in its scaly appearance and symmetrical distribution; but unlike psoriasis, and, like lupus, it left scars. Hence the name "lupus-psoriasis" given to the conditions by Mr. Hutchinson, seemed appropriate in characterising its nature and distribution. The condition is a rare one, and, as far as the author was aware, was only described by Mr. Hutchinson. A sister of the patient, who has slight, but well-marked, psoriasis, has since been seen. This brings the lupus element of the case into closer alliance with psoriasis as regards its essential nature, as well as in its appearance.

Dr. CROCKER deprecated the addition of another name to the terminology of skin diseases. He thought the case might be very properly described as a variety of lupus presenting psoriasis-like characters, and that it would be unwise to burden the nomenclature with a new descriptive term.

Dr. THIN inquired whether the case bore any resemblance to lupus erythematosus, and if so, in what manner it was distinguished from it.

Dr. MACKENZIE defended the term lupus-psoriasis as being descriptive of the characters presented by the case. Since the paper he had just read was written he had ascertained that a sister of his patient had been the subject of psoriasis, whence he concluded that the case under discussion might be regarded as a hybrid of lupus and psoriasis. It presented characters resembling those of lupus erythematosus.

Dr. CHURTON (Leeds) communicated the sequel to

A CASE OF DOUBLE HÆMORRHAGIC PLEURISY WITH FORMATION OF CHOLESTERINE,

read to the Society in November. The patient was then recovering from an empyema on the right side, and the left pleura seemed free from fluid, although dulness and absence of breath sounds persisted in the lower axilla. Fluid now collected, the temperature remained high, and he

lost flesh. A few days after his return from Scarborough (November 25th), aspiration of the left chest evacuated some pus, and on December 8th a free incision was made, the right empyema having healed. Much pus, containing cholesterine was evacuated, but the subsequent discharge was scanty and offensive. Signs of septicæmia set in, and he died rather suddenly on the sixth day after the operation. At the autopsy a thick layer of old degenerated cells and lymph containing cholesterine was found in the floor of the left pleura, but there was no fluid pus. A few small nodules occurred at the apex of the lung, which was considerably compressed. The origin of the cholesterine was explained by the fatty degeneration of those cells accumulated in former attacks of pleurisy. No such deposit of cells was found on the right side, where the lung was universally adherent. A few small nodules also occurred in the apex of this lung, but no miliary tubercle—the case thus disproving Fraentzel's assertion that double hæmorrhagic pleurisy is almost certainly of tubercular origin. In the anterior margin of the liver was a caseous mass, the size of a marble; otherwise the organs were quite healthy.

Mr. LISTER regretted the absence of Dr. Churton, from whom he would have been glad to learn whether the omission of the spray was the only point in which rigid antiseptic precautions had been neglected in the treatment described, since it was admitted in the paper that the fatal result was attributable to the entrance of septic germs.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.

MONDAY, MAY 1st, 1882.

S. LEE RYMER, Esq., L.D.S., President, in the Chair.

AMONGST other casual communications, Mr. HENRY SEWILL brought forward a question as to the

ADVISABILITY OF EXTRACTING THE TEETH OF PREGNANT WOMEN.

Such patients were constantly applying for relief, but when extraction was proposed—it being evident that the tooth was past saving—one was met with the answer that the patient's doctor did not consider that it would be safe for her to undergo the operation; so the patient continued to suffer, and her strength was reduced by the pain. His own opinion was that this was a sort of prejudice very much on a par with the idea that it was dangerous or wrong to extract a tooth during the acute stage of alveolar abscess, and his practice was, in the early stages of pregnancy, to give gas and extract the tooth. In more advanced cases one must be guided somewhat by circumstances, but even in these, with rare exceptions, he believed that extraction did no harm. Even if the patient was weak and nervous, the slight shock of the operation did less harm than the exhaustion produced by long-continued pain and sleepless nights.

Messrs. F. CANTON and A. COLEMAN said they were frequently asked this question and never hesitated to answer it in the affirmative. They preferred to give gas in such cases, and took care to give it thoroughly. They had never seen any harm result from the extraction of teeth under these circumstances.

Mr. GEO. WALLIS said he never hesitated to operate when an operation was necessary. On one occasion he was consulted about a patient who was very near her time. As she was in great pain he gave gas and extracted the tooth. The child was born within twelve hours afterwards. The mother had a much easier labour than she would have had with an aching tooth added to her other troubles.

DURING the period of the Medical Act 36 names have been erased from the Medical Register under clause 29 of the Medical Act, 1858. Of these, 2 were registered as being in practice previous to A.D. 1815, 2 had Irish qualifications, 2 American, 14 English, 7 Scotch, 8 English and Scotch, 1 English and Irish.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, MAY 31, 1882.

THE UNQUALIFIED ASSISTANT SYSTEM.

No. VIII.

No medical man, probably, would for a moment refuse to acquiesce in the proposition that it is his bounden duty to fulfil every implied condition of the contracts he enters into with his patients; and yet every employer of unqualified assistants is constantly violating the terms of tacit agreement to which he subscribes when undertaking the treatment of a case of illness. He is guilty, moreover, of a distinct breach of law, inasmuch as he knowingly relegates his office to one who is without a trace of authority to execute it. The provisions of the Acts of Parliament regulating medical practice are too certain to admit of any evasion in this respect; and although the ambiguity of the statutes is such as to encourage wrongful interpretations, certain of them, nevertheless, are too explicit to leave a possibility of *honest* negligence of their requirements. The conditions under which certificates of death can alone legally be signed, conclusively show the intentions of the Legislature on the subject of medical attendance. In order to come within the meaning of the Act, this must have been performed by the actual signer of the certificate, and apart from the *mala fides* directly connected with the signature itself, there is another and even worse breach of faith in the substituted service preceding the fatality to which the certificate gives expression.

Practitioners enjoy many valuable privileges by right of the licence granted to them and recognised by the

law as empowering them to recover remuneration for their services. In return for the benefits thus conferred on them they, in turn, are under strict obligations to observe in spirit and in letter the conditions surrounding their professional practice. The chief of these conditions is undoubtedly that they shall bring to bear on the cases submitted to them the best endeavours of which they are capable, and, above all, that amount of knowledge gathered by each in his individual experience, and according to the extent of which is his professional capacity to be judged. So evidently, indeed, is this the real meaning of a medical man's position, that in all states the accusation of malpraxis is invariably founded on the assumption that the accused person has been guilty, *not of ignorance, but of negligence*, in omitting the exercise of all possible care in his treatment of cases. It seems, therefore, a most anomalous state of things which, admitting the claims of every patient to the most faithful rendering of duly qualified services, at the same time permits open and flagrant neglect of the most ordinary precautions, such as occurs when responsible practitioners relegate their duties to irresponsible and legally ignorant deputies. Judged in the abstract, such conduct should, equally with the worst forms of neglect, be amenable to punishment as a criminal offence; and were it not that custom has dulled perception on the point, it would unquestionably be so regarded.

When an unqualified assistant is engaged to look after the health and the lives of his principal's patients, no attempt is ever made to ensure even the most ordinary (intellectual) capacity on the part of the servant. He is hired, as a coachman or a groom might be, on the strength of a former employer's recommendation, or as sometimes happens, with no other reference than the vague undertaking of an “agent” to the effect that “Mr. So-and-so is of diligent habits, is quiet and temperate, and may be relied on in every emergency.” What protection, it may well be asked, is afforded by these misty declarations to the unfortunate clients of a money-worshipping doctor, who, rather than maintain the dignity of his calling, and show due respect for the welfare of his patients by providing himself with a competent assistant, thus, for the sake of a small money consideration, consents to jeopardise valuable lives in the interest of his pocket? It is conceivable that no great stretch of judicial imagination would be necessary to construe aright the contemptible action of such members of the medical profession, and regarding it in the light of indirect malpractice, visit it with well-deserved inhibitory sentences of punishment.

It is members of the public, however, that, at once, are principally to blame for existing irregularities, and are the principal sufferers through them. Until the people can be taught to take an intelligent interest in the affairs of the medical profession—until, that is, they can be brought to understand the meaning of a medical education, its bearing on the treatment of disease, and the absolute necessity of *training* to enable the practitioner to cope with it successfully—it is all but hopeless to anticipate any assistance from without in crushing the evil that is within. That something

is being done in this direction, that slowly but surely intelligent appreciation of the wrongs they endure at the hands of unqualified assistants is growing in the minds of non professional persons, is now certain ; and equally sure is it that the uncompromising alacrity with which all clearly illegal irregularities are being pressed for punishment by defence and other societies, is the principal means whereby the world is enlightened in respect to the mischief done. Every instance of the kind to which complete publicity is given helps to the attainment of a desired end. Each one excites inquiry in the outside world ; and the result will necessarily be, that by-and-by a universal feeling will be aroused antagonistic to the continuance of a system fraught with so many ill-consequences. It is, however, inexpressibly grievous that, *pari passu* with the growth of public opinion, in deference to which the system of employing unqualified assistants will sooner or later be extinguished, there must be incurred also an ever-increasing measure of disgrace by the profession of medicine. Every member of it who is convicted of outraging the principles that ought to regulate his conduct towards the world and his fellow-practitioners, reflects a stigma on the fair fame of the profession ; and we cannot wonder that this cumulating indignity produces a natural distrust and enmity towards ourselves as a body from those who must perforce regard themselves as victims of an organised conspiracy to defraud. We are willing to believe that the full extent of harm they do is not always apparent to employers of unqualified assistants ; but when once the truth is expounded, there can surely remain no further excuse for perseverance in the path of wrong. We would even go further, and declare that every man who, in the face of recent exposures, continues the pernicious practice of entrusting patients to unqualified hands, should be regarded as a malefactor through whom professional morality and public esteem for medical men are being deeply and irreparably destroyed ; and every feeling of patriotism should be aroused to defend the great interests of medicine, and to punish its detractors.

It is so evident that the system is a system of fraud that it will be necessary only very briefly to refer to this aspect of it. The patients of a medical man call for and defray the services of a legally-qualified attendant. By palming off on them, though but on a single occasion, an unqualified assistant, the principal is thus far guilty of intentional robbery. He is perfectly well aware that the possession of a medical qualification is an essential adjunct to medical practice ; and further, that this qualification alone can be produced in proof of valuable services rendered. Nevertheless, he knowingly substitutes something perfectly worthless in its place, and for which he likewise knows no payment can be exacted in a court of law. Every fee, therefore, received on account of an unqualified assistant's visits is so much money practically stolen, as surely as though it had been clandestinely removed from the pockets of its owner ; and it is difficult to see how the plea of theft under such circumstances could be disposed of. Were the actual facts of every such case in the possession of the victimised patients and their friends—did

they, in other words, always understand the deceit being practised on them—it can hardly be imagined that bills paid on account of unqualified service would be met with the cheerful readiness so often displayed. None the less great, however, is the guilt of the principal in this scheme of deception ; and hence is it the more surprising that so large a number of presumably honourable men should, in this country, maintain a practice necessitating for its pursuit an absolute neglect of the highest moral law—that, viz., which teaches the virtue of doing unto others as we would be done by.

THE IRISH COLLEGE OF SURGEONS AND ITS SCHOOL.

THE special meeting of Fellows called together on Thursday last for the purpose of vetoing the proposed grant for the improvement of the school building of the College, resulted in an adjournment of the question to the general meeting of the Fellows on Saturday next, and on that day the same matter will form the chief subject of debate. The postponement of the discussion was advocated on the ground that it would be a great injustice to the provincial Fellows to decide a question of such vital importance behind their backs, and a great wrong to the School itself that its life or death sentence should be pronounced upon by a section of metropolitan voters very many of whom are pecuniarily interested in rival schools.

The meeting of the College had been anticipated by the issue of a circular calculated to prejudice the Fellows against the proposed grant, and the substance of that circular was given in the speeches of Dr. Carte and Dr. Corley in opening the debate. These gentlemen moved and seconded the following resolution :—

“That the Fellows of this College having learned that certain recommendations of a Commission appointed by the Council have been adopted, are of opinion that the present financial condition of the College does not warrant the contemplated expenditure, and further, that the said Commission are informally appointed and improperly constituted, and that the Council be recommended to reconsider the matter.”

The circular, which is a curious mixture of offensive innuendo and inaccurate assertion, was signed by nine Fellows, seven of whom are or recently have been pecuniarily interested in private schools. It, to all intents, charged the Council with jobbing away the College funds for the pocket-benefit of a party, with having packed its committee of investigation with persons interested in the School, and with having attempted to carry the job through without the knowledge or approval of the Fellows.

Each of these calumnious statements are capable of the most complete disproof, and we could ourselves show their falsity did space permit, but we have no doubt that, when the subject comes to be debated on Saturday next, speakers will be found prepared to clear the Council and the Professors of these most unjustifiable accusations, and to call to serious account before the Fellows those gentlemen who have attached their names to the manifesto. Indeed, refutation of the assertions made therein is hardly necessary, for both Dr. Carte and Dr. Corley had

to submit to the disproof of many of their positive statements, even while they were speaking in the College, and out of the Council minute books, and if the speculations as to the future of the College which they laid before the Fellows are no more reliable than their *soi-disant* facts, those who follow them in the debate will find it difficult to persuade the College to destroy its own school on such data. The melancholy picture of the financial position of the College drawn by these gentlemen was disposed of by Dr. Kidd, who, in a clear and business-like epitome of income and outlay, proved, under the written guarantee of the College accountant, that the College is in the enjoyment of sufficient funds to raise the proposed grant and pay it off out of the ordinary revenue without taking a shilling from its invested capital, and that the sole loss incurred in the transaction would be about £22 a year for interest during the period that the loan remained unliquidated.

The question in dispute, however, received a further expansion immediately after the adjournment of the College by the handing in of the following notice of motion by Dr. Robert MacDonnell.

"That, keeping in view the present financial position of this College and the expenditure hitherto made, and now proposed to be made, on its school and buildings, the Fellows recommend to the Council carefully to consider the recommendations of the School Commission; and further express this opinion, that the time has arrived when the Fellows should be called upon fully and deliberately to consider whether a School should still be maintained in connection with the Royal College of Surgeons in Ireland."

This motion, it will be observed, strikes not only at the proposed grant, but at the continuance of the connection of the School with the College; and we do not at all regret that this issue has been raised, because we anticipate that the vote thereon will serve to relieve the Professors of the College from the sword which the private school teachers have kept constantly hanging over their heads.

It would be impossible for us here to enter on a discussion of the subject, but we cannot but express our admiration of Dr. MacDonnell's courage in undertaking to plead so hopeless a cause. He will have to convince his hearers that a department of the College which has been for an entire century its chief sustenance ought now to be destroyed at the bidding of certain rivals in trade; that, supposing it ought to be dis severed from the College, there is any power whatever under the charters to effect that disconnection; that, if there be such power, it would be right and just to deprive the College Professors of their vested rights; and, finally, that the Fellows would act wisely in tearing up their own charters with the object of attaining the purpose which Dr. MacDonnell seeks, and trusting their College to whatever future arrangements the Government of to-day might please to make. If the private school party can give convincing proof of all this, their ingenuity will certainly merit success.

To the Fellows of the College we would say that we trust that not one of them will make up his mind on these weighty subjects, or give his vote "to oblige a friend." There is no more contemptible member of any

professional community than he who does not understand, or seek to understand, the matters submitted for his judgment, but who allows himself to be led, *per nasum*, by the first acquaintance who has a purpose to serve, and not much scruple as to what statements he makes to obtain his object. We earnestly trust that the Fellows will come to the settlement of this question unbiassed by the consideration as to whose pockets will be affected. The good of the College, and what is fair and right to its officers, is the one consideration which should influence Saturday's vote; and, if no other motives intervene, we have not the least doubt that the College will decree that an attached school is essential, and that, if attached, it ought to be creditably maintained.

THE REFORESTATION OF INDIA.

A BOLD conception is announced from India. It is no less than the *reboisement* of large tracts in that vast country from which, by the operation of one cause and another, forest vegetation has, in the progress of time, become removed. This subject has an important relation to questions connected with climatology and endemic diseases, as well as to such as are more immediately connected with agriculture, stock rearing, and practical progress generally of England's greatest dependency.

Inasmuch as the absence of forest vegetation throughout extensive tracts of country becomes a chief cause of that climate—intensely hot and dry during a great part of the year—which characterises certain parts of India, notably, the Punjab and Scinde, so does the presence of such vegetation moderate climatic conditions. There are, no doubt, disputes in scientific circles as to the precise manner in which the presence of forests produces this moderation of climate. As to the fact itself, however, there is no question. The specific temperature of a living tree is about 56° Fah.; this it retains alike through all seasons of the year—hence the effect of a forest is to materially lower the temperature of a region where its normal range is very considerably beyond that standard. Then also the evaporation which takes place from many millions of leaves, adds to the evolving process, and interlacing rootlets deep in earth retain reserve water, whether from rain or heavy dews, thus also moderating the conditions of atmosphere in that particular locality.

With regard to cholera in India, there exists strong evidence in support of the belief that epidemics of that disease prevail with far greater violence in woodless than in wooded districts of India. For example, it is stated that in villages in the plain of Rajpore, in the district of the Mahanuddee, which is treeless, sixty to seventy per cent. of the inhabitants are sometimes swept away by cholera in three or four days, while the wooded district of Sumbulpore is often free from the epidemic, or visited by it in comparatively mild forms. The road to Sumbulpore runs for sixty miles and upwards through dense forest. Along this route cholera seldom appears, although traversed daily by hundreds of travellers; and when cases do occur, they are mild

to be of less severe nature than elsewhere. Thus, along the road westward from Arang, extending for about ninety miles through a treeless and barren plain, cholera prevails every year in a very severe form—"the dead and dying lying by the wayside, and trains of vehicles, half of whose conductors are dead." Also—in 1859, during the epidemic of cholera at Allahabad, those parts of the garrison where the barracks had trees near them enjoyed exemption from attack in proportion to the thickness and nearness to them of the shelter. The British cavalry in the Wellington Barracks, which stand between four rows of Mango trees, but are yet, to a certain extent, open, suffered less than did the 4th European regiment, whose quarters were on a hill exposed to the full force of the wind; while the Horse Artillery, who were in the thicket of Mango trees, had not a case of sickness among them. In the succeeding year the comparative immunity, as above indicated, was precisely the same.

Taking into account these circumstances, and bearing in mind others of a similar tendency to be met with in reports on diseases in India, it is reasonable to look for an important diminution of epidemic cholera as one of many good results that are likely to follow upon the restoration of forests to India. But as to when that healthy measure is to be fully accomplished, who can say?

Notes on Current Topics.

Sentence on an Unqualified Practitioner.

THE trial of Thomas Aiken Smyth, a student of St. Thomas's Hospital, on a charge of manslaughter of a gentleman named Campbell, was concluded last week; and on Thursday a sentence of six months' imprisonment with hard labour was passed by Mr. Justice Manisty. The judge, in passing sentence, dwelt on the serious nature of the prisoner's offence in holding himself out to be a duly-qualified medical man when he had no right to do so; and observed that his incompetence in the treatment of the unfortunate deceased was evident, since death had been the result of his ministrations. We cannot, certainly, complain of the severity of the punishment meted out to this pretender, and it is to be hoped, perhaps, that it will have a duly deterrent influence on other would-be illegal practitioners. In the face of other recent decisions in somewhat similar cases, the termination to this prosecution must come as a welcome relief. That the man Smyth was a flagrant example of the type he represented cannot be doubted; regret will be felt only on account of the connection he had with so honourable an institution as St. Thomas's Hospital. It should be remembered, however, that he had but a short time previous to his prosecution joined the hospital as a student, and that, had his real character been known, he would not have been admitted to it on any terms; so that, apart from the temporary reflection caused by his association with it, the hospital will be unlikely to suffer from his misdeeds in any way. It only remains to express a hope that the successful ending to this prosecution may stimulate the Defence Association to deal with others of the army of quacks at present in-

festing the metropolis. We can promise a few of these vampires that their time is very nearly out, and that they will ere long meet the reward they so richly deserve.

Charing Cross Hospital.

ON Thursday last the Duke and Duchess of Edinburgh attended the distribution of prizes at the Charing Cross Hospital Medical School, and subsequently paid a visit to the adjoining hospital. Here they showed themselves to be very much interested in the internal arrangements of the building, and, as a memorial of their presence, renamed two of the wards—Chandos and No. 2—after themselves, Marie and Alfred respectively. It having been communicated to His Royal Highness that thirty beds had been necessarily closed through want of funds, the Duke at once promised to contribute a sum of money sufficient to maintain one bed.

A Very Juvenile Murderer.

PROBABLY the youngest example of the genus murderer is Master Alfred Burdett, *æt.* 33 months, a native of Leicester, who was last week declared to have, in all probability, caused the death of another infant twenty-two months old. The victim of this homicidal child had been playing apparently with his murderer, who, at any rate, was discovered walking away with blood-stained pinafore from the unconscious body of the deceased; and at the same time the former held in his hand a piece of tin with which he had presumably fractured the latter's skull. The tender years of this promising candidate for distinction in the criminal ranks of the future serve to remove him from criminally-responsible breakers of the law; but it is with small surprise that we hear of frequent complaints of his ill-using children having been made. This instance of precocious depravity is perhaps an unusual one, but it possesses an interest of its own as showing the possibility of the worst passions being developed in children of even such immature years. As a psychological study the case possesses an unusual interest, and is worthy of very careful consideration on its bearing on the development of the human mind.

The Late Sir John Rose Cormack.

MUCH regret will be felt by the profession at the announcement that the late Sir John Rose Cormack, whose decease at Paris was very recently chronicled, has for some time been very poorly circumstanced, and that the surviving members of his family are almost wholly unprovided for. In order to meet the needs of the family in this respect an influential committee has been formed with a view to obtaining the necessary funds, and subscriptions to this end may be forwarded to the Hon. A. Herbert, M.D., 21 Rue Miroménil, Paris.

Bacilli.

ON Tuesday last, at the meeting of the Royal Medical and Chirurgical Society, Mr. Watson Cheyne, and Mr. E. M. Nelson exhibited a number of most beautiful specimens of tubercle of bacilli stained after Koch's method. To these were also added others which had been received by Prof. Tyndall from Prof. Ehrlich, and which, prepared by a

new process, were seen with marvellous clearness under the powers employed. A number of other specimens were shown also, among them being one of pus obtained from a recently-opened abscess of the breast which had been treated with iodoform. The pus, however, was loaded with micrococci.

London Hospital Sunday Fund.

At the recent meeting of the Council of the Hospital Sunday Fund, the Lord Mayor intimated his intention of attending on Hospital Sunday, June 11th, with the Sheriffs and the Corporation, in State, at St. Paul's Cathedral and Westminster Abbey. The prospects of the Fund are good.

The Royal Medical Benevolent College.

THE annual meeting of the Royal Medical Benevolent College was held in the Board Room, Soho Square, on Thursday last. Dr. G. C. Jonson, Chairman of Council, was unanimously voted to the chair. The scrutineers reported that the six candidates for Foundation Scholarships recommended by the Committee of Examination were all elected, and that, as two additional vacancies had been declared vacant since the voting papers were issued, the two next highest on the polling paper had also been added to the list of successful candidates. Of the pensioners, one only of the two recommended for election was successful, but the chances of the other had, they were glad to say, been greatly improved for the next vacancy. So far so good; but there is one point to which the particular attention of the 24,571 members of the profession should be called. It is the urgent claim of the institution to a far more general and generous support than has hitherto been accorded to it. Amongst a body proverbial for its benevolence towards every other class of the human family, it appears sadly forgetful of the wants of those who have been overtaken by misfortune, and altogether failed in the battle of life. It is also a subject for consideration to find, on going over the list of candidates, that of the twenty-one would-be partakers of pensionerships, only seven of them ever subscribed towards the funds of the College; and of the forty candidates for Foundation Scholarships, the parents of four only were either subscribers or life governors. This appears to indicate either neglect of a duty towards one's own, or indifference to the wants and misfortunes of others. At all events, it is unjust to the *four poor boys* of former subscribers, who are obliged to compete for the advantages offered by the College with thirty-eight other boys whose parents have during life in no way assisted towards its support and maintenance. The report of the education imparted is of the most satisfactory description, and as it deserves well of the profession, it is hoped that it will meet with a more liberal support.

Netley Hospital.

In the debate on the estimates last week, Dr. Farquharson asked whether the Secretary of State for War did not think that the time had come for abolishing the useless post of Commandant at Netley. Although the original object with which this office was established—i.e., to relieve

the medical department of the trouble of administrative work—was a laudable one, the regulations of the service now most distinctly laid down that the principal medical officer must always be supreme in his own hospital, both in matters connected with discipline and with internal economy; and, under these circumstances, the commandant could claim no real authority; and when we came to inquire into what his duties actually were, we found that they were exclusively connected with the discharge *dépôt*, the existence of which at Netley was a source of much inconvenience and annoyance. Having little to do there, it was necessary to make work, and this caused perpetual worry and irritation, the principal medical officer not unnaturally resenting the indignity of being superseded in the social and official supremacy to which he is entitled, by the assumed authority of an official who sometimes is junior in actual rank to himself. It was, he believed, an open secret that a recent Committee had recommended the removal of the discharge *dépôt* to Portsmouth; and as the right honourable gentleman had abolished the useless captain commandants of naval hospitals, and as Netley was the only military hospital provided with this unnecessary appendage, he would appeal to him with confidence to remove this long-standing grievance from the Army Medical Department.—Mr. Childers replied, that all he could at present say was that the commandant at Netley would shortly receive careful consideration.

The Artist in Dislocation.

THE contortionist who has been exhibiting himself in London as the possessor of bones, sinews, and muscles which he can displace at will was shown before the Dublin Pathological Society on Saturday week, and examined with much interest. No more suitable *locale* for the investigation of the extraordinary phenomena of this case could be selected than the room in which Robert Smith, the greatest Irish authority on dislocations, so often enlightened his generation. There is no doubt that a careful study of the extraordinary capacity of this man for contortion may yield valuable surgical fruit, and we anticipate that the observant examination to which he is subjected by Dublin surgeons will eliminate all that is to be learned from his case.

Baronetcies.

No less than nine gentlemen of more or less political or commercial influence have been gazetted baronets within the last fortnight, and thus the Peerage has received a reinforcement of its already extensive roll of mediocrities. It is difficult to assign a reason for the stubborn ignoring of the medical and surgical professions in the distribution of these titular distinctions, and we know that the profession feels that it is badly treated in being thus passed over as unworthy of notice. In Ireland especially this slight upon the reputation and dignity of our profession is bitterly felt, because, not only have no new distinctions been granted, but those which had previously been conferred upon the profession have been allowed to become extinct by death. The baronetcies held by Sir Philip Crampton and Sir Dominic Corrigan have now no professional representatives, and, in fact, medicine and surgery in Ireland are at present

altogether undistinguished, except by its own achievements and scientific fame. This is not fair, and the injustice is felt especially on an occasion like the present, when it is made obvious that Her Majesty is nothing loth to decorate people who have nothing but general usefulness and considerable wealth to distinguish them. We humbly submit that there are physicians and surgeons in Ireland quite as well worthy of Her Majesty's notice as any of the batch of nonentities whose names have recently appeared in the *Gazette*.

Another New Congress.

It has been resolved to call together a "Congress for Internal Medicine," to convene next April, at Wiesbaden. Prof. Seitz has undertaken all the preliminary steps relating thereto.

Prescribing Druggists.

A RESPECTABLY-DRESSED young woman, whose face was very much disfigured, applied for advice at the Thames Police Court. She stated that she had had a slight rash upon her face, and, wishing to get rid of it, she went to a local chemist, who prescribed a lotion. She used this for several days, the result being that her face gradually got into its present state. She next went to a properly qualified medical man, and he informed her that her face was poisoned, this having been undoubtedly caused by the lotion she had been applying. The magistrate told her he could not help her. She had better bring an action against the chemist.—An inquiry at Stepney, on April 17th, respecting the death of a child. The mother stated that the deceased had hurt his thigh. He complained of feeling unwell, and witness went to a Mrs. Rogers, the wife of a chemist in the neighbourhood, described the symptoms, and obtained from her a half-bottle of "mixture," for which she paid 2d. This mixture seemed to do him no good, and on the 29th the boy became delirious, got rapidly worse, and died on the 30th. A medical man stated that death arose from natural causes, and a verdict to that effect was accordingly returned.—An inquest was held at Wandsworth on the body of a lady. Her brother gave evidence that the deceased was seized with violent sickness. He sent for Dr. Hooper, who attended her until her death. The vomiting seemed to have resulted from a dose of medicine which the deceased had taken. Dr. Hooper went to the chemist, and was there shown a bottle containing some of the fluid which had been used in making up the medicine. This fluid Dr. Hooper found was acid nitrate of mercury, and the lady died from its effects. The chemist deposed that Colonel Hall brought him a bottle of medicine which he said had been prepared by witness's assistant on the day previous, and of which a dose had made the deceased very sick. He, having tasted both mixtures, began to think there must be something wrong with the preparations or with the drugs themselves. He tasted the contents of one of the bottles of drugs, and found it was a strong acid solution, which proved to be acid nitrate of mercury. He subsequently went to Messrs. Hearon, Squire & Co., from whom he had purchased the preparation. The jury returned a verdict of "Death from Misadventure," and censured the wholesale druggist, but exonerated the chemist, Mr. Bell, and his assistant from all blame.

A Strange Occurrence at St. George's Hospital.

A RUMOUR is current which we shall be glad to hear can be contradicted. It is to the effect that some months ago one of the resident medical officers took scarlet fever from one of the patients. He was, of course, isolated, and very properly received every attention. In consequence of this untoward event the Governors, it is said, displayed their sympathy by passing a resolution that if a similar case occurred, the suffering officer should at once be sent off to the fever hospital. The risk of his there contracting another infectious fever does not seem to have been considered. Such another case has occurred, and last week a young medical officer found himself the victim of fever, caught during the discharge of his duties to the patients in St. George's Hospital, and ordered off the premises by the kind-hearted managers. At first he naturally felt unwilling to be thus unceremoniously sent away, the more naturally as he had no friends in London, his home being in Derbyshire. As the fever increased, we may presume his will became passive, and we are assured that last week the committee got rid of him. We call attention to this case because it illustrates the little value lay governors set on medical services. If it were not for the gratuitous labours of these young men a good salary would have to be paid to a permanent resident; and it does seem that, when a young fellow catches a serious disease in the course of his arduous duties, it is a shameless proceeding to turn him out of doors like a dog, and at the same time appeal to the public for funds to support other sufferers. We trust the staff have protested against the cruelty; and if the statements current in London last week about it are not exactly correct, we invite the authorities to give their version of the matter.

Dysphagia from a Misplacement of Styloid Process.

IN the *Wien. Med. Woch.*, Prof. Weinlecher relates two cases which have occurred to him during the course of his practice, in which a hard body, causing some pain and some difficulty in swallowing, was found on examination with the finger to consist in a prolongation of the styloid process from a commencing ossification of the stylo-hyoid ligament. Both occurred in women, and in one of the cases he gave relief by making firm pressure and producing an audible fracture of the body, although in a few months the inconvenience recurred and was relieved in a similar manner. In the other case the inconvenience had persisted for three years, and an attempt to produce a fracture failed.

The Treatment of Detachment of the Retina.

FOR cases of detachment of the retina, which generally occur in near-sighted persons when the patient is in perfect health, M. Abadie proposes to cause artificial adhesion of the retina to the adjacent membrane. For this purpose he pierces the sclerotic and the choroid as far back as possible from the ciliary region with a straight platinum knife, made red-hot by electricity. He thus perforates the envelopes of the eye, the liquid

escapes, and produces adhesive inflammation at the point of insertion, which keeps the retina in its place. In six cases of detachment of long standing the author only obtained a passing amelioration, but in two others, where the detachment was limited, the result was very satisfactory. None of the patients suffered from the reaction or experienced any injurious effects from the operation. M. Abadie has also had recourse to galvanic puncture of the eye, in treatment of glaucomatous disease rebellious to iridectomy and sclerotomy, and the relative successes of this mode of treatment are most encouraging.

MR. RAY LANKESTER has been re-appointed Professor of Zoology and Comparative Anatomy at University College, London.

At the annual meeting of the Queen's University Graduates' Association, held in London on the 23rd inst., Dr. Frederick H. Daly was elected President for the ensuing year. The annual dinner took place after the meeting, the new President being in the chair, supported by Sir William MacCormac, Sir John Pope Hennessey, Mr. MacKellar, Mr. E. D. Wilson, and other graduates.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Cardiff 15; Plymouth 16; Leicester, Birmingham 17; Bristol, Brighton 18; London, Edinburgh, Wolverhampton, Bolton, Derby, Leeds, Birkenhead 19; Norwich, Halifax, Salford, Sheffield 20; Nottingham, Bradford 22; Sunderland 23; Oldham 24; Hull, Dublin, Portsmouth 25; Preston, Glasgow 26; Newcastle-on-Tyne, Manchester, Liverpool 27; Huddersfield 28; and Blackburn 31.

THE highest annual death-rates in the large towns last week from diseases of the zymotic class, per 1,000, were—from whooping-cough 3·5 in Bristol, 1·8 in Newcastle-upon-Tyne, and 1·8 in Birkenhead; from measles, 5·2 in Portsmouth, 4·9 in Bolton and 2·9 in Bradford; from scarlet fever, 2·5 in Derby and 2·2 in Nottingham; and from "fever," 1·3 in Sunderland, 1·1 in Preston, and 1·0 in Liverpool and Brighton. Of the 26 deaths from diphtheria, 12 occurred in London, and 7 in Glasgow. Small-pox caused 10 deaths in London and its suburban districts, one in Nottingham, one in Derby, one in Manchester, and one in Cardiff.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Calcutta 35, Bombay 25, Madras 33; Paris 24; Geneva 14; Brussels 24; Amsterdam 23, Rotterdam 25, The Hague 21; Copenhagen 25; Stockholm 23; Christiania 22; St. Petersburg 54; Berlin 24; Hamburg 29; Dresden 25, Breslau 26, Munich 33, Vienna 33, Prague 36, Budapest 37, Trieste 31; Rome 36, Naples 34, Turin 27, Venice 28; Alexandria 30; New York 34, Brooklyn 25, Philadelphia 22, and Baltimore 20.

On Tuesday, May 23rd, a deputation from the Royal College of Surgeons in Ireland waited on Earl Spencer,

K.G., at Dublin Castle, to present an address on the occasion of his resuming the office of Lord Lieutenant of Ireland. The President, Dr. Chaplin, of Kildare, read the address, which expressed the gratification of the College in again welcoming to the country a nobleman who had already exhibited so warm an interest in its welfare; declared their warm and devoted loyalty to Her Majesty the Queen; and spoke of the horror of the College at the crimes committed in Dublin on the evening of the Lord Lieutenant's arrival. His Excellency, in his brief reply, referred to the Royal Commission on the Medical Acts. He attached, he said, the utmost importance to the subjects under consideration by the Commission, and added that their report will shortly be published.

Scotland.

[FROM OUR NORTHERN CORRESPONDENT.]

PERTH.—DEATH FROM POISONING.—Helen Caul, or Meiklem, Perth, died at the Infirmary from the effects of swallowing arsenic.

EDINBURGH OLD INFIRMARY BUILDINGS.—PROSPECTIVE IMPROVEMENTS.—A meeting of a joint sub-committee of the Treasurer's and the Public Health Committees was held on the 23rd inst., on the grounds of the Old Infirmary Buildings, with the view of arriving at some definite resolution as to the disposal of those buildings. It was suggested that the site was suitable for the erection of some public building.

EDINBURGH.—SUPPRESSION OF VIVISECTION.—On Saturday, the 20th inst., a Scottish conference to consider the practice of vivisection and to take steps to urge upon the Legislature the desirability of passing a law to suppress the said practice was held in the Bible Society's Rooms, Edinburgh, under the auspices of the Scottish Society for the Total Suppression of Vivisection. There was a good attendance. The chair was occupied by the Rev. Dr. Adamson, who referred to the progress being made in the anti-vivisection agitation. By means of discussion in the press, the attention of many had been drawn to the subject. Last year a petition signed by about 24,000 persons had been sent up to Parliament from Edinburgh asking the suppression of vivisection, and it was intended that this year another petition with some 20,000 signatures should be sent up. The Rev. J. C. Burns, Kirkliston, moved "That this conference recognises the duty of protecting the lower animals from cruel usage, as founded at once upon the relation of man to the same, and the teaching and spirit of the Word of God." This resolution, having been seconded by the Rev. Mr. M'Eachran, Inverness, was unanimously agreed to. The Rev. Mr. Armitage, seconded by the Rev. Mr. Henderson, moved the second resolution, deploring the extent to which the practice of vivisection was carried on, and desiring its suppression on the ground that it was not only scientifically unnecessary, but was opposed to the laws of God and the higher interests of humanity. Another resolution was also adopted to the effect that the meeting pledge itself to do all in its power to support a bill for the total suppression of vivisection, and that the committee be instructed to petition the House of Commons in favour of the Vivisection Abolition Bill. Votes of thanks terminated the proceedings.

EDINBURGH.—HEALTH OF THE CITY.—For the week ending with Saturday, the 20th inst., the mortality of Edinburgh was 82, and the death-rate 19 per 1,000 per annum. Under 1 year there were 18 deaths, and 13 above 60, of which only

one was above 80 years of age. Diseases of the chest accounted for fully half of the mortality, and zymotic causes for 19 deaths, of which 10 were due to scarlatina, and 9 to measles. Fifty-two intimations of new cases referred to scarlatina, and 147 to measles, as against 193 of the previous week.

GLASGOW.—THE PUBLIC HEALTH.—The medical officer's report stated that during the fortnight ending 13th May, 1882, there were 515 deaths registered, as compared with 534 in the fortnight preceding, representing a death-rate of 26 in place of 28 per 1,000 living. In the corresponding fortnight of last year the death-rate was 25½ per 1,000. The number of deaths of persons aged below one year was 90 in place of 118, and of persons 60 years and upwards, 73 in place of 65. The number of deaths from pulmonary diseases was 192 in place of 190, representing a death-rate of 9·7 in place of 9·6 per 1,000 living, and constituting 37·2 in place of 35·5 per cent of the total deaths. The number of deaths from fever was 7 in place of 6, all from enteric fever. The number of deaths from infectious diseases of children was 50 in place of 42, viz.:—28 from whooping-cough, 6 from scarlet fever, and 16 from measles. The number of cases of fever registered was 34 in place of 43, viz.:—31 of enteric fever, 2 of typhus, and 1 undefined. There were also 102 cases of measles, 69 of whooping-cough, 43 of scarlet fever, and 17 of diphtheria registered, of which 30 were removed to hospital, and the remainder kept under supervision at home.

GLASGOW DEATH-RATE.—The Glasgow death-rate for the week ending with Saturday, the 20th inst., was 27 per 1,000 per annum, as compared with 26 for the previous week. For the corresponding weeks of 1881, 1880, and 1879, it was 24, 27, and 24 respectively.

ABERDEEN.—THE OFFICES OF SUPERINTENDENT AND APOTHECARY AT THE INFIRMARY.—A special court of the managers of the Royal Infirmary, Aberdeen, was held on the 22nd inst.—Lord Provost Esleymount presiding—to receive a report by the Committee of Management on the offices of Superintendent and Apothecary, vacant through the resignation of Dr. Ratray. The Committee recommended—(1) That the offices of Superintendent and Apothecary in the Aberdeen Royal Infirmary should be separated; (2) That the office of Superintendent should be held by a fully qualified medical man, and the office of dispenser by a legally qualified apothecary; (3) That the salary of Superintendent be £250 per annum, with house; and the salary of Apothecary £75 per annum. The Lord Provost said, if the report was approved of, he would ask them to give powers to the Committee of Management to advertise the situations as open. The elections are fixed to take place on the 12th of June.

MEDICAL BOOK ADVERTISING.—The question of the advertising of medical books in the daily newspapers—one we thought long ago settled—still exercises one of our contemporaries. His ire has been recently roused by "a whole page advertisement in the *Times* (*hinc illæ lachrymæ*) of medical books on the list of a very eminent and scrupulous firm of publishers;" and it is added by implication, that through the representation of this organ of the medical profession, "no repetition will, we understand, be made." We are very much surprised, indeed, if any "eminent and scrupulous firm of publishers" condescend thus to receive the dictation of any journal whatever. It seems late in the day, now that the custom may be regarded as an established one, recognised by the heads—so-called—of the profession, to inquire wherein consists the heinousness of the custom. The object of the advertising of all books is to reach the individuals who are interested in them, whether lay or professional; and with the

knowledge that their very existence depends largely on the outside public, medical journals do not fail to recognise the fact in their being made as popular as possible, compatible with professional distinction, and in being brought by their publishers as prominently as possible before the laity. It is the public that it is desired to reach; and if the medical aspirant but reach the public through a medical journal, by giving it his advertisements, his conduct seems to be irreproachable; but woe betide him if he ignore the organ of any medical association. There must be no short cuts in the practice of medicine. No matter by what obliquity, the semblance of virtue must be kept up. There is no calling in which there is a greater affectation of integrity than in the medical, and there is none in which oblique quackery is more practised. It is the quackery of the consulting-room that is the most dangerous. The man whose conduct is regulated by honour and truth in private relationship with his patient requires no rule to keep him right with the public, and the converse is equally true. The man who flaunts his virtue on his coat-sleeve is the man to be suspected of fertility in the "discovery" of disease and marvellous cures. It is allowed, by universal consent, that a man may choose a particular department of practice. Whether this is either for the good of the public or the science of medicine, we do not stop to inquire. Having done so, does he wait patiently until his inclinations are, in the course of years, discovered by the profession and the public? No, he discovers a "felt want" for an institution for the treatment of the class of diseases to which he elects to give his special attention, and he is advertised to the public thereby. He has a perfect right to do, as an individual, that which is done by a number of medical men. It is maintained that books advertised in the daily papers are usually not understood by the laity. If so, the less the objection to their being advertised. Is there anything more inexplicable than the contents of treatises on theological subjects constantly advertised in the lay prints? These books are bought only by the curious in such matters, and the public mind is not corrupted thereby. We fail to see that the advertising of medical books in the daily journals is not defensible under the altered professional conditions. We very much doubt if Cleopatra's needle was not brought to this country mainly through a popular little book on "Skin Diseases" persistently advertised for years in the metropolitan daily papers. We invite the opinions of our readers on this subject.

Correspondence.

THE VICE-PRESIDENCY OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the *British Medical Journal* of this date a letter appears under the signature of "A Perplexed Irish Fellow," obviously intended to prejudice my candidature for the Vice-Presidency of the Royal College of Surgeons at the coming election on the 5th June next. As the opportunity is not afforded me, in consequence of the shortness of time, to refute in the same journal the many mis-statements contained in that letter, I must appeal to you to give me space for an emphatic contradiction. I am not of junior professional standing to the other candidate for the Vice-Presidency, nor "a very junior Fellow," as the perplexed Fellow might have learned, if he had thought it worth while, before striking at his brother Fellow's professional repute, to look into the

"Irish Medical Directory," where he would have learned that I became a Fellow in the same year as my opponent in this contest. Furthermore, I was never asked to retire, nor has it been the precedent in the College for a junior candidate (if I were in that category) to retire in favour of a senior. I was first to submit my claims to the College, and not before the accustomed time, and did not finally decide to do so until I was fully aware that no other candidate was in the field. I was subsequently credibly informed that my present opponent had declared his determination not to seek the honour, so that I, at least, am not responsible for having caused the contest to which the "Perplexed Fellow" objects. Under these circumstances I am sure you will consider that I have not without reason trespassed on your readers.

Yours, &c.,

W. J. WHEELER, M.D. Dub., F.R.C.S.I.

27th May, 1882.

NOVELTIES IN HYGIENE AND THERAPEUTICS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—There have been recently certain alleged discoveries made in the important fields of the prevention of disease and in therapeutics, viz., that made by Dr. Koch as to the infectious nature of phthisis (leading article, *Medical Press*, May 10th), the second concerning the advisability of abandoning long-humanised lymph in vaccination, in favour of calf lymph and the third the promulgation of a new system of medication, by Professor Burggraave, of Ghent, entitled Dosimetry. On all of these I should feel pleased if you would allow me to say a few words.

Dr. Koch's experiments are only a further extension of the memorable discovery made some twelve years back by Dr. Villemin, and which I was so deeply interested in at the time as to repeat, by inoculating a number of rabbits at the North London Consumption Hospital with the fluids of consumptive patients. We all know the history of these inoculations, and how, after the subject has been thoroughly debated, the vast mass of the profession is still sceptical as to the contagiousness of pulmonary consumption. For myself, I must say that, although I have, like others, seen a certain number of cases of consumption where the fatal disease had previously been present in the husband or wife of the patient, yet, on the whole, the overwhelming mass of cases of consumption I have seen have no history of a like kind. Among the richer classes, where our patients are well fed and cared for, I have almost always noticed that consumption supervenes in families where the father, mother, or near relatives have died of it; and this is so constant, that I feel quite unable to accept the view of consumption being in any degree contagious.

With regard to animal vaccination, my opinion, after reading volumes upon both sides of this vexed question, is, that it is certain ere long to supersede the actual practice of vaccination with long-humanised or "mitigated" lymph, still exclusively practised in London and elsewhere in this country. Dr. Henry Martin's evidence in favour of calf lymph being much more preventive of small-pox is so overwhelming that I can only suppose that the present upholders of vaccination from arm to arm have not read it. In several epidemics in the United States calf lymph has succeeded completely in preventing variola, whilst the ordinary lymph from infants has failed (*vide* evidence by Dr. Meares, of San Francisco, quoted by Henry Martin, &c.).

Dr. Henry A. Allbutt, of Leeds, has just sent me a translation of a "New Handbook of Dosimetric Therapeutics," translated by him from the original by Dr. Burggraave, of Belgium, and in the preface the translator tells us that the dosimetric remedies are composed of small doses of the alkaloids and metallic salts, from 1-6th of a grain or a centigramme, down to half a milligramme, 1-130th of a grain, in the form of granules or small pills.

According to Dr. Burggraave and his disciples, in an acute disease it may be necessary to give either one or several kinds of granules, such as those of aconitine, arseniate of quinine, arseniate of strychnine, or digitaline, according to the symptoms, every quarter, or every half-hour, until the disease

ceases. In page 11 he says: "Thus most fevers and inflammation can be jugulated by administering every half-hour, day and night, one granule each of aconitine, arseniate of strychnine, and digitaline. In a chronic disease fewer granules may be required, perhaps only administered three or four times a day."

I presume, Sir, that, like myself, most members of the profession will be disposed to be sceptical as to this alleged power of "jugulating" typhus fever, cholera, scarlatina, or typhoid fever. However, it seems fair that, in such a complex art as the medical, all new systems should have a fair hearing, and I have therefore thought it well to notice this very ambitious attempt to nip disease in the bud.

I am, &c.,

C. R. DRYSDALE, M.D.

65 Regent Street, London, W., May 11.

A PROFESSIONAL DILEMMA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the next issue of the above paper, it will greatly oblige me if you state whether I pursued the prudent, safe, and professional course in the case I am about to describe. In giving your opinion, it will also oblige if you will be so good as to insert this letter.

About two days ago I was called on to attend a lady in her confinement, I had previously attended this lady in all her confinements (and as far as I know gave her perfect satisfaction, in fact, she and I were on the most friendly terms). For some time before her last illness (the one I now refer to), the lady's health had not been good; she had been weak, pale, and rather bloodless! This confinement had been more tedious and severe than any former one. She had a retained placenta, and was threatened with hæmorrhage, but by a cautious removal of the placenta and the administration of a dose of spirits of turpentine, all was made right, and she made a good recovery without a bad symptom.

The infant was above the average size, and was unfortunately born, suffering from a Spina Bifida. I concealed this affection or deformity from the mother at the time of birth, believing that the disclosure of it might cause such a shock to her in her weak state as might be not only dangerous but even fatal. About the third or fourth day she was informed of the unpleasant state of her child, which has since died, as might be expected. She however, is dreadfully displeased with me for not having told her of the infant's state *at once*, and she has been bitterly complaining to others of my conduct in this respect, indeed, her remarks have been so severe, that I have been forced to write and to say that I *could not attend at her house any longer*, as no explanation I could give was satisfactory. All I did, was from the best motive and kindest consideration, and I am most anxious to hear whether the course I adopted meets with your approval. I shall read your reply or decision to some of the friends of the lady.

Your obedient servant,

A. K.

May 11th, 1882.

[In our opinion, our correspondent acted with judgment and propriety in concealing from the mother the state of the child, until she was fit to bear the shock of the information. It is, however, to be presumed that he communicated the fact of the deformity, and his opinion as to the inevitable result of it, to some responsible member of the family. Having done so, he was and is entirely free of responsibility, and he acted as any judicious physician would do.—Ed.]

Literature.

STUDIES IN MICROSCOPICAL SCIENCE. (a)

WE have received Nos. 2, 3, and 4 of the New Series of "Studies in Microscopical Science," noticed a fortnight ago. The four numbers on our table may, we believe, be looked upon as affording a fair sample of the scope and object of Mr. Cole's work, and of its ultimate value to microscopists and

(a) "Studies in Microscopical Science." London: Palliers, Tindall and Cox. 1882.

to histology. We are, we believe, fairly entitled to congratulate the author upon the success he has already achieved, and should the work progress as it has begun, his subscribers will have equal cause for congratulation. The subject chosen for illustration No. 2 is a transverse section through the internode of the stem of the copper beech (*Fagus cuprea*). It has been selected because it shows in a typical manner the arrangement of the tissues in a dicotyledonous stem, and is a good example for the exhibition of double staining. It will be seen how clearly the structure is brought out by the differentiation of staining reagents, which in this instance are carmine and iodine green. The epidermis is not affected by the dye, and is shown as a boundary layer of brownish-coloured cells, while a broader layer of angular cells is stained red, the pith and medullary rays bright green, and the medullary cells reddish purple, so that the sections may be said to afford an example of triple staining, and is, on the whole, a pretty picture of vegetable structure. The text fully enters into the botanical characteristics of the section; the method employed in its preparation as a means of study; together with the several processes of bleaching, staining, and mounting.

Study No. 3 is a section cut from the compact tissue of the shaft of a long bone, and which is equally well handled and illustrated. The literature of the bony structures, together with the method of cutting sections, grinding, polishing, and mounting, are all given with considerable fulness; a copious bibliography leaves little to desire for either the student or the teacher in the prosecution of pathological histology.

Study No. 4 is a charming example of double staining. This rendering of a section of a monocotyledonous stem—the umbrella plant (*Cyperus alternifolius*)—may, without exaggeration, be described as one of surpassing beauty. The arrangement of the tissue of the fibro-vascular bundles obtains in a manner at once striking and typical of this class of vegetable stem. The differentiation of structure, too, is brought about with a uniqueness quite unattainable before the staining process was adopted. The letterpress fully enters into the peculiarities of this class of objects, and the precautions to be observed and the lesson to be learned by staining. The bibliography, as in former cases, is well-nigh exhaustive.

We repeat, Mr. Cole's efforts not only deserve encouragement, but should command a very large amount of success.

THE AMERICAN JOURNAL OF NEUROLOGY AND PSYCHIATRY. (a)

THIS is the first number of a new American Journal of Neurology and Psychological Medicine, and must, we fear, add to the embarrassments of the students of these branches of medicine, who are already very liberally supplied with periodical literature. Concentration and condensation are much needed in medical journalism. It is positively appalling to stand in the reading-room of any medical library and gaze on the files of periodicals that invite and await readers. It is reasonable and inevitable that each recognised and natural speciality should have a journal of its own, dealing exhaustively with the topics that interest its members, but why a small speciality should have five or six journals surpasses comprehension. There must be endless repetition, and much that appears in these speciality journals would find a more fitting place, and have wider usefulness, because appealing to a larger audience, in the columns of the weekly medical press.

This new journal has an attractive exterior and is well printed. It contains about a dozen pages of short, heavily leaded editorial notes and comments, a sort of chastened scientific imitation of the gossiping paragraphs which are so greedily devoured in the society journals. It contains also five careful reviews of German and American books, and an excellent series of reports on the progress of neurology. These reports are arranged in anatomical, physiological, path-anatomical, clinical, psychiatric, therapeutical, and medico-legal and anthropological departments, and present a very good résumé of recent work, but the abstracts of which they are composed might very appropriately have found a place in the *Medical Record*. The original contributions are of no

significance, and consist merely of a few not very striking or instructive cases. Appended to the journal is the preface and introduction of Dr. Spilka's essay on the "Somatic Etiology of Insanity," to which the Tuke prize was awarded.

HÆMORRHOIDAL DISORDER. (a)

IN this memoir, reprinted and revised from the columns of the *Lancet*, the author seeks clearly to establish a true conception as to the anatomy, physiology, and pathology of what he has called the "hæmorrhoidal disorder." Mr. Gay lucidly treats the cause of piles from a thoroughly anatomical point of view, and confesses with regard to their causation that the difficulties are almost insuperable, but nevertheless, he sets about his subject in a truly practical manner.

He points out the general liability to this disorder, no class being properly said as being exempt, and, from an analysis of accurately-noted cases (a large number), concludes that "heritage" plays an important part as a "remote cause."

The author then treats of the anatomical distribution of the hæmorrhoidal veins in their relations to the veins of the surrounding parts, and gives a most interesting and instructive description of his own injected preparations, illustrating by plates the artistic manner in which he went about his work. As a result, supplemented by various dissections and sustained by pathology, Mr. Gay classifies the various seats of hæmorrhoidal swellings.

The oft-raised question of how far hepatic disturbances are chargeable with hæmorrhoidal swellings, is treated with at some length, and the minute anatomy of the liver with regard to its blood supply gone into. The author concludes his memoir with an exhaustive and historical account of the various methods of treatment formerly and as at present adopted, enumerating the difficulties and dangers which beset the surgeon in the obliteration of the "pile sac," which he says should be the object of all operations.

PASS LISTS.

Royal College of Physicians of London.—The following Members were elected to the Fellowship of this College on Tuesday, May 23 :—

- Bowles, Robert Leamon, M.D. St. Andrews, Folkestone.
- Champneys, Francis H., M.B. Oxon., 60 Gt. Cumberland Place, W.
- Duncan, James Matthews, M.D. Aberd., 71 Brook Street, W.
- Glyn, Thomas Robinson, M.D. Lond., Liverpool.
- Leach, Daniel John, M.D. Lond., Manchester.
- Ross, James, M.D. Aberd., Manchester.

Royal College of Surgeons of England.—The following candidates, having passed the required examination for the Diploma, were admitted Members of the College at a meeting of the Court of Examiners on May 18 :—

- | | |
|----------------------------------|--------------------------------|
| Brooks, Walter Tyrrell, L.S.A. | Moore, Y. T. Gray |
| Davies, John Charles, L.S.A. | Morris, W. D. J., L.R.C.P. Ed. |
| Day, John Roberson, L.S.A. | Pincott, James Cole |
| Faddy, Edward B. P. | Robinson, Alfred, L.S.A. |
| Gray, John Alfred | Seroggle, William Reith |
| Hodgson, J. Willoughby, M.B. Ab. | |

King and Queen's College of Physicians in Ireland. — At the May examinations the following candidates obtained the Licences in Medicine and Midwifery of the College :—

- MEDICINE.—Geo. Valentine Byrne, Edward Baldwin Cashell, Joseph Purcell Doyle, Frederic Elous Moore.
- MIDWIFERY.—George Valentine Byrne, Edward B. Cashell, Samuel Macaulay, F. Hone Moore.

The under-mentioned Licentiates have been admitted Members of the College :—

- | | |
|----------------------|------------------------|
| Cox, Michael Francis | Nicholson, Joseph John |
| Fisher, Francis C. | Smyly, William J. |
| Maturin, Leslie | |

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

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

(a) "On Hæmorrhoidal Disorder." By John Gay, F.R.C.S., &c.

(a) "The American Journal of Neurology and Psychiatry." Edited by T. A. McBride, M.D. Associate Editors, Landon Carter Gray, M.D. and Edward C. Spilka, M.D. New York: B. Western & Co. Vol. I. No. 1. Feb. 1882.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

THE UNQUALIFIED ASSISTANT SYSTEM.—We are flattered by, and beg to acknowledge the receipt of, a number of letters of thanks and encouragement, "not for publication," for our crusade against this abominable system. We have grounds for believing that if the state of public business permits, the matter will be introduced this Session in the House of Commons; meanwhile, we would counsel our readers in different parts of the country to personally bring the subject before their Parliamentary representatives.

A POOR STUDENT.—Unfortunately, your case is by no means unique; indeed, we very much fear the great majority of students, and even of young practitioners, share your impecunious position. We regret that we can offer no prospect of relief, and, in the way of advice, nothing but—persevere.

EDINBURGH.—"Cheyne-Stokes" respiration is so named after Mr. Watson Cheyne, who first noticed its peculiar characters, and Prof. Stokes, who further inquired into the circumstances attending it. It consists in a gradual cessation of respiratory movements, to which a period of rest, of apnoea ensues, this being followed by gradual restoration of breathing, which may even become dyspnoic, this phase being again succeeded by a tranquil phase, and so on.

MR. THOMPSON.—They present many characters in common, but, on careful examination, you cannot fail to distinguish them. The masses of lymphoid tissue in the spleen are traversed by a blood-vessel (artery), the Malpighian body being a lymphoid expansion of the adventitia of the vessel. This central or sub-central canal is not discoverable in the thymus or in any other collection of lymphoid matter. In the lower animals the condition described is not marked, but in every spleen the direct relation between the corpuscle and a vessel can be made out.

C. S. I.—The custom of administering an alkali before meals in cases of acidity is physiologically erroneous. A gush of gastric juice is excited on the application of alkali to the mouths of the gastric glands, and in the case of such treatment the evil it is sought to relieve is but intensified.

A HATER OF SHAMS.—The prosecution last week at the East End of London is but another instance of the iniquity of "unqualified assistants," and the necessity for our crusade against the system. Here we have a qualified medical man holding public appointments, keeping an unqualified assistant, under whose hands the patient dies, pleading that he was unaware he was offending against the law when he signed the death certificate of "having attended deceased," whom he had never seen. Your query—"Can anything be more monstrous?" is exactly what would be the ejaculation of every honest member of the profession. The remedy is simple if members will insist upon holding no professional intercourse with men who thus disgrace their calling.

MR. H. L. G.—On reference to the last annual report you will obtain the desired information.

MR. COLES.—The point has been decided on unimpeachable evidence, and we are surprised to find from your letter that any doubt exists in the mind of one so apparently well informed.

PATERFAMILIAS.—By the announcement which appears in our advertisement columns you will learn the unpleasant fact that your charge was not among the elected ones at the annual meeting of the Royal Medical Benevolent College. The case is a very deserving one, and we hope you will be more successful on the next occasion.

MR. WOMARK (St. Bartholomew's) is thanked for his note.

MR. FARRINGTON.—We have passed your letter on to the proper quarter for reply.

MR. GERALD F. YEO will commence a course of lectures at the Royal College of Surgeons of England on Friday next, at 4 p.m., "On the Relation of Experimental Physiology to Practical Medicine."

PROFESSIONAL ETIQUETTE.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—A suggests that B. should be called in to see a patient in consultation on a Saturday; the patient wishes for further advice, and on Monday sends for C. Is A. guilty of unprofessional conduct towards B. because he did not insist on having him at the consultation with C.?

Yours, &c.,
F.R.C.S.

[Certainly not. No practitioner can, or ought to do more than recommend a consultant, and it is for the patient to adopt the recommendation or not, just as he pleases. If the consultant selected be objectionable to the practitioner, the latter may decline to meet him; but, otherwise, he has no right whatever to dictate as to who the consultant shall be.—Ed.]

A CASE OF JACOB'S ULCER.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—A case of Jacob's ulcer appeared in the *Medical Press* of the 3rd instant. Since then the following particulars about its previous history have come to my knowledge:

About 1857, when holding an official appointment in one of our Colonies, its subject consulted principal surgeons there for a reddish tumour, about size of walnut, surface rough or irregular, not ulcerated, occupying site of ulcer mentioned in your Journal. Incision made over and into it. Contents, described as of a spongy texture, dissected out, operation being attended with great pain and a good deal of bleeding; sides of incision then stitched together. Surgeons, however, not feeling quite assured that contents of tumour were so completely removed, but that some "roots" or "strings" might have remained.

So it proved. Disease returned; when an assistant-surgeon of the Army Medical Department applied a caustic—chloride of zinc, it is

believed—to ulcer, with the result that it remained quiescent for fourteen years, till October, 1871, when, as I stated in my former communication, ulceration recommenced.

Your obedient servant,
T. M. SUTHER, M.D.
Spring Grove, Middlesex,
May 25th, 1882.

THE UNQUALIFIED ASSISTANT SYSTEM.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I cannot help being impressed by your appeal to young practitioners to stand against the system of robbery encouraged by the employment of unqualified assistants. I think you deserve the thanks of every honest medical man for your outspoken protest, and I am hoping and waiting for some evidence that your efforts will be crowned with success. I am 27 years of age, have been qualified for more than four years, and in that time have earned £160 as an assistant. Wherever I apply for employment in answer to advertisements the rate of pay is fixed in reference to unqualified men, and we have to accept a similar remuneration. I would willingly join an association of qualified men who aimed at rooting out an abuse like this.

Yours, &c.,
A. T.

LUNACY FEES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly inform me in your next issue what I am to do in the following case:—

I examined a dangerous lunatic. The magistrates present certified that I was entitled to a fee of £2. The Poor-law Guardians refuse paying more than £1 is.

Yours, &c.,
F. K. P.

[See the Guardians under Section 14 Lunacy Regulation Act, 33 and 39 Vic., cap. 67—see "Irish Medical Directory," page 511. You will at once recover the money. If you please to place the matter in the hands of the Irish Medical Association and empower them to hand the fee to the Medical Benevolent Fund, they will probably undertake all trouble and expense in the matter.—Ed.]

Vacancies.

Addenbrooke's Hospital, Cambridge.—Resident House Physician. Salary, £86, with board, &c. Applications to be sent to the Secretary on or before June 6th.

Chelsea Hospital for Women.—Two Physicians and an Assistant Physician. Honorary. Applications to the Secretary by June 1st. (See Advt.)

Guest Hospital, Dudley.—Resident Medical Officer. Salary, £130. Applications to be addressed to the Secretary not later than June 9th.

Liverpool Northern Hospital.—Assistant House Surgeon. Salary, £78. Applications to be addressed to the Chairman of the Committee not later than June 8th.

Rathkeale Union, Palsakeny Dispensary.—Medical Officer. Salary, £100, and £15 as Medical Officer of Health. Election, June 8th.

Royal Hants County Hospital, Winchester.—House Surgeon. Salary, £100, with board and lodging. Applications to be addressed to the Secretary, at the Hospital, on or before June 10th.

York County Hospital.—Physician. Honorary. Applications to be forwarded to the Secretary on or before June 24th.

Appointments.

CASEY, E. M.B., C.M. Aber., Medical Officer to the Irlam and Cadishead District of the Barton-on-Irwell Union.

COOPER, G. F., M.R.C.S., L.R.C.P., Non-Resident House Physician to St. Thomas's Hospital.

DUNCAN, W. A., M.D., &c., Assistant House-Surgeon to St. Thomas's Hospital.

FISHER, F. C., M.R.C.S., Medical Officer for the King's Langley District of the Hemel Hempstead Union.

FLYNN, E. F., L.R.C.S., L.K.Q.C.P.I., Junior House-Surgeon to the Sunderland Infirmary.

GREAVES, C. A., M.B. Lond., M.R.C.S., Medical Officer to her Majesty's Prison, Derby.

GUTTERIDGE, E. P., M.R.C.S., Medical Officer for the St. Peter's District of the Maldon Union.

HACKMAN, L. K. H., L.R.C.P. Ed., Medical Officer to the Provident Dispensary of the Royal Portsmouth Hospital.

HAMMOND, T. L.R.C.P. Lond., M.R.C.S., Resident Clinical Assistant to the West Riding Lunatic Asylum.

IRWIN, T. W., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer to the Ross-carsby Dispensary District of Cork.

KING, H. W., M.D., C.M. Ed., M.R.C.S., House-Surgeon to the Chester General Infirmary.

URSDELL, H., M.R.C.S., Medical Officer to the Battery and Staverton Districts of the Totnes Union.

VOISEY, C. B., M.R.C.S., Assistant Medical Officer to the Crumpton Workhouse Hospital, Manchester.

WELLS, A. E., M.R.C.S., L.R.C.P., Resident Accoucheur to St. Thomas's Hospital.

WHITEHOUSE, J., M.R.C.S., L.R.C.P. Ed., Senior House-Surgeon to the Sunderland Infirmary.

Births.

BAIRD.—May 24th, at 3 Blackhall Street, Dublin, the wife of Surgeon J. H. Baird, of a daughter.

CAMERON.—May 18th, at 15 Pembroke Road, Dublin, the wife of Charles A. Cameron, M.D., of a son.

HARRISON.—May 18th, at Falland Lodge, Guthrie Road, Clifton, the wife of A. Jas. Harrison, M.B. Lond., J.P., of a daughter.

MACAN.—May 23rd, at 29 Lower Baggot Street, Dublin, the wife of Arthur V. Macan, of a son.

PHIBBS.—May 16th, at 30 Sutherland Gardens, W., the wife of Dr. Featherstone Phibbs, M.R.C.F., of a daughter.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 7, 1882.

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Original Communications.

THE FALLACY OF RESORTING TO ALCOHOL DURING EXPOSURE TO POISONOUS EMANATIONS. (a)

By B. W. RICHARDSON, M.D., F.R.C.P. Lond., F.R.S.

At the outset of his address the President said he had been naturally interested in this question on account of the numerous letters which came to him at various times bearing upon it. He received communications, he might say, once a month at least, asking in different ways whether in the cases referred to alcohol was not necessary. Sometimes a letter came from some person engaged in the work of cleaning sewers, and sometimes from managers of such works, as well as from surveyors of towns entrusted with the superintendence of similar operations. These would write to ask him whether men so employed did not require, during the time they were at work, a certain amount of brandy or other spirit. He noticed that wine was never mentioned in such instances, nor was beer. Gin was very rarely spoken of, nor was rum. It was usually brandy, or, in some cases, whisky. Inquiries came also from another class of men, viz., undertakers. In the present year he had received inquiries from two undertakers, bearing upon this matter. They wanted to know whether it was not necessary that they should take some amount of brandy or whisky when they were exposed to infectious cases; or when they were removing a body that was undergoing decomposition; or when they were placing a body in a coffin, and particularly in cases—as not unfrequently happened in hot weather—where the coffin or shroud gave way, and there was some escape of gases. The people who wrote in this way were not always spirit drinkers. The last gentleman who wrote to him asking this question, was himself a master undertaker,

and a total abstainer during the greater part of his life, and in fact, in his way, a local advocate of the Temperance cause; but he was still in doubt, from the various impressions that he had received from other undertakers, and the men whom he employed, whether it was not necessary to take alcohol on urgent occasions. Then he got the same inquiry from nurses who were going to attend in cases of fever, and nurses who were engaged in laying out the dead, or in removing excreta from the sick-rooms, or when under any other circumstances they were exposed to bad odours. He not unfrequently got the same questions put to him by members of the medical profession. Several times in his career medical men had referred to him to ascertain whether, in making post-mortem examinations, especially where the body had undergone a change, a stimulant was not necessary. The last communication he had was from a medical student, who desired to know whether, in dissection, it was not essential; and whether a youth commencing to dissect might not with advantage take a little brandy or whisky as a stimulant. Now it was really a very important matter to know what should be the precise answer to give to all such inquiries, and he thought it were well that the members of this Association should have a proper understanding on the subject, so that there should be a common action in the advice which they gave under these circumstances.

He would like to consider the circumstances under which this stimulant was called for. He believed that in many—he would even say in by far the greater proportion of—instances the stimulant was called for merely as a habit, or very often as a pretext, but more frequently as a habit. When the duties or labours to which the people named were subjected first came upon them, they were not abstainers; and later on they had got into a decided habit of taking a stimulant for the purpose named, which acted upon the mental constitution. The question, therefore, was put, not for any real consideration of danger which might arise from abstaining, but rather from a fear to break off a habit which had become a part of themselves. In some instances the indulgence was used as a pretext, by those who had

(a) The Presidential Address delivered at the Annual Meeting of the Medical Temperance Association, May 26, 1882.

left off drinking for a time, for resuming the habit of taking a stimulant. Such was the feebleness of human nature that, after giving up a habit of this kind, every argument was used by persons to show why it should be re-adopted in their particular case, and it seemed as if a pretext were really necessary; but probably those very persons would look upon such a pretext on the part of other people with absolute contempt. In their own case they did not reason, but used the pretext. In other instances a stimulant was taken, or the wish expressed that it should be taken for an assumed desire to prevent faintness or nausea, or both, which came on, it was said, if the stimulant were not taken. He believed, however, that a considerable number of persons—not by any means the majority, but a considerable number—owned to some nervous derangement, or feebleness. They became faint and felt nausea, the nausea either preceding the faintness, or the faintness the nausea, when they undertook tasks of this kind, and in that nervous state they thought it needful to take a stimulant. They said they would not take it under ordinary circumstances; they had an objection to take it; they thought it a bad principle; but they were quite certain in their own minds that unless they did take it they would become faint, or suffer from nausea. In another class of cases it was thought to be wanted to sustain courage and endurance. There were some minds so constituted that they never could face those duties with anything like calmness and coolness—he meant duties in which risk and endurance were involved. It was a very rare thing to go through the work of a year, conducting post-mortem examinations, or inquiries similar to those, without finding among professional men that there were a certain number of them who shrank from such duties, and had done so all their lives. They would tell how, whenever they entered a dissecting-room in early life, they did so with a dread they never quite got over. They would tell that though they had seen many surgical operations, they had always to screw their courage up when an operation began, and that they never entered upon such a duty without feeling a certain degree of shrinking and anxiety, which practice never entirely removed. These took a little stimulant before the operation commenced, and they thought this sustained them, and landed them into the period when the dread that came on at the beginning had passed off. There were others of all classes who took a stimulant for the sake of endurance. They began well at a disagreeable task, but after a while they got tired of it, and they began to feel a want of strength and power, and a stimulant was called for to sustain them to the end of their task. There was another—a more refined class than all—not a nervous class, but rather what seemed to be a mixture of those classes to whom he had referred, who never got over the disgust for that which was being done. They might not be deficient in courage or endurance; they might never feel any sense of faintness or nausea; they might not be habituated to the use of stimulants; and they might not want a pretext; but they had always a disgust for that which was being carried out. They were very susceptible to disagreeable odours and disagreeable sights, and irrespective of any sense of fear or deficiency in any other faculty, they simply felt a disgust for that which was going on, and so they took a stimulant under the belief that in some way it deadened this feeling. Generally, they took it pretty freely before they began their work, and during its operation.

That was a fair analysis of classes of cases where the stimulants were called for—habit, pretext, desire to prevent faintness or nausea, or both, sustenance of courage, or endurance of an operation, and removal of sense of disgust for the proceedings, being the reasons assigned. It was often a very difficult thing to decide whether the causes of the objectionable phenomena thus described were physical or mental purely; but he believed in a

large number of cases all the danger and difficulty were purely mental. If it were not so—if there were really a physical danger and a physical cause for the phenomena spoken of, then they would see far more suffering than they did see, because a considerable number of persons were subject every day to these dangers. If there were physical causes always at work to produce the phenomena complained of, there would be a great amount of temporary, and in some cases, of permanent, disease not seen now. He thought the mischiefs complained of were mainly from mental cause, and this was very important to bear in mind, for, if this was the case, then the question of taking stimulants was brought down to one of a mental character, and the whole question of the effects of alcohol upon the mind lay at the bottom of the phenomena complained of, like others which related to the use of alcohol, as, for example, the phenomena men experienced when they were subjected to some great danger, as going into a battlefield, or facing an accident or some serious danger. At the same time, they must not ignore the fact altogether that certain physical agents did produce physical effects under the circumstances named. Sulphuretted hydrogen produced an effect which was no doubt very definite in its character, and affected some natures much more than others, though exposure to the agent was attended, in the end, with tolerance of a very marked kind. In support of this view Dr. Richardson referred to the effect produced upon breathing the atmosphere surrounding the numerous alkali heaps or residues of sulphur undergoing decomposition which are to be found in certain parts of Lancashire. Some heaps gave off a great amount of sulphuretted hydrogen at times. But yet the men engaged about these heaps seemed to get accustomed to it. They usually said that they were nauseated at first, but by-and-by they got accustomed to the work, and ultimately breathed an atmosphere of sulphuretted hydrogen that seemed intolerable. In approaching one of these heaps he was himself once so stricken with the sulphuretted hydrogen that he was obliged to get away from it as quickly as possible, and he felt an intense coldness, combined with nausea, take hold of him, which resulted in vomiting, and it was with the greatest difficulty that he could get back to his hotel. When he arrived there he went immediately to bed; but he was a long time in getting the restoration of full warmth and power, and was, in fact, not well until the following day. Yet he found the two or three men who were actually working on this heap were apparently none the worse for it. They said they suffered at the beginning of their career from the sulphuretted hydrogen, but by-and-by they became tolerant of it. It was possible that some ammonia compounds might in a like manner, combined with sulphur, be a cause of nausea and faintness of a physical kind. The exact nature of all volatile substances which came off decomposing matter had not yet been made out. In some cases apparently the hydride of methyl passed off and some ammoniated compounds together with the sulphuretted hydrogen. But they might take all these agents that had been considered injurious in a physical manner. What they had to consider was what they would advise under these various circumstances in respect to alcohol; (a) what they would say as to its use if the mental condition was taken into account alone; (b) if endurance and courage were taken into account alone; (c) if the poisonous action of the agent had to be taken into account. He thought the argument as to the mental condition was the same here as it would be in the case of fright or any other influence which would subject the person for a moment to danger.

If, for a few moments, alcohol quickened the circulation and caused what was called a hasty courage, that was, after all, of the most evanescent kind, and he felt sure, both from what he remembered before he was an abstainer, and since, as well as what he had observed on

persons who took stimulants, and those who did not, it was best to meet the difficulty straightway and have nothing to do with alcohol. He felt convinced that the mental attitude was better all through—the will was longer sustained, and that the work, whatever it might be, on which they were engaged, was very much better done, and with greater safety, when no alcohol was taken. He noticed that in post-mortem examinations particularly, that those who had taken a little stimulant before and after the operation, were never so exact and precise in their work as those who did not take it. They used their needles and knives and scissors much more rapidly, but with much less certainty than those whose minds were perfectly clear; and therefore they were subject much more to the risks from cuts and other wounds. As to the power of endurance, he would speak very decisively against alcohol. He was quite sure that endurance under all such trials was best sustained without any artificial aid whatever. The wise plan was to take a good meal before being subjected to the task, and to do nothing else, however long they might be about the work, till it was done, or if they must brook off, let them do so in order to go into the open air; take another meal, and drink as little as possible; but above all, have nothing to do with either smoking tobacco or drinking stimulants. In illustrating this point Dr. Richardson related some of his experiences in embalming—a process most difficult and arduous, he said, when the embalmed was undergoing decomposition. On one occasion of a trying nature where he was the principal operator, and engaged for five hours at a stretch, he felt not the slightest sense of fatigue, whereas two friends whom he had to assist him, and who went into the adjoining room to revive themselves with a little brandy and water now and then, were completely broken down, from which and other similar experiences he inferred that endurance was better sustained without than with alcohol. With respect to the action of poisoning in such instances as he had referred to, he believed that, again, was lessened by not taking alcohol. Dr. Brinton, over twenty years ago, made an observation before the Medical Society of London which all present on that occasion confirmed. He said, "If I make a post-mortem examination, I notice that there is the odour of the body on the hands some hours afterwards, but what is more surprising, the odour is also conveyed in the excretions from the bowels." He had noticed that in his own case, but never since he had abstained from alcohol. It seemed as if there was not the same absorption of the poisonous matter into the blood when the body was quite free from alcohol as when it was charged with it. He had no doubt that the greater the proportion of alcohol taken into the blood during exposure to these organic poisons, the greater would be the absorption of those poisons. There was only one possible reason why alcohol should be given—he did not know that it was a good one, but it was a plausible—he meant in cases where actual syncope took place; he did not know whether, under these circumstances, they would be justified in giving half an ounce or an ounce of alcohol. He could not precisely say, he thought possibly they might, but beyond that he could not see any necessity for the use of alcohol as a stimulant.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Plymouth 16; Cardiff, Derby, Huddersfield, Norwich 17; Edinburgh 18; London, Birmingham 19; Bristol, Brighton, Leicester, Halifax 20; Leeds, Newcastle-on-Tyne 21; Sunderland, Birkenhead 22; Blackburn, Sheffield, Oldham 23; Dublin, Portsmouth, Hull 24; Nottingham, Wolverhampton, Liverpool, Salford 25; Glasgow, Manchester, Bradford, Bolton 27; and Preston 41.

THE RELATIVE MORTALITY AFTER AMPUTATIONS OF LARGE AND SMALL HOSPITALS, AND THE INFLUENCE OF THE ANTISEPTIC (LISTERIAN) SYSTEM UPON SUCH MORTALITY. (a)

By HENRY C. BURDETT.

(Concluded from page 483.)

WITH regard to the occurrence of septic disease, the statistics are very favourable to cottage hospitals. Mr. Bryant states that in Guy's Hospital 10 per cent. of all amputations die from pyæmia, and that 42 per cent. of the fatal cases may be traced to this cause. Now, on examining the results of 241 cases from information supplied me by 44 cottage hospitals, we find 5 cases of septic disease, 4 of pyæmia (2 of these occurring in one hospital), and 1 case of septicæmia, against a total of 45 deaths; so that the percentage of deaths from septic disease to the total number of cases reaches only 2.1, and the percentage of deaths from this cause to the fatal cases is only 11.1. These cases of septic disease all occurred after amputations of the lower extremity. In no case of amputation for disease did pyæmia or septicæmia occur. Of the 2 deaths in the eight cases of secondary amputation for injury, neither was due to septic poisoning. (In Mr. Erichsen's cases, as many cases of pyæmia occurred after amputation for disease as in primary amputations for injury.) May not this fact be taken as conclusive evidence in favour of the healthiness of small as compared with large hospitals?

These facts dispute the justice of the assertion, that there is greater surgical boldness displayed by the London surgeons, as some of the operations at the cottage hospitals point to a surgical skill and boldness which leave nothing to be desired. For instance, a case of amputation of thigh was performed in the Hatfield Hospital for malignant disease of femur, in which both the common femoral and the external iliac arteries were successively ligatured for secondary hæmorrhage; and an amputation of thigh followed by exarticulation of hip was successfully carried out at Enfield.

Again, as to the undertaking of operations, the amputations of thigh for ununited fracture of the leg in a patient of 74, successfully performed at St. Leonard's, Sudbury, and that for senile gangrene planned and successfully carried out at Ottery St. Mary, are favourable specimens of surgical boldness combined with judgement. The case of amputation of arm at Milton Abbas, performed after the case had been rejected at the County Hospital, also speaks well for the surgical staff there.

Two points may be referred to in this connection. It must not be overlooked in considering the question of surgical boldness, that a surgeon to a large clinical hospital is under the necessity of remembering that he has as far as possible, to cure the greatest number of patients in the shortest possible time. Hence a surgeon so situated is under the necessity of operating frequently because of the crowded state of the hospital and the great demands upon its available space. Such circumstances render speedy results an absolute necessity.

Again, the long distance which patients have to be carried to reach the cottage hospital, as compared with that traversed by accident cases in large towns, may reasonably be considered to increase the deaths from shock, and to add to the severity of the conditions which render recovery improbable. In large towns not only is the distance shorter, but the patients are more accustomed to think at once of the hospital, and there conveyances are always to be had. These are, therefore, not unimportant considerations.

It has taken some years to compile and complete the statistics contained in this paper. Early in 1876 I commenced to collect the first portions of these statistics,

(a) Read before the Statistical Society, 16th May, 18 2.

which were given in my book on cottage hospitals, (a) published in 1877. In consequence of the criticism which these tables elicited, I resolved to still further investigate the subject, and after nearly two years' labour I obtained the history of each of the two hundred and forty-one cases with which I have been dealing in the latter part of this paper. It will therefore be observed that the compilation of my statistics has occupied nearly four years, and that I was not able to complete my second set of tables, which include a history of each case enumerated, until the end of the year 1880. I then offered to read a paper before this Society. The proposal was cordially entertained by the Council; but owing to various circumstances, it has not been possible to present it for the consideration of the Fellows until this evening. Thus nearly six years have elapsed since I first commenced my investigations on this instructive subject.

Science never stands still: all true science is progressive. There is no finality of which we can be certain where science is concerned. It follows almost as a matter of course that this period of six years has revolutionised the treatment of cases of operation and open wounds, both in hospital and private practice. Aseptic surgery since the year 1878 has been making rapid and convincing progress. Its results have practically cut the ground from under the feet of those who with anxious care formerly debated the question of the relative mortality of large and small hospitals. I am, therefore, as an honest searcher after scientific truth, induced to-night to declare that the aseptic system of Mr. Lister has practically solved this great question, by proving that where this method of treatment is carefully enforced, the size and condition of the hospital buildings is of comparative unimportance. It would be wrong of me to content myself with a bare statement of this important fact, and I therefore proceed to give the evidence upon which my declaration is founded. To enable me to do this I must trouble you once again with statistical tables. These tables contain an account of the results obtained in Germany from two hundred and thirty-four cases of amputation from various causes, all of which were treated aseptically on Professor Lister's plan. It has been necessary to somewhat alter my statistics, so that they may exactly correspond with those prepared by the eminent German surgeon Dr. Schede, of Hamburg. (b) This has slightly reduced the number of cases given in my tables, because Dr. Schede omits double amputations, cases in which other severe injuries co-exist, and cases in which intercurrent diseases not related to the operation carry off patients whose stumps are healed. This has slightly improved the percentage in cottage hospital practice. In spite of this, however, the mortality in cottage hospital practice stands at 15.3 per cent., as against 2.9 per cent. in the cases recorded by Dr. Schede, which were treated in large German hospitals on the Listerian or aseptic system. It thus follows that whereas Sir James Simpson gives an average mortality in town hospitals of 41.6 per cent., and although Mr. Erichsen was proud to be able to prove some fifteen years ago that the average mortality from all the amputations performed in the wards of University College Hospital from its foundation, a period of thirty-eight years, was only 25.7 per cent., the late Mr. Callender, in his papers in the "St. Bartholomew's Hospital Reports," 1869, p. 263, showed that the mortality after amputation in certain country hospitals was 17.5 per cent.; and I have shown that the results attained in cottage hospital practice give a mortality of but 15.3 per cent. Dr. Schede proves beyond dispute that Mr. Lister, by his wonderful discovery, has enabled the surgeons who adopt it conscientiously, irrespective of the size of the hospital buildings, to reduce the mortality in such cases to 4.36 per cent. (c) The following tables, which have

been prepared by my friend Mr. G. H. Makins, who has rendered me much valuable assistance in the compilation of this paper, give Dr. Schede's and my own figures in detail:—

Amputations for Injury.

Seat.	Schede's Antiseptic Statistics.				Burdett's Cottage Hospital Statistics.			
	Cases.	Recoveries.	Deaths.	Percentage of Deaths.	Cases.	Recoveries.	Deaths.	Percentage of Deaths.
Thigh	23	18	5	21.7	22	10	12	54.5
Leg	19	19	—	—	57	48	9	15.7
Arm	20	20	—	—	35	31	4	11.4
Forearm	34	34	—	—	37	37	—	—
Total	96	91	5	5.2	151	126	25	16.5
<i>Complicated Cases—</i>								
Double amputation	13	10	3	23.0	5	1	4	80.0
Severe multiple injuries	11	3	8	72.7	4	—	4	100.0
Deaths from intercurrent Disease	27	11	16	59.6	1	—	1	100.0
Total	51	24	27	52.9	10	1	9	90.0

Amputations for Disease.

Seat.	Schede's Antiseptic Statistics.				Burdett's Cottage Hospital Statistics.			
	Cases.	Recoveries.	Deaths.	Percentage of Deaths.	Cases.	Recoveries.	Deaths.	Percentage of Deaths.
Thigh	63	62	1	1.5	40	34	6	15.0
Leg	50	49	1	1.0	19	16	3	15.7
Arm	12	12	—	—	8	8	—	—
Forearm	13	13	—	—	4	4	—	—
Total	138	136	2	1.4	71	62	9	12.6
<i>Complicated Cases—</i>								
Double amputation	—	—	—	—	—	—	—	—
Severe multiple injuries	—	—	—	—	—	—	—	—
Deaths from intercurrent disease	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	—	—

All Uncomplicated Amputations for Disease or Injury.

Seat.	Schede's Antiseptic Statistics.				Burdett's Cottage Hospital Statistics.			
	Cases.	Recoveries.	Deaths.	Percentage of Deaths.	Cases.	Recoveries.	Deaths.	Percentage of Deaths.
Thigh	86	80	6	7.0	62	44	18	29.0
Leg	69	68	1	1.4	76	64	12	15.7
Arm	32	32	—	—	48	38	4	8.3
Forearm	47	47	—	—	41	41	—	—
Total	234	227	7	2.9	222	188	34	15.3

Callender, in his papers in the "Bartholomew Hospital Reports," 1869, p. 263, shows that the mortality after amputation in country hospitals was 17.5 per cent. (and that in old days).
 Country patients in St. Bartholomew's Hospital . . . 17.0 per cent.
 " private patients in London 17.1 "
 " " " country 10.8 "

The figures and tables here given show fairly and truthfully what has been the saving of life owing to the adoption of the aseptic or Listerian treatment of wounds; that is to say, a mortality of 41.6 per cent. in 1868, and

In the tables given above, the amputations at the hip and shoulder joints are excluded, as no such cases occurred in the cottage hospital practice.

(a) "The Cottage Hospital; its Origin, Progress, Management, and Work," first edition, 300 pp. London: J. and A. Churchill.
 (b) Vide Dr. Schede's article in Pitha and Billroth's "Handbook of Surgery."
 (c) The actual mortality on all Dr. Schede's collected amputations.

a mortality in 1872, according to Professor Erichsen, of 37·8 per cent. in the larger metropolitan hospitals, and of 25·7 per cent. in University College Hospital, has fallen in Germany, under the Listerian method, to 4·36 per cent. in 1880. These figures are so remarkable as to be almost incredible. The results obtained in different classes of operations have been equally noteworthy. Thus Mr. Spencer Wells, the eminent ovariologist, by whose direct agency Lord Selborne, (a) in a public address, once demonstrated 22,272 years of human life may be estimated as having been added to society, gave (b) the result of the last 168 cases which he had treated in private practice as follows:—The first 84 had been treated by the old methods, "but yet with all the care I could give to them, there were 21 deaths." The last 84 were treated aseptically, and of these only 6 died. Nor is this all, for he adds: "As I went on and became still more accustomed to the method and details of antiseptic treatment, and avoided mistakes, then I obtained the long run of 38 cases without a single death." Could anything more gratifying or more honourable to a great profession be imagined than the fact that the operation of ovariectomy has been performed in 38 consecutive cases without a single death, when it is remembered that this operation (ovariotomy), so recently as the year 1857, (c) was in "absolute disrepute." I have shown how many hundreds of lives have been saved, and are being saved, every year by the aseptic, or Mr. Lister's system. I have produced evidence that this new departure has rendered it a matter of secondary importance whether serious cases of injury and operations are treated in large or in small hospitals. I have proved that at least twenty-two thousand years of health, of usefulness, and happiness, have been added to the life of woman in Great Britain by the direct agency of another eminent surgeon, Mr. Spencer Wells. Yet to the honour of these gentlemen but to the dishonour of our nation, neither have received any public recognition at the hands of those who distribute the national honours and rewards in this country. How has it happened that two such men as Lister and Wells, whose names are no small glory to England as benefactors to humanity at large, have not ere this received the highest honour which Government ever bestows upon medical men? Is it because fashion or custom, or both, have decreed that Courts and Governments should confer the highest honours on those who are most successful in destroying life on a large scale, and not on those who save life? At any rate, be the cause what it may, the fact remains; and a damaging fact it is. No wonder if the flower of our University youth choose the Church, or the law, the army or navy, or some branch of the Civil Service of the State, rather than the medical profession, because they at once take an enviable social position, and a successful career may lead to titles and pensions, and to a seat in the House of Lords. It has been well asked, why should a baronetcy be the highest titular distinction conferred upon members of the medical profession? Is Jenner or Paget less worthy of a life peerage than the eminent men who now sit on the bench of bishops, or any of the lawyers, soldiers, or sailors who have been rewarded by hereditary peerages? Can any member of the House of Lords do greater service to his country in that assembly than an eminent member of the medical profession could render in the promotion of legislation for securing and protecting the public health? I for one think not. Yet in spite of the enormous saving of life effected under Providence by the direct labours of Lister and Wells, neither have yet received a shade of a shadow of recognition from the Government of this country. Such an anomaly should not long continue. It is time public attention was called to it, for then those who save life will share the honours, the rewards, and the pensions with those who destroy life. Then, and not till then, justice will be tardily done to the members of a great profession,

whose services are rendered to each and all of us at the time of our sorest need and greatest suffering. The sooner this awakening of the public conscience takes place, the better will it be for the national credit. Such, at any rate, is my view of the case, and as one aspect of the great question I have been considering in this paper, I hope this expression of opinion may not be inopportune or without practical results.

CRITICAL AND EXPERIMENTAL RESEARCHES ON UTERINE SUTURES IN THEIR BEARINGS ON CÆSAREAN SECTION. (a)

By DR. A. E. SCHMIDT, St. Petersburg.

INCISION into a gravid uterus generally causes a copious bleeding and a gaping of the edges of the wound, both of them occurrences that threaten the life of the woman, and in case of recovery give rise to an unfavourable prognosis in subsequent pregnancies (premature rupture of the cicatrix and escape of the foetus). In order to avoid these evils the edges of the uterine wound have long been brought together by sutures.

The author has collected 75 accurately recorded histories of cases, and in addition 12 cases, of which the notices were brief, in which the edges of the wound were brought together by suture, and adds one case observed by himself. Of the 88 cases, 68 were operated on in Europe, 16 in America, and 1 in Australia: 29 of the cases recovered, 57 died, and of the remaining 2 the result was not given. Thus 33·7 per cent. recovered (29 in 86). To this number of recoveries are added 6 cases in which, although the result was fatal, the cause of death was unconnected with the operation; there are further 6 cases to be excluded, in which the operation was performed *in extremis*, on account of carcinoma and anæmia, and 10 cases in which no cause of death was given.

In 20 cases the operation was performed on account of various pelvic tumours, of which two recovered; if these cases are excluded we have 50 per cent. of recoveries. The average percentage of mortality after Cæsarean section without sutures was 54·9, a higher one than Cæsarean section with sutures. Porro's operation shows a mortality of 58 per cent. The causes of death were principally peritonitis, shock, inanition, and anæmia.

The material used for the sutures had no special influence upon the result of the operation, neither had the number of stitches. In 50 fatal cases one suture only was applied in 6 of them; in 15 the number was not known; of 26 cases that recovered, in one case was one suture only used, and in three the number was unknown.

In all the cases the bleeding ceased on application of the sutures. This result was obtained just as well with a smaller as with a larger number. Besides this, the application of the sutures had an influence on the contractility of the womb. Secondary hæmorrhage is possible, but is of rare occurrence. The author sums up his conclusions as follows:—

1. The percentage of recoveries after Cæsarean section where the edges of the uterine wound are brought together by sutures is nearly the same as in those cases in which sutures are not used.

2. The application of sutures is the best and surest method of stopping hæmorrhage.

3. The material used in the sutures plays no important part.

4. Sutures tied with the ordinary knot are quite sufficient.

5. A greater number of sutures answers the purpose better.

6. Secondary hæmorrhage is possible, but is very

(a) *British Medical Journal*, 1880, vol. 1, p. 932.

(b) Debate on Antiseptic Surgery, December, 1879.

(c) *British Medical Journal*, 1880, vol. 1, p. 931.

limited; it depends on the number of sutures, their depth, and the degree of tension in tying.

The author has also endeavoured to solve these questions by experiment. Laparotomy was performed on pregnant rabbits: a cornu of the uterus was raised, incised on the convex side for a distance of from 2 to 3 ctm., and the contents expressed. Eventually a second incision was made. The wound, which had contracted to a length of from 1 to 1½ ctm., was then closed by sutures, and the ligatures were cut off short. Upon this being done, the bleeding from the wound-edges ceased, but the cavity of the cornu was filled with blood clot; after cleansing, the cornu was replaced in the abdominal cavity. The second cornu, when it contained a fœtus, was submitted to the same treatment. The abdominal wound was closed with silk or catgut sutures. After some time the animals were killed, the cornua of the uterus were then removed and preserved in "Müller's" fluid. The material used for the sutures was fine catgut (No. 00), or fine silk. The total number of experiments performed was 16. In those in which catgut was used as the suture material (ten in number) the animals all recovered. In the remaining six silk was used, and in three of these a fatal result followed in consequence of peritonitis diffusa. In two cases the edges of the wound gaped between the stitches.

The animals were killed from the 5th to the 59th day after the operation. In four cases in which recovery took place, no trace of peritonitis was present. In nine others traces of this affection in various stages were found, with or without adhesions to neighbouring organs. The uterine wound was closed, and the site of the suture recognisable by irregular elevations. The cornua were pervious, the mucosa over the wounded surface quite normal. The site of the wound was unrecognisable in animals killed later; only in two cases was the site ascertainable, on the inner surface, by depressions 2 to 3 mm. broad, corresponding to the external elevations.

Microscopic examination in freshly-killed rabbits showed a small-celled infiltration of red blood corpuscles through the whole thickness of the uterine wall and the edges of the wound; in the latter white blood corpuscles were also found; upon the serosa of the wound an infiltration of large round cells was met with. The catgut threads were much thinned, and upon the external surface were covered by a new growth of large round cells.

The later the animals were killed, so much the more were the small round cells (red blood corpuscles) organised into fibrous elements, with newly-developed blood vessels. The muscular fibres looked as if torn asunder at the site of the wound. The thickened serosa consists, at the injured part, of fibrous connective tissue, and in part of round-celled elements; the mucous membrane was everywhere covered by cylindrical epithelium.

In animals killed 45 to 59 days after the operation the wound was scarcely recognisable on account of a new growth of muscular fibres.

Conclusions.—1. When the edges have been brought together by suture, complete repair of the uterine wall takes place. This repair consists in adhesion between the wounded surfaces and the formation of a cicatrix. Upon the serosa are formed elevations in which the knots lie hidden.

2. Interrupted sutures are every way adapted for the purpose. They are easily applied, do not become loose, or untied, approximate the edges of the wound, and may be relied on to arrest bleeding from its edges.

3. Diffuse peritonitis occasionally manifests itself, in which case adhesions will be found in the neighbourhood of the wound, of the various organs with the abdominal walls. Even the cornua of the uterus—at any rate, those parts near the wound—grow to the neighbouring organs. In other cases the peritonitis is limited to the surface of the wound, and no adhesions take place.

4. Ten days after the operation neither the sites of the wound nor of the sutures are recognisable on the

mucous membrane; sometimes, but only rarely, depressions are formed on the inner surface of the uterus, by which the uterine wall is thinned.

5. Carbolicised catgut is suitable for the purpose.

Finally, the author, in comparing his experimental investigations with statistic and clinical data, comes to the following conclusions:—In ordinary Cæsean section the edges of the uterine wound ought to be brought together by sutures, as thereby the dangerous hæmorrhage from the lips of the wound is most certainly stopped, and the union of the divided surfaces assisted. Lister's carbolicised catgut is quite sufficient for the purpose.

Clinical Records.

MARIA THERESA WOMEN'S HOSPITAL, VIENNA.

Retroflexion and Adenoma of the Uterus.

Under the care of Professor ROKITANSKY.

Reported by Dr. J. E. BURTON.

THE patient was a married woman, æt. 41, who had had two normal labours. For five months before admission she had suffered from a continuous sanguineous discharge from the genitals, in consequence of which she had become very anæmic. Neither manual examination nor examination by means of the speculum revealed anything more abnormal than a retroflexion in a slightly enlarged uterus; no ulcer, no cicatricial ectropion; the cervix and os uteri were found in the condition usually met with in those women who have passed through repeated pregnancies. There was scarcely room for doubt that the affection was one of disease of the mucous membrane of the fundus uteri. Whether this was of a malignant nature (carcinoma of the fundus or sarcoma of the mucous membrane), whether it was only a case of so-called endometritis fungosa, or in addition hyperplastic, or adenoma diffusum (Schroder), could not be decided on the spot by the clinical features exhibited. In the event of its proving malignant, Rokitanaky gave an absolutely unfavourable prognosis; scraping out, followed by injections of fuming nitric acid, frequently, indeed, brought about for a time a period of quiescence, but a cure—never. He expressed himself as a decided opponent of total extirpation of the uterus. He likened this method of treatment to transfusion: if indicated, it is no longer of value; and if transfusion is performed without it is at least superfluous. If the operation of total extirpation of the uterus is performed in cases in which any other method of operative treatment would be fruitless or impracticable, then, so far as Rokitanaky was able to judge from his own observations, and from the study of the literature of the subject, for the life of the patient, nothing was gained; but if total extirpation were carried out when a less dangerous operation would have sufficed to remove all the affected parts, then to expose a woman to the great dangers of extirpation must be characterised as inhuman.

In case of adenoma, the prognosis for the time at least would be favourable; at the same time, carcinoma not infrequently developed in the course of the disease. As the patient was very anæmic it was decided not to adopt any middle course of treatment, such as intra-uterine cauterizations or injections, but at once to proceed to an energetic, and in case of adenoma, reliable method of procedure, viz., scraping out of the fundus uteri by means of the curette, and following this up immediately by intra-uterine injections. Rokitanaky preferred the curette to Simon's sharp spoon, and frequently used curettes that in a handle could be fixed in any position at pleasure. The operation could thus be undertaken in any position of the patient. It would be most convenient, however, to operate with the patient on her left side. The vaginal portion is first exposed in the usual manner; if the uterus is sharply flexed on its axis the passage of the sound or curette is rendered easier or possible by fixing a tenaculum in the vaginal portion and making gentle traction in a suitable direction. The curette would then pass easily. He does not dilate the cervix before using the curette; he begins with the finest, about the thickness of the ordinary uterine sound, and passes on to the larger ones. Narcosis is necessary only in the most sensitive patients; he himself generally operates without. The operation appears not to be particularly painful; most women bear it without much expression of pain. So long as the soft

diseased mucous membrane is scraped no sound is heard, but when the healthy uterine structure is reached, a feeling is experienced as if cartilage were being scraped, and a sound is heard generally quite plainly. After the diseased structures had been all removed and the uterus washed out, two Braun's syringefuls of liq. ferr. perchlor. were injected into the uterine cavity. Microscopic examination of the mass scraped off showed it to be adenoma uteri. The course of recovery was free from reaction; the hæmorrhage did not return. In two weeks the patient was discharged cured.

Department of Lunacy.

THE CUMBERLAND AND WESTMORLAND LUNATIC ASYLUMS.

DR. J. A. CAMPBELL, Medical Superintendent of the Cumberland and Westmorland Lunatic Asylums, reports that it contained 440 patients on the first day of the present year, and was practically full. Large additions which will greatly increase its accommodation both for male and female patients are now in progress. The Commissioners in Lunacy who inspected the establishment on the 8th of April, 1881, concur in the opinion expressed by their colleagues at the previous visitation, that the extreme quietude and good order which prevailed in the asylum are due both to the amount of out-door exercise the patients are given, and also to the fact that the noisy and troublesome cases are not all congregated together in one ward on each side. In the statistical tables attached to the report of this asylum the system of the classification of mental diseases proposed by the late Dr. Skae, of Morningside, is adopted, and along with it there is another table in which the cases are classified somewhat in accordance with the system of Esquirol. Dr. Skae's system was mainly an etiological one, and therefore all who possess the report are tempted to compare the table of forms of insanity in which this system is adopted with another table setting forth the ascertained causes of insanity in the cases admitted. Such a comparison reveals some curious discrepancies and inconsistencies, which may perhaps be quite reconcilable, but which on the surface, rather discredit Dr. Skae's arrangement. Thus in the table of forms twelve cases of puerperal insanity are set down, whereas in the table of causes only eleven cases are attributed to child-birth. In the table of forms again thirteen cases are called climacteric insanity, while in the table of causes only two cases are ascribed to change of life. Four cases of the insanity of masturbation are recorded, but only two cases are traced to secret vice. Seventeen cases of senile insanity are reported, but only ten cases are etiologically connected with old age. There are large gaps in Dr. Skae's table. Under several of the forms of insanity no instances are reported, while nineteen cases are entered as idiopathic insanity, whatever that may mean, and four as being unclassifiable, but of sthenic and asthenic type. In the other table founded on Esquirol's classification, there is at least no unclassifiable residuum.

A MODEL LUNATIC HOSPITAL.

THE Commissioners in Lunacy, on completing their official inspection of Barnwood Lunatic Hospital, at

Gloucester, report that, on each recurring visit they find improvements completed or in progress, and an evident desire on the part of the committee, as of the superintendent, to render the hospital as perfect an institution for the treatment and care of the insane as it is possible to arrive at. Recent improvements have included a new recreation hall, which is described as spacious and handsome, a new conservatory, a new billiard room, and an extension of living accommodation, which will enable a large number of patients to be received, besides increasing the comfort and convenience of those who are already resident in the hospital. All these improvements have been paid for out of the margin of profit which remains when the working expenses of the establishment have been met. The rates of board charges are most moderate, the dietary is generous, the salaries of the officers are liberal, and the entertainments are sumptuous, and yet a profit of upwards of £4,000 a year is realised. The general committee is justified in saying "Barnwood House may now be considered to be a flourishing institution. The vacant beds will no doubt be filled before many months have elapsed, since no month has hitherto passed without patients being refused admission from want of room." The committee add that they are well aware that the progress of the Asylum is chiefly due to the admirable superintendence of Dr. and Mrs. Needham.

THE ASSOCIATION OF LUNATICS WITH CRIMINALS IN AMERICA.

THE Managers of the New Jersey State Lunatic Asylum at Trenton, in their recently-issued annual report, earnestly urge the members of the Legislature and the citizens of the State to visit the Asylum that they may inspect the arrangements made for the benefit and comfort of the patients, and at the same time witness one of the grossest of outrages. This outrage consists in the association of lunatics with criminals. No matter how sensitive and refined the sufferers from mental disease may be, or how pure and sheltered the home life to which they have been accustomed may have been, they are confined by law under the same roof with the most vile and degraded convicts. The law which permits such a disgraceful state of matters has been the subject of repeated protests by the managers and medical superintendent, but it still remains unrepealed.

EVENING ENTERTAINMENTS FOR THE INSANE.

THE venerable medical superintendent of the Pennsylvania Hospital for the Insane, Dr. Thomas L. Kirkbride, enlarges, in his Report for 1881, on the value of constant evening entertainments for the insane. Every year, he alleges, gives new evidence of the usefulness and importance of the systematic mode of passing the evenings which was adopted in the Pennsylvania Hospital more than thirteen years since, and which has continued during that time at one of the departments—and nearly the same at the other—without the omission of a single evening during the nine months from the 1st of October to the 1st of July every year; the other

three months of warm weather being regarded as a vacation, and the exercises being less frequent. A very careful and extensive observation on this subject with nearly every class of patients has long since satisfied Dr. Kirkbride that with the proper kind of entertainments and means of passing the evening—which, it must be remembered, during much of the winter embraces a period of at least four hours—such as can readily be provided in any institution where there is even a moderate degree of enthusiasm and the proper interest in the subject, the patients feel not a little the omission of an entertainment a single night, and any one who will take the trouble to walk through the hospital during such an omitted evening will readily detect the changed appearance of the wards and their occupants. In the Pennsylvania Hospital much of the work in providing these entertainments has always been done by the medical staff, and although, when added to their other duties this imposes not a little labour on them, they have been amply rewarded by the amount of information they have gained in their preparations and the facility they have thus acquired for public speaking and lecturing.

Special.

ROYAL COLLEGE OF SURGEONS OF IRELAND.

ON Saturday, the 3rd instant, the annual meeting of the Royal College of Surgeons of Ireland was held at the College, Stephen's Green, at 12 o'clock. An unusually large number of Fellows were present. The chair was taken by the President, Dr. Chaplin. A report from the Council recommended the expenditure of a sum of £3,000 in building a new physiological laboratory, and in improving the general condition of the surgical school connected with the College. Dr. Robert McDonnell moved, "That, in the present condition of the College and its finances, it is inexpedient to incur the large expenditure proposed for school purposes, and we therefore recommend that this part of the report be referred back to the Council for reconsideration." Dr. Darby, of Bray, seconded the resolution. Dr. Wharton moved the following amendment: "That the Fellows are of opinion that, in the interests of the College, and in accordance with its charter, the Council is bound to maintain the school of the College by every means in its power." Dr. Martin, of Portlaw, seconded the amendment. A long debate followed, in the course of which the resolution was supported by Dr. Pearsall, Dr. Corley, and Dr. Carte; and the amendment was advocated by Dr. Whistler, Dr. Macnamara, Dr. Brunker, Dr. Charles Cameron, Dr. Edward Hamilton, and Dr. Kidd.

The arguments for the resolution were chiefly that there were already existing apartments which could be made available, at a small expense, for the purposes indicated by the report; that the project recommended by the Council might cost a good deal more than £3,000; and that the financial condition of the College was not at all such as to justify such an outlay; that, having regard to the condition of the finances of the College, the sums they had already expended on their museum and library, and the fact that for thirteen years they had been spending £200 a-year on the school, further outlay upon it would be imprudent; that the examiners were at present underpaid; that to improve the museum, and make the library more available to Fellows

resident in the country, and to bring over, occasionally, distinguished lecturers, like Dr. Brown-Séguard, would be a wiser expenditure; and that, having regard to the existence of several other schools, and the working of a principle of free trade in respect of them, the time had come when it was no longer desirable to have a school in connection with the College. In support of the amendment, it was urged that the charters of the College distinctly contemplated the maintenance of a school of surgery in connection with it, and that it was the duty of the Council to maintain that school in a condition of the highest excellence—to make it, in fact, a model school; that either that should be done, or it should be abolished altogether; that if the latter alternative were adopted, there would be no guarantee for the existence of private schools, many of which had collapsed in the course of years, and no guarantee either that the teaching of such private schools as should continue in existence would be up to the mark; that the practice in Edinburgh, Paris, Berlin, and in all the principal centres of instruction on the Continent was to keep the schools in connection with the great universities on under the supervision of the State, and that free-trade educational establishments were not tolerated for such a science as surgery; that the College had received much public money for the support of its school; that the required improvements were not likely to cost more than £3,000; that for the last three years the College had had a surplus income of more than £400 a year; that it had now £1,500 in bank, and having regard to the receipts of the school, the financial arrangements necessary for the proposed outlay would not involve an extra annual charge for interest, &c., of more than about £22; that in the face of competition, and of the recent creation of a new university, it was more than ever desirable that the surgical school should be kept up; that without the proposed improvements the high-class teaching of the present day could not be given in it; and that to allow it to go out of existence would be a breach of faith with Professor Cunningham, the recently-elected Professor of Anatomy, who had been brought over from Edinburgh. Cunningham and all the other candidates had been told that the Council was a shifting body, and that they should look into their tenure of office. The debate lasted from 12 o'clock until 4 p.m., and on a division the amendment was carried by 71 votes to 39, exclusive of tellers. It was then passed as a substantive resolution, and the proceedings closed with a vote of thanks to the President. We hope to give a full report of the proceedings in our next.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

LUNACY AND DIVORCE.—At the meeting of the Académie de Médecine M. Blanche read a report which he had made to a committee of the Chamber of Deputies relative to the question as to whether mental alienation should not be considered a sufficient and just cause for the application of the law of divorce. M. Blanche being called before the committee, replied in the negative, for several reasons, of which amongst others I may mention, 1st, that in a great number of cases the misfortune might be avoided if, in projected marriages, time were taken to weigh properly the responsibilities about to be incurred on both sides, and if the serious question of health were not sacrificed in the most reprehensible manner to name, position, fortune, &c.; 2nd, that in other cases equally

numerous the period of the disease in which the incurability is positive is generally of short duration; 3rd, that in those circumstances where the misfortune could not either have been foreseen or avoided the reciprocal duties of the husband towards the wife and the wife towards her husband, far from being able to be considered as having no longer *raison d'être*, become, on the contrary, greater and more sacred. M. Blanche showed by examples taken from different degrees of mental disease that the medical man should always pronounce on the prognosis of these affections with extreme reserve, for recovery has been observed frequently where it was least expected or considered possible. M. Charcot, consulted on the same subject, replied in the same terms, and this amendment to the Divorce Bill was withdrawn.

INTER-CRICO-THYROID LARYNGOTOMY.—At the Société de Chirurgie M. Despres opened up the subject discussed in last week's meeting. Having examined the reports of the "Transactions" of the Anatomical Society, he was ready to show that inter-crico-thyroid laryngotomy was far from being a trustworthy operation, and had often been followed by grave accidents. He cited a case that proved unsuccessful in the hands of M. Verneuil: to pass the tube two rings of the trachea had to be divided, and the patient having succumbed, the autopsy showed that the point of the tube had ulcerated the brachio-cephalic trunk. Millard and Richelot, who, in 1859, affirmed that tracheotomy was a simple and easy operation, exempt from danger, would be surprised to hear it pronounced to-day a terrible operation, extremely difficult to do, and very often attended with grave consequences. As for him, he considered that this new surgery was not worth the old. He had performed tracheotomy fifty-six times, and never had he seen any accidents follow. M. Verneuil maintained that in the adult tracheotomy was a difficult operation.

RECTO-VAGINAL FISTULÆ.—M. Tillaux related his experience in reference to difficulties encountered in the treatment of recto-vaginal fistulæ, and the unsatisfactory results obtained. Out of four cases he could only report one complete success, which was that of a young woman from St. Petersburg, where she was operated on three times unsuccessfully. She came to France expressly to demand a fourth operation. M. Tillaux largely pared the edges, taking the greatest precautions for the sutures. A pair of forceps which included between its branches the recto-vaginal mucous membrane was specially prepared and applied; thus the newly operated on fistula was maintained and protected against the passage of gas. A sound was introduced into the rectum, but could not be supported; however, the forceps was well borne, and the patient made a good recovery.

GOITRE.—Dr. Danon, in his *thèse* thus reviews the treatment of suffocating goitre:—Medical treatment (iodine *intus et extra*) only succeeds in glandular hypertrophied goitre, and perhaps sometimes in the cystic tumour of recent date, small, soft, and superficial. When the goitre is recto-sternal mobile, the surgeon should endeavour to raise the tumour with his fingers and seek to retain it in that position by means of four pins thrust into the goitre, or by the metallic drain invented by Fauvel. This operation is termed "suspension" of the goitre. When the tumour is cystic, and does not present immediate danger of suffocation, the operator can choose between subcutaneous puncture, which is only palliative, cauterisation, which occasions always great pain, prolongs the treatment, and leaves ugly cicatrices, injection of iodine, which produces for some days after a swelling of the tumour that might be dangerous, interstitial or subcutaneous injection of iodine, according to the method of Velpeau, or finally, the metallic drainage, to be followed by the elastic drainage.

In *solid* goitre, after having tried internal treatment, the choice will only be left between interstitial injection and drainage. In vascular goitre ligature of the thyroid arteries might be attempted, or injections of perchloride of iron. When the goitre is cystic, and suffocation imminent, it should be tapped if it is soft and superficial, and a drainage tube placed. If the tumour is solid, and the attacks of suffocation frequent, extraction of the thyroid gland is the only resource. Tracheotomy should be reserved for cases where the life of the patient is in immediate danger. Igni-puncture and interstitial injection of chloride of zinc have been recently employed with good results, but the cases require to be more numerous in order to be able to accept this treatment in a definite manner.

INFANTILE CONVULSIONS.—The adopted and regular treatment of M. Jules Simon, of the Hôpital des Enfants Malades, for infantile convulsions is as follows:—On arrival the first thing he orders is an injection of salt and water, salad oil, or glycerine, or honey, which he administers *himself*, as he has too often observed that the parents or the nurse have already lost their wits. If the teeth can be opened sufficiently a vomitive is given which clears the stomach of any food that could not be digested—the most frequent cause of convulsions. However, the attack continues but soon ceases on applying a handkerchief, on which a few drops of chloroform are poured, to the mouth, which the child inhales largely. If the convulsions reappear the anæsthetic is renewed, and the child is placed in a mustard bath for a few minutes and then wiped dry and placed on his bed properly wrapped. Chloroform might be again administered if, after an interval, the child was seized again, and before leaving the nurse M. Simon prescribes a four ounce potion containing sixteen grains of bromide of potassium, one grain of musk, and a proportional preparation of opium, for he does not believe that the brain is congested in these attacks, it is rather excited, and the opium acts as a sedative. A teaspoonful of the mixture is given several times a day. On the following days the child is generally restless and irritable and ready to be attacked again, but a small blister about an inch square is applied to the back of the neck and left on about three hours, when it is replaced by a poultice of linseed meal, and gives most satisfactory results. M. Simon, in terminating, says "such is the treatment that I have instituted in my practice of every day."

CÆSAREAN SECTION BY A MIDWIFE.—Last week a midwife was prosecuted for having practised illegally an operation (the Cæsarean, no less!), in one of the departments, and fined fifteen francs. The punishment at first sight may appear ridiculous, but under the circumstances was sufficiently adequate. It appears that, having been called to a woman in labour she found that before she reached the house the patient had died undelivered. The priest, who was present, insisted on the midwife extracting the child in order to baptise it. This the *sage femme* refused to do, but when she heard of the eternal death that an innocent unborn babe would be condemned to she yielded, and with a razor that the *curé* handed to her she succeeded in extracting the child, which after having been baptised, was replaced with the mother. I have not been able to ascertain how long after the death of the mother the child was taken out, or if it gave any signs of life when extracted, or if any attempts were made to resuscitate it beyond the few drops of water thrown on its face. On the contrary, from the evidence at the trial it would appear that when the clergyman had nobly performed the duties of his church and obeyed the dictates of his conscience, the foetus or infant was abandoned to its fate.

TANNIC ACID AND LAUDANUM IN CHRONIC DYSENTERY.—

Dr. Gallico recommends in the treatment of chronic dysentery tannic acid and laudanum in enema. Twenty grains of the acid with ten drops of laudanum in half a pint of water is administered every day for about a month, or until the symptoms commence to abate. In order to keep up the astringent effect a three per cent. solution of iron might be injected after the suspension of the tannic acid, for some time at intervals.

The Mineral Waters of Europe.

THE "MEDICAL PRESS" ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.
President of the Pharmaceutical Society of Ireland, Lecturer
on Chemistry, Carmichael College of Medicine, &c.

WITH

NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P. Lond.
Lecturer on Materia Medica and Therapeutics at the London
Hospital, Physician to the Hospital for Diseases of the
Throat, &c.

(Continued from page 465.)

BARÈGES.

THE curious and interesting series of waters of the Pyrenees may be said to culminate in the springs of Barèges, which possess a composition of a well-marked and distinct character. They are all sulphur waters. The long street which constitutes the town of Barèges and its surroundings are dismal in the extreme. It is the most elevated watering-place in Europe, which makes the climate cold and variable. Dr. Madden says: "None but those who absolutely require the waters are to be met with in Barèges, for nothing else could, I think, induce any one to pass a single week in the village." Dr. Candellé says: "*Ce village composé d'une longue rue d'aspect assez triste.*" Again, "*La sulfuration est d'une grande stabilité, aussi ces eaux sont-elles reconnues comme le plus énergiquement excitantes de toute la chaîne,*" &c. It seems that from this last reason thousands of visitors congregate here during the season. There must be something peculiar about a water which can attract under such dismal surroundings. Every visitor is a true invalid. The importation of the Barèges water bottled should be enhanced where such a water is required. The bottled condition is almost its proper application. We should have liked to have had facility for examining this water in quantity, as the existing analysis is not, in our opinion reliable, or at least, it does not bear any resemblance to the water which has come into our hands, and which is labelled *Eaux Sulfureuses Naturelles de Barèges, source du Tambour—Sulfureuse, Chlorinée, Silicatée.*

We find that Barèges contains—

	Grs. per gallon.
Sulphate of calcium ...	1.70
Sulphide of sodium ...	7.15
Sulphate of sodium ...	5.75
Chloride of magnesium ...	1.21
Chloride of sodium ...	3.00
Free alkali determined as hydrate of sodium ...	1.90
Silica ...	8.66
Iron ...	0.40
Ammonia, albuminoid, trace (0.018)	
Organic matter, crenic acid, &c. (called Barègine locally) ...	1.20
Strontia, trace	
Total solids ...	30.97

The alkali which reacts upon the phenol-phtalein is probably combined with silica.

Skeleton Analysis of $\frac{1}{2}$ a pint (10 ounces fluid).

Total Solids.	Purgatives.	Salines.	Antacids.	Sulphides.
2 grs.	4-10th grs.	2-10th grs.	1-10th grs.	4-10th grs.

These results differ so much from the published analyses by M. Longchamp that we reproduce his here:—

Sulphuret of sodium ...	...	3.60
Sulphate of sodium ...	...	3.84
Chloride of sodium ...	...	3.07
Silica ...	...	5.19
Lime ...	...	0.22
Magnesia ...	...	0.26
Soda ...	...	0.39
Total solids ...	...	16.57

THE SULPHUR WATERS OF THE PYRENEES.

The relative strength of the waters of the low and high Pyrenees has been compiled from the analysis found in Dr. Candellé's book. They are all very similar in character to the Barèges waters, and it is only necessary to present to our readers the amount of sulphides to each, and we give all the necessary information:—

	Sulphides per gall.
Eaux Chaudes (<i>Source Baudot</i>) ...	0.087
Barèges Le Tambour (<i>the strongest</i>) ...	0.4
Other sources, about ...	0.2
Barèges La Chapelle ...	0.2
Saint Sauveur ...	0.25
Cauterets, various sources, about ...	0.15
Amelie les Bains ...	0.20

We shall close our list of sulphur waters by—

Bonnes.

The Bonnes waters were examined in 1877 by Prof. Attfield, and we therefore give his results. It will be seen that these waters, according to that analysis, differ very much in character to any previously examined. In the antecedent waters the sulphuration was due either to sulphide of sodium or calcium. In this water it seems, according to the analysis, to owe its activity purely to the sulphide of hydrogen. Even if this water is active when taken at the source, it is evident that such waters are not suitable for bottling. It contains per gallon—

	Grains.
Chloride of potassium ...	2.40
Chloride of sodium ...	17.59
Sulphate of sodium ...	2.86
Silicate of sodium ...	5.28
Sulphate of calcium ...	11.14
Magnesium (trace)	
Lithium (trace)	
Nitrates (trace)	
Phosphates (trace)	
Total ...	40.29

Sulphuretted hydrogen $\frac{1}{2}$ cubic inches per gallon.

Skeleton Analysis of $\frac{1}{2}$ a pint (10 ounces fluid).

Total Solids.	Salines.	Antacids.	Purgatives.	Sulphides.
$2\frac{1}{2}$ gr.	$1\frac{1}{2}$ gr.	0	9-10ths of a c. inch of H ₂ S.	$\frac{1}{2}$ gr.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, JUNE 7, 1882.

PROFESSIONAL RIGHTS IN RELATION TO POST-MORTEM EXAMINATIONS.

A CONSPICUOUS illustration of the unintentional difficulties placed in the way of medical progress by the uncertainties of the English law, has recently been afforded in proceedings instituted against the medical officers of the Great Ormond Street Hospital for Children. These proceedings arose out of complaints made by the mother of a child which had died soon after admission to the hospital, and which had been submitted to post-mortem examination—absolutely essential to enable the cause of death to be ascertained—without previous consent of the parent. It will be unnecessary to recapitulate the details of the case; they have already been published in these columns; but its issue involves a principle of such vital importance to the future advance of medical science, that no excuse need be offered for entering at some length on a consideration of the influence likely to be exerted on the profession and on the public by a continuance of the present unsatisfactory state of affairs.

Mr. Flowers, the magistrate before whom the summons above referred to was heard, delivered his decision in respect to it on Friday last, having taken a week to consider what course should be pursued. The result is, so far, good; the charge against Dr. Money has been dismissed, but on such grounds as must tend to encourage, rather than deter from, future repetition of such annoyances. According to the newspaper reports of the case, Mr. Flowers said it was a question as to whether he

ought to send the defendant for trial for a misdemeanour at common law for holding a post-mortem examination on the body without having first obtained the consent of the parents. Although the Act did not perhaps quite apply, yet the case of “Lett v. Pine” enabled them to see what the judges held to be the law. Chief Baron Pollock said, “There was nothing wrong in making an examination of the body. The offence happened when interference took place with Christian burial.” Mr. Besley, at the last hearing, doubted whether those words fell from the lips of the Chief Baron; but it was so. Under the head of offences connected with the human body, there was a law which imposed imprisonment for two years for interference with, or indignity to, a body, whether buried or not. In the present case there could be no indignity, as the body was placed in a coffin strewn with flowers, and so handed over for interment. He did not, however, think that there should have been a post-mortem examination of the body, unless the consent of the parents had been obtained; but they must all remember that there was no property in the human body. He therefore dismissed the summons against Dr. Money.

It will therefore be seen that though in this particular case a single magistrate has decided against committing the offending physician for trial on a charge of “misdemeanour at common law,” he nevertheless thinks the consent of the parents is *necessary* to legalise the examination of the dead remains of patients deceased without accurate diagnosis of the cause of death having been made out. The ruling of Chief Baron Pollock quoted by Mr. Flowers, cannot be trusted to shield any future transgressor who follows in the path pursued by Dr. Money, for though it undoubtedly extenuates the crime (!) it is nevertheless only an extenuation, since the letter of the law unmistakably insists on consent as a preliminary to post-mortem examination.

It is, of course, impossible that any person of ordinary intelligence should fail to perceive the anomaly of existing regulations in this matter. On the one hand, the Registration of Births and Deaths Act demands that a certificate, setting forth the cause of death, *shall, under a penalty for refusal*, be given by medical men in every case attended by them; and, on the other hand, is the equally stringent requirement that when such medical men are unable to certify the cause of death without first examining the body of the dead, they shall make no autopsy without the consent of the nearest relatives of the deceased. With these conflicting statutes there would be no reason to complain, however, if there were universal agreement of opinion as to the necessity existing for perfecting the science of medicine. If everyone was convinced of the obligations owed by the living to the yet unborn,—obligations of the highest and most peremptory description, and which make it a sacred duty that we, who owe our present knowledge to the researches of those gone before, are equally bound to do for those who will succeed us the utmost in our power to extend the realms of science,—then there would be no cause to regret the imposition of any restrictions designed for protection of individual rights or interests. This Utopian stage, however, is far away as yet; and influenced by selfish;

ness, by ignorance, or by sentiment, the majority are ever ready to oppose obstacles to advance, while, at the same time, eager to avail themselves of benefits to be derived from the submission of others to the needs of investigation.

Progress in medical science is already severely hampered by the imposition of restrictions preventive of experimental study on living animals, and we have not far to look for proofs of the paralyzing influence of legislation in this respect. Of the modes remaining whereby research may be prosecuted, the most valuable is undoubtedly that of examining the effects of disease as exhibited in the dead; and to what extent our knowledge of lesions is advanced by this form of study it will be unnecessary to allude. Whatever, therefore, tends to limit the extent to which such observation proceeds, must unquestionably react detrimentally to the cause of medicine; and it behoves us the more, in consequence, to endeavour to remove every hindrance designed to circumscribe this field of research. Against ignorance pure and simple it is, perhaps, possible to contend with greater chances of success than can be anticipated from engagements with stubborn, obstinate resistance, or with sentimental objections, however caused. We can, at any rate, create in minds prejudiced by ignorance alone, a wholesome desire for such improvement in the means of cure at present possessed as shall in the end enable us to deal more successfully with illness and its consequences; and once the truth is appropriately placed before them, and appreciated at its due importance, there will be less occasion to complain of the opposition raised by unthinking persons against the performance of post-mortem examinations, of which they have been taught to judge somewhat the necessity. Any alteration of the existing law, however, will assuredly meet with bitter resistance from that large and excitable class of persons who are mainly influenced from the emotional side. Many of them, too—indeed, we may say the majority—are possessed of convictions which imperatively compel them to cling desperately to views engendered by thoughts and feelings that are the outcome of every impressionable and improperly educated nature. With all kindness would we deal with conscientious objections raised in these quarters; consider them with the respect they so richly deserve, because they are so thoroughly honest; and endeavour to remove the scruples entertained by creating trust where distrust reigns at present, by conveying enlightenment with regard to methods where ill-defined fears of disrespectful treatment are now rife; and by meeting such objectors on a common ground of respect and mutual goodwill, remove once for all the discordant feelings which mark the present relations between the profession and the class they represent. Some proceeding of this kind must be resorted to ere we can hope to contend successfully with the difficulty presented by the law as it now stands. In many cases it stultifies itself; in a vast number of instances it leads to direct misstatements, made for the sake of avoiding the nuisance certain to be encountered should post-mortem examination be insisted on before death certificates are granted; and thus the vital statistics of the country are, to a great extent, rendered worthless for indicating the prevalence of disease.

Until the importance of accurate diagnosis extends beyond the limits of medical circles, and its influence on the growth of medical science is recognised in law by the admission of a practitioner's right to satisfy himself in regard to it, there can be no guarantee that to the regret created by such obvious omissions, will not be added the constant annoyance of prosecutions trumped up against over-enthusiastic members of the profession who elect to risk personal discomfort rather than neglect the claims of their calling.

Such cases as that which has evoked these remarks have not been rare of late, and nothing in this last example tends to arouse hope that they will not recur again and again. It is, without doubt, *illegal* to act as Dr. Money has acted; and equally, without doubt, is it that every person of ordinary sense, and uninfluenced by baseless prejudices, regards the law which permits such action to be brought as imperatively needing amendment. Most of all, however, would we insist on this amendment as being demanded in the interest of humanity itself, since general post-mortem records of *all* doubtful cases would tend immensely to advance the healing art, and establish it yet more firmly on a lasting basis.

THE SCHOOL CONTEST AT THE IRISH COLLEGE OF SURGEONS.

THE combined attack of the private medical schools of Dublin for the destruction of the School of the Irish College of Surgeons was delivered with the full strength of the forces on Thursday last, and resulted, after four hours of debate, in a signal defeat of the assailants by a majority of 71 to 39. It will be recollected that the question was first raised on Thursday, the 25th of May, at a special meeting of the College, called to consider the following motion:—

“That the Fellows of this College having learned that certain recommendations of a Commission appointed by the Council have been adopted, are of opinion that the present financial condition of the College does not warrant the contemplated expenditure, and further, that the said Commission are informally appointed and improperly constituted, and that the Council be recommended to reconsider the matter.”

This resolution, it will be observed, aimed only at the alleged extravagance of the proposed expenditure, and a special meeting was called for its consideration, apparently because its proposers felt that their only chance of carrying it would be in the absence of the provincial Fellows. The move was, however, defeated by a motion to adjourn the question until the usual general meeting of the College, which took place on last Saturday, the 3rd of June. It would seem that those who had summoned the Fellows to discuss the money question saw that there was little hope of obtaining a favourable verdict thereon, so Dr. MacDonnell on their behalf at once tabled a notice of motion in the following terms:—

“That, keeping in view the present financial position of this College and the expenditure hitherto made, and now proposed to be made, on its school and buildings, the Fellows recommend to the Council carefully to consider the recommendations of the School Commission; and further express this opinion, that the time has arrived

when the Fellows should be called upon fully and deliberately to consider whether a School should still be maintained in connection with the Royal College of Surgeons in Ireland."

This motion, it will be seen, raised the vital issue whether the School should continue to exist as a department of the College, and upon this issue the contest of last Saturday was expected to be fought. When, however, the College met, Dr. MacDonnell changed front again, and moved:—

"That in the present condition of the College and its finances, it is inexpedient to incur the large expenditure proposed for School purposes; and we, therefore, recommend that this part of the report be referred back to the Council for reconsideration."

Here, again, we have the money question pure and simple, but Dr. MacDonnell expressly reserved his right to propose the motion of which he had given previous notice at a later stage of the proceedings. This, whether intentional or not, was a skilfully-contrived *ruse de guerre*, because it would have the effect of compelling the Fellows to spend their day in debating the minor question, and to leave over the more important issue for debate on another day, when the provincial Fellows were away. But the move was met at once by an amendment moved by Dr. Wharton, and seconded by Dr. Martin, of Portlaw, which challenged the opinion of the College at once as to the continuance of the School, and thus prevented the time being spent on the mere money question. The amendment was as follows:—

"That the Fellows are of opinion that in the interests of the College and in accordance with its charters the Council is bound to maintain the School of the College by every means in its power."

The debate on this amendment was a very one-sided affair, and resolved itself into a chorus of approval of the amendment and in support of the School. All the leaders of opinion in the College, saving Drs. MacDonnell and Corley, supported it, while the rhetorical efforts against it were miserably disjointed and inconclusive, and the vote of the College was a complete answer to the attack of the private schools.

The subject may now be considered disposed of, and it would be useless for us to occupy our space by details of argument. The College has heard the case and delivered judgment, and that fact is sufficient evidence that the attacking party completely failed to prove their case. We cannot, however, dismiss the subject without expressing our emphatic disapproval of the course adopted by the chief movers in the affair in sending broadcast to the Fellows a series of statements which the least care or consideration would have shown to be altogether erroneous, and which were couched in language of offensive innuendo. It was monstrous that a gentleman whose time is chiefly devoted to commercial matters, and whose knowledge of College affairs is all at second-hand, should come to the College to step into affairs "where angels fear to tread." It is still more intolerable that he should make a charge of illegal procedure against the Council, which the most cursory examination of the College minutes would have proved to be false. It is insufferable that he should attempt to dragoon the Fellows—as he did—into an acceptance of his figures, which

the examination of the College accounts proved to be totally unreliable, and to put upon them his interpretation of the law, which was flatly contradicted a minute afterwards by the professional opinion of the advising counsel of the College. The position taken by this gentleman was obtrusive; that taken by Dr. MacDonnell and a few others mistaken; while that occupied by others was self-interested.

We feel that where it is necessary to speak silence is pusillanimous, and we cannot escape the necessity of saying that, when Fellows of the College undertake—as they are perfectly right to do—to challenge the policy of the College, they ought to do so with accuracy of statement and propriety of expression, and we are indeed surprised that gentlemen who command esteem in other respects should deviate so far from this rule.

THE UNQUALIFIED ASSISTANT SYSTEM.

No. IX.

OPPORTUNELY for the purpose designed to be served by these articles, a case, already briefly referred, to was last week disposed of by Mr. Justice Manisty at the Central Criminal Court, and which affords most forcible illustration of the truths we have been insisting on. As no more convincing example of the evils to be expected as a necessary consequence of encouraging men to assume the responsibilities of practitioners in the absence of their right to do so, the history of Thomas Aiken Smyth may with advantage be referred to at some length. The offence for which this person is now undergoing a term of six months' imprisonment with hard labour consisted mainly in his having held himself out to be a duly qualified medical man, whereas he had no licence whatever to practise medicine. In pursuance of his trade of quackery, he occupied a house in Kennington Road, and on his door was fixed a plate bearing the inscription, "Smyth, surgeon." Among the patients unfortunately misled by this deceitful sign was a clergyman of the Church of England, afflicted, among other complaints, with cancer of the tongue and retention of urine, it being the latter symptom for the removal of which Smyth was especially consulted. His treatment of the case was such as might be imagined under the circumstances. Called to it first on February 24th, he did not pay his visit till the following day, and his patient not improving, he was again urgently summoned on the 27th, when, as before, he ordered hot flannels and laudanum. Subsequently, a competent registered practitioner having been called in, the nature of the mischief was at once recognised and the patient removed to St. Thomas's Hospital, where, however, all efforts to avert a fatal termination were unavailing, death from extravasation of urine occurring the day following the patient's admission.

It is impossible to avoid the conviction that the unfortunate deceased gentleman was, in this case, a victim to the unprincipled fraud perpetrated by Smyth; and indeed, that the one desire of the latter was to maintain deceitful appearances testified by his conduct and words, as reported by witnesses for the prosecution at his trial. According to the evidence of Mrs. Campbell, the wife of

the deceased, Smyth had represented himself as an M.D. of Queen's University in Ireland, and as being a member of the staff of St. Thomas's Hospital. It is much to be regretted that, in the capacity of a three months old student, he had some slight connection with the latter institution, and at the inquest held on the body of his victim, his fellow-students somewhat violently expressed the utter detestation in which they held his conduct. It needed not this proof, however, to assure us that as a body, medical students of the present day are animated by feelings of respect for, and attachment to, the profession they aspire to become duly qualified members of—feelings that lead them to repudiate any action calculated to endanger its *prestige* or wreck its importance. Certain it is, that Smyth, whom they deemed to have been guilty of highly disgraceful conduct, was roughly handled by his fellow-students, as has been said; and none probably more than they will derive satisfaction from the knowledge that his misdeeds have been fitly punished.

Apparently, the prisoner in this case was unable to see his crime in the right light, for his defence was mainly to the effect that, by reason of possessing a B.A. degree from Queen's University, and having had experience of medical work with his brother who is a registered practitioner, he was qualified to have charge of patients on his own responsibility. There is an unmistakable significance in the plea of experience, gained in the rôle of assistant, contained in this defence; and in deserves to be insisted on here. It has been already urged in an early article of this series that the ranks of quack doctors are largely recruited from the army of unqualified assistants. A great proportion of these in course of time are more and more hopelessly removed from all chance of eventual qualification. As year after year passes they are more and more incapable of remembering or of relearning the systematic work required for examination purposes; and with no resource but the profits derived from their illegal occupation, many of them are forced, when employment fails, to pursue the calling of the quack. The transition from unqualified assistant to unqualified practitioner is, indeed, an easy and a natural stage, and no surprise can be felt that so many do not fail to make it. While acting as the unlicensed deputy of a medical man the period of apprenticeship to quackery is really being passed; and experience gained, which, according to the future use made of it, will or will not enable its possessor to develop into a successful representative of the harpies who grow rich at the expense of the ignorant and the foolish. But it is a deeply humiliating reflection that we owe direct encouragement of such arch impostors to members of the very profession that is primarily the sufferer by their impositions. No denial of the fact is possible, though it may perhaps be asserted that only a few unqualified assistants do ever become those pests of society—unqualified quacks. There is, however, no ready means of verifying the truth of a statement to this effect; rather do facts and observations tend to prove that the opposite view is the more correct one, and that such offenders are enabled to exercise careful wariness of behaviour, and so escape the punishment due to them, solely because of the know-

ledge of what risks they run, gained during the assistant apprenticeship. Even the most successful employer of unqualified assistants must at times be called upon to "adjust" the relations existing between himself and the patients committed to the care of his deputy. Thus, when death calls for the production of a certificate in cases where the principal has not been in attendance, his signature is appended with the full knowledge of the assistant, who thus receives, through his employer, a lesson in treachery most useful to him in his after-career as a swindler. Moreover, the morality inculcated, not by such occasional incidents only, but by innumerable petty deceptions also daily necessitated in the practice of unqualified assistants, is of the most questionable kind; and what wonder can we naturally feel if, after long years of such conscience killing education, the pupil becomes an apt principal himself, hesitating not to extend the limits of illegality within which he has found his *quondam* employers ready to move? Seeing them so callous of evil, so ready to encourage fraud as every practitioner who relegates any of his patients to an unqualified assistant must needs be, can we be surprised if some, and not a few, such assistants show no hesitation in grasping any opportunity that occurs of entering on their own account on a career of closely similar deception.

No doubt Smyth's senses had been blunted to the enormity of his own sins by constant association with those who encouraged neglect of moral laws by permitting him to render them irregular services as an unqualified assistant. Nor is it difficult to understand how the acquisition of a few empirical facts respecting treatment seemed to him to represent a knowledge of medicine. Such moral obliquity as he exhibited might very well be associated with absence of very acute intelligence, while, at the same time it permitted the possession of a large share of the lower quality of "cuteness," which would, to his mind, stand in the place of learning. Hence the deplorable mistakes committed by him in the treatment of the unfortunate patient whose decease led to his committal for trial; and hence, too, the specious representation made by him in defence of his conduct. Painful as the incident necessarily is from the associations, technical and social, connected with it, some consolation is offered by the termination we have recorded. Six months of hard labour for a person unaccustomed to manual work is undoubtedly a rigorously severe sentence; in this case, however, it is by no means an excessive punishment, but it comes as a welcome indication of the fact that insulted justice has at length been roused to defend the safety of the people committed to its charge; and thus far the fate of Smyth may act as a salutary warning to others.

SURGEON-GENERAL W. A. Mackinnon, C.B., who distinguished himself during the Indian Mutiny and the New Zealand war of 1863-66, is to succeed Dr. Shelton as head of the Medical Branch, which includes the command of the Army Hospital Corps at Whitehall Yard. Mr. Mackinnon is an active and energetic medical officer, and for his courtesy towards the junior members of his own department deserves this promotion.

Notes on Current Topics.

Coagulation of the Blood.

THERE is of course some possibility that the controversy at present maintained concerning the origin of fibrin in the blood will result in a tangible gain to physiological science, but until we are supplied with a good deal more definite information concerning what they would have us believe they have made out, neither Professor Bizzozero nor Professor R. Norris can be regarded in the light of true discoverers. The latest in the field is now Professor Bizzozero, whose most recent contribution on the subject goes to prove absence of any coagulating power in leucocytes pure and simple, but that it resides in the "blutplättchen," by which name he elects to distinguish his special fibrin-element of the blood. It is, perhaps, a little tedious to be thus constantly reminded by investigators of the unfinished nature of their studies, unsettling, as they needs must be, to all inquiring minds. It would be surely more to the advantage of scientific progress were the observations leading to new discoveries at any rate so far concluded that something further than vague supposititious statements could be founded on them. For this reason we trust Professor Norris, of Birmingham, will not be seduced into departure from his determination to withhold further statements as to his views pending the appearance of his [promised work on the physiology and pathology of the blood. By restraining the impulse to reply at once to any fresh impeachment of his conclusions, and embodying their defence in a sustained thesis, each observer is likely to do more effectual, and certainly more valuable service, respecting this particular question. Indeed, we cannot but think generalisations have been too hastily formulated, and that the work of earlier physiologists has not received the amount of attention it is worthy of; for the recognition of a possible third corpuscular element in the blood was long ago credited by more than one microscopist. As the matter stands at present with many theorists, we have no certain guide to the truth; and this, we cannot help believing, because investigators think rather of securing priority for their claims than of giving them finality.

Morphology at Cambridge.

ON Wednesday last Mr. F. M. Balfour, F.R.S., was elected to the new chair of Morphology created in Cambridge University. The candidature of Mr. Balfour was unopposed, it being generally understood that in founding the new professorship the University had in view the fitness of Mr. Balfour to occupy the post. This graceful recognition of one who has within so short a time since his graduation reflected such distinction on his *alma mater*, will be accepted as a proof that Cambridge is not slow to reward those of her sons who are worthy of being specially acknowledged. It is no secret, however, that Mr. Balfour's love for his own University led him to cling to it at the expense of at least one highly valuable appointment elsewhere, the post of successor to Sir Wyville Thomson, of Edinburgh, having been placed at his disposal. As an original investigator he has, however, accomplished work which rendered the choice of such

distinctions almost a matter of course. As an embryologist he must rank foremost among English scientists; and as a teacher he is said to be earnest in work and beloved by his students. While congratulating the University of Cambridge on the honour accruing to it by reason of Mr. Balfour's association with it as a member of the permanent professoriate, we sincerely trust he may long be spared to add lustre to the glories surrounding an educational centre second only to its elder sister Oxford.

Death of Garibaldi.

THE death of the great Italian patriot Garibaldi, which occurred last Friday evening, must have an interest for every student of contemporary events; and there are probably few persons who will not experience a feeling of sorrow at the loss which the party of freedom has sustained in Garibaldi's decease. The accounts to hand of the sad event are rendered increasingly mournful by the description of the difficulty found in reaching his illustrious patient by the physician summoned at the last, a fog having delayed the passage of his ship for three hours. Garibaldi, however, had for a long time been in a precarious state of health, and most persons will have been more or less expectant of the end for some time past. In his will directions have been found respecting the disposition of his remains, which are to be cremated, and the ashes deposited in a cinerarium, which is then to be deposited near the graves of his two children at Caprera. This is just what might have been anticipated from the strong sound sense of Italy's great liberator; and we may venture to hope that the example thus set may not be without effect.

Crinolettes.

WE venture to refer to the new vagary of fashion styled "the crinolette," less because of any actual medical interest that it possesses than because of the medical interest of certain changes in dress which it apparently portends. The crinolette cannot with propriety be called the thin edge of the wedge of crinoline, but it may, perhaps, be correctly described as the first elevation on the ascent of that mountain of absurdity which was such a nuisance twelve or fifteen years ago. The crinolette is simply a ludicrous excrescence which gives an English woman the outline of a Hottentot, and must be highly inconvenient, being something in the nature of a birdcage stuffed under the dress and fixed in the region of the archaic bustle, but it does not in any way interfere with functional activity nor endanger health. With crinoline, however, the case is far different. That was not only a social vexation of the first magnitude, tending to the dissemination of nervous irritation by universal ruffling of temper and creation of embarrassment, but it was a cause of disease and a danger to life. By exposing the lower half of the body to currents of cold air and chilling it helped to set up various disorders, and to induce general debility, and by spreading out the inflammable materials of clothing in such a way that they were beyond control and almost beyond cognisance, it kept up a constant risk of conflagration whenever an open fire-place was approached. Many lives were sacrificed owing to crinoline-inflated skirts catching fire. It behoves all sensible women firmly to

set their faces against any attempt at the re-introduction of this pernicious fashion. Our modern culture is not good for much if it is not strong enough to put its foot down (to speak metaphorically, and in mixed metaphor too) and to burst once for all this big silly bubble of crinolette. Let the crinolette change its name and be popularly spoken of as the "Hottentot," and we predict that it will speedily cease to offend the eyes of those who, without any Grosvenor Gallery proclivities to the love of leanness, still admire the human form divine when unmillinered, and detest unsightly protuberances.

On the Determination of Sex in Generation.

THE *Philadelphia Medical Reporter* for May 6th contains an interesting paper on this subject by Dr. T. M. Harris, in which he calls attention to a theory that is by no means new, but which has about it an air of probability, viz., the sexually determining force in coition.

If the passion or sexual desire of the male is greater than that of the female, the result will be a female offspring; and, on the other hand, if the sexual desire of the female be stronger at the time of conception than is that of the male, the result will be the procreation of a male.

Being a breeder of Jersey cattle, the author's attention has been turned to this subject by the pecuniary interest involved. It is especially the case with this breed of cattle, that the males possess but little value, while the females are very valuable. Under these circumstances breeders naturally desire the propagation of females, and feel a certain degree of disappointment and dissatisfaction when they find a male where a female calf had been hoped for.

If the above theory be correct, the sex may be determined with a tolerable degree of certainty, at least in the animal creation; for we may keep such a number of males that they may never be overworked; in addition to this, we may keep them in such a condition of flesh and blood, by proper feeding and care, that they shall always be warm, strong, and potent in the sexual act.

We may then make assurance doubly sure, by keeping the female from the male until she shall have passed the meridian of sexual excitement and her desires for the male shall have begun to abate. When under all these conditions, if the above theory be the correct one, we should always secure a heifer calf. The author's observations have not as yet been very extensive; but he says they justify him in further trials. In regard to the human race, the contingencies and vicissitudes of life, both physiological and marital, would naturally tend to the equilibrium of the sexes. But there are notable exceptions.

Occasionally we find a family in which all the children are boys, and again another in which all are girls, and in both cases running through the usual number of children for a family. Now here is a field for the verifying or disproving of this theory. If it be correct, we should find, upon a careful scrutiny of the parents, that the family of boys should have a mother of strong sexual propensities, or what we would call an amorous temperament, while the father should be lymphatic and sluggish. Of course, the state of health of the parents should also be taken into the account. And so, in the family where we find

the children all girls, the opposite conditions should obtain with the parents. Dr. Harris's observations thus far, in this department, have rather tended to confirm the above theory, especially in the case of men decidedly past the meridian of life, and whose physical vigour is on the decline, marrying young, or comparatively young and vigorous women, the children from such marriages being almost uniformly boys. The case of illegitimate children might also be observed in its bearing on this subject, as the male, in this case, is usually the aggressor.

Presentation of Professor Billroth's Portrait.

AN interesting ceremony, gratifying, doubtless, to all concerned, and reflecting credit on two parties, at least, was performed, as we learn from the *Allg. Wien. Med. Zeitung*, at Prof. Billroth's clinic on the 5th ult. It consisted in the presentation of a portrait of the celebrated professor to the surgical clinic of the hospital with which he is connected, by the artist who painted it, Prof. Angeli. Assistant Dr. Wölfer, and Herr Block, a student, returned thanks for the gift, whilst the other students and former pupils took the opportunity of greeting their teacher in the most enthusiastic manner.

The Conversazione at University College.

THIS annual gathering of the profession, and of friends of the Hospital and College, which is usually looked forward to with considerable pleasure, was not lacking last Wednesday in its attractions, there being probably between 2,000 and 3,000 persons present.

The guests were received at the Flaxman staircase by the Deans, Messrs. G. Carey Foster, G. Croom Robinson, Dr. F. T. Roberts, Professors of Medicine, the Sciences, and Arts and Laws. On the portico was stationed the band of the Scots Guards, which performed a choice selection of music. Amongst the chief features of the evening was an admirable amateur concert given in the Botanical Theatre, where the principal executants were Dr. Roberts, Miss Adela Vernon, Miss Julia Wigan, Miss Beever, Mr. and Mrs. Price, and some of the College students. The arrangements were excellently carried out, and the attractions provided were sufficient to induce the company to remain until a late hour.

The Contagiousness of Tuberculosis.

At the last meeting of the Medical Union of Mittel-Holstein the following resolution was adopted:—"That the Medical Union of Mittel-Holstein, in consideration that tuberculosis is an infectious disease—whether it be propagated by fungi or by any other means—that it is capable of infecting by means of sputa, linen, beds, expired air, &c, declares it to be the duty of practicing physicians to notify patients suffering from the disease and those about them of the danger of infection, and to meet the danger by the use of disinfectants."

A PUBLIC meeting is to be held at the Society of Arts Adelphi, on Monday evening next, under the auspices of the Sanitary Assurance Association, when Sir Joseph Fayer, M.D., F.R.S., will preside, and Mr. H. Rutherford will deliver an address on "Sanitary Assurance from a Householder's point of view."

The Medical Population of the World.

ACCORDING to calculations made by the Medical Academy of Paris, there are at present 189,000 doctors scattered over the world. Of these there are 65,000 in the United States; 26,000 in France; 32,000 in Germany and Austria; 35,000 in Great Britain and its colonies; 11,000 in Italy, and 5,000 in Spain. Putting aside pamphlets and memoirs innumerable, it is estimated that 120,000 works have been published on medical subjects. Of the writers, 2,800 are American; 2,600 French; 2,300 German and Austrian, and 2,100 English.

A Virulent Outbreak of Small-Pox.

A TELEGRAM from Vienna reports the outbreak of a very fatal and virulent form of small-pox in Serajevo, the Bosnian capital, and its vicinity. From fifteen to twenty persons are dying daily of this terrible disease in the town hospital alone. The authorities refuse to permit telegrams to be forwarded on the subject, and everything is being done to conceal the real state of things, for fear of exciting a panic. The corpses of those carried off are buried quietly in the dead of night. Among the victims already carried off are a number of Government officials, some of whom were working in their offices up to within an hour of their decease. So sudden has been the epidemic, that in some quarters it is believed to be the plague, and not the small-pox. Some streets are entirely deserted, every house having been visited by the disease and lost one or more of its inmates. It will be interesting and highly important to have particulars in regard to the assigned causes of the epidemic; as to its relative incidence upon the vaccinated and unvaccinated; as to whether the epidemic is of indigenous origin or imported from without—if the latter, its original source, time of advance, manner of propagation, &c. Perhaps, also, further information may give us some particulars in relation to the degree of support afforded to the "germ theory" by this epidemic.

Co-existence of Scarlatina and Vaccine in the same Subject.

THE simultaneous development of two eruptive fevers in the same subject has been doubted by many celebrated men, but no less eminent persons than MM. H. Roger and Bergeron have demonstrated the possibility of its existence. The observations of Dr. Fabre are fresh proofs of the verity of the latter theory. Scarlatina in a child which was the subject of this phenomenon appeared on the second day of the vaccinal eruption, and followed the usual course. Thus the two exanthemata developed themselves simultaneously in the same subject; so the case of M. Fabre is an incontestable proof against the theory that the co-existence of two eruptive fevers is impossible in the same subject, which was first put forward by Hunter.

DR. GEORGE JOHNSON has been selected to deliver the annual Harveian Oration at the Royal College of Physicians of London, on Saturday, June 24th, at 4 p.m.

PRINCE LEOPOLD, Duke of Albany, has consented to open the New St. Peter's Hospital for Stone, in London, on St. Peter's Day, June 29th.

Meeting of the General Medical Council.

WE understand that the annual session of the General Medical Council will commence on Tuesday, June 27th; a meeting of the Executive Committee being held on the previous day to arrange details of the course of business.

Myotomy and Supra-Vaginal Amputation of the Uterus.

OLSHAUSEN, in consequence of his own favourable results, and those of others, particularly Schröder, warmly contends in the *Deutsch. Zeitsch. f. Chir.* for the intra-peritoneal treatment of the pedicle in uterine operations. In pediculated myomata the pedicle can be treated as in ovariectomy. The course must be different, however, in uterine tumours with broad bases, the ligature of which in several parts is either no longer possible or requires very much time, and is, at the same time, not answerable to the purpose, on account of the not inconsiderable hæmorrhage from the points of puncture.

Herr Olshausen recommends the method of treatment practised by Schröder, viz., the cutting out of a wedge-shaped piece from the neighbourhood of the base of the tumour, and bringing together the surfaces thus formed by suture. In cases in which, on account of the tumour implicating the uterus, or developing into the broad ligament, the excision of such a wedge-shaped piece is not possible, Olshausen has encircled the base, twice with success, with a strong ligature (india-rubber tubing, 5-8 mm.), fastened it by stitches, and then left it in the abdominal cavity. The first case was one of fibroid tumour, 9 kilog. in weight, with a stout pedicle, 18 cm. (cir.) in circumference; the second was a case of amputation of the supra-vaginal portion of the uterus.

The patients recovered, and experienced no inconvenience from the india-rubber tubing (previously well disinfected) that had been left behind. If this method of procedure is not, from a surgical point of view, idealistic, it is certainly the simplest and most practical, and for this reason may fairly take its place by the side of other methods, not excepting Schröder's wedge-shaped excision.

Olshausen has abandoned, for about the last two years, the process of washing out the abdominal cavity with thymol solution, as formerly recommended by him, as too dangerous. He himself has witnessed shock and death follow it.

INVITATIONS have been issued for the annual *conferenza* of the Royal College of Physicians of London, to be held on Wednesday evening next.

WE regret to announce the death, last week, of Mr. Thos. Griffith, L.R.C.P., who had been in practice at St. Helen's, near Liverpool, upwards of 21 years, from an overdose of chloral.

MR. JAMES R. LANE, F.R.C.S., having retired from the staff of senior surgeons to St. Mary's Hospital, Paddington, Mr. Edmund Owen, F.R.C.S., has been elected to fill the vacancy.

WE are asked to state that Captain Douglas Galton, R.E., C.B., F.R.S., has accepted the Presidentship of the Congress of the Sanitary Institute of Great Britain, to be held this year at Newcastle-upon-Tyne.

At the annual meeting of the East London Hospital for Children the report revealed the unpleasant fact that the gross pecuniary receipts were £7,633, as against £11,313 for the previous year, the falling off being in donations and legacies, and the expenditure £8,975, being £1,342 in excess of receipts. This hospital is situated in the poorest and most densely populated part of London, and is not supported by the benevolent to the extent either of its merits or requirements. The out-door accommodation is still quite inadequate to demands, and yet the committee has not wherewithal to increase it. We trust that this unfortunate state of things may be remedied when the attention of the wealthy is called thereto.

A SIMILAR state of impecuniosity exists also at another of the children's hospitals in London, viz., the North-West London Hospital in Kentish Town. Like the East London, it is also situated in a thickly populated poor neighbourhood, is in debt, and to our personal knowledge does good work among the poor, and deserves the attention of the wealthy. We trust the appeal put forth by its committee will meet with a liberal response, and prevent the threatened necessity of closing one of the wards.

THE highest annual death-rates in the large towns last week from diseases of the zymotic class, per 1,000, were—from whooping-cough 3·6 in Birkenhead, 2·9 in Bolton, and 2·7 in Bristol; from measles, 4·1 in Wolverhampton, 3·9 in Bradford, 3·6 in Portsmouth, 3·4 in Bolton, and 3·2 in Preston; from scarlet fever, 1·9 in Brighton; and from "fever," 1·2 in Birkenhead, and 1·0 in Hull. Of the 26 deaths from diphtheria, 13 occurred in London, 4 in Glasgow, and 3 in Edinburgh. Small-pox caused 12 deaths in London and its suburban districts, 2 in Nottingham, 2 in Leeds, one in Bolton, one in Oldham, one in Salford, and one in Hull. The death-rate was very excessive in Preston last week among infants.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Calcutta 29, Bombay 23, Madras 28; Paris 26; Geneva 31; Brussels 20; Amsterdam 25, Rotterdam 24, The Hague 22; Copenhagen 22; Stockholm 18; Christiania 14; St. Petersburg 54; Berlin 25; Hamburg 26; Dresden 23, Breslau 31, Munich 30, Vienna 34, Prague 38, Budapest 32, Trieste 32; Rome 41, Naples 34, Turin 26, Alexandria 35; New York 33, Brooklyn 25, Philadelphia 22, and Baltimore 23.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

ADVERTISING OF MEDICAL BOOKS IN THE DAILY PRESS.—*Appropos* of our paragraph on this subject in our last impression, we notice that, as formerly, the *Edinburgh Medical Journal* for June is advertised in the *Scotsman*. Now the

contents of a medical journal are surely quite as technical as those of a medical book, and it is difficult to see, if it be wrong to advertise a medical book, how it is right to advertise a medical journal. It surely requires the eccentricities of medical ethics to explain this. The contents of our valued contemporary are as follow:—"Ulcers and Eczema of the Lower Limbs," "Note on the Anatomy of the Pia Mater," "Diagnosis and Prognosis of Idiocy and Imbecility," "Case of Pregnancy in a Woman at the Age of Sixty-two," "Obstetrical Observations," &c. On most of these subjects it may fairly be held that nine-tenths of the public are as ignorant as they are on the differential calculus; but unless the advertisement came under the notice of people not thus ignorant, and interested in the journal, it is but fair to assume that it would not be repeated from time to time. According to some it is wrong to write a popular book on a medical subject and advertise it, while, according to others, it is equally blameable to write a technical one and advertise it. And, according to a third party, a numerous class in the medical profession, viz., those ignorant of the construction of the English language, it is wrong to write anything at all! "For ways that are dark and tricks that are vain," medical morality is truly peculiar.

DEFINITION OF APHASIA BY A GLASGOW "PROFESSOR."—"A condition in which the patient is able to pronounce everything (meaning words) but the nouns!"

DEATH-RATE IN GLASGOW.—For the week ending Saturday, 27th May, the death-rate in Glasgow was 28 per 1,000 of the population, as compared with a rate of 27 for the preceding week. The rate for the corresponding week last year was 22 per 1,000.

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 27th ult., was 79, and the death-rate 18 per 1,000. As usual, diseases of the chest accounted for fully a half of the mortality. Zymotic causes proved fatal in 15 cases, of which 6 were due to whooping-cough, and only 2 from measles, the weekly intimations of which disease have fallen from 147 to 88.

PROFESSOR GRAHAM BELL ON THE TEACHING OF DEAF-MUTES.—On Saturday, the 27th May, a large audience congregated in the Hall of the Watt Institute, Greenock, to hear Professor Graham Bell, of Washington, U.S.A., lecture on the Articulation System, whereby deaf-mutes are taught to speak, understand the speech of others, and be generally educated. Professor Bell said people had the idea that it was impossible to teach a deaf child to speak, because they noticed that all children that were born deaf were also dumb. But this notion was a mistake. How could they suppose that the children could speak if they had never heard a language. The vocal organs of the deaf were as perfect as other people's, and the deaf only required to be instructed in the mechanical motions of the mouth to be able to speak themselves. Glancing at the mental condition of the deaf, he said that man advances mentally by profiting by the experience of others, and to do that language was required. But the deaf child was cut off from that, so that his mind could only be developed by his own experience, and very slightly by the experience of others. As these children grew up their minds would remain very much as a child's, while they would have the passions of men and women. He had no hesitation in saying that uneducated deaf-mutes were dangerous to the community, and it was the duty of the State to look after them. Four little girls who are under the tuition of Miss Littlefield were then introduced to illustrate Professor Bell's theory. They could understand and reply to all that was said to them, and when their teacher spoke their eyes were riveted on her lips. It was shown that speech was not

necessary to make them understand—the mere motion of the mouth without sound was sufficient for them. They also wrote words, which their teacher pronounced, on the board in a free hand. Conversation was also carried on between the teacher and her pupils, and the smartness, brightness, and cleverness of the pupils elicited rounds of applause from the audience.

THE STREETS OF EDINBURGH.—Last year we drew attention to the dusty and unwatered condition of the streets in Edinburgh, but apparently without influencing the sanitary authorities in the matter. Surely this is a subject to which the health officer might properly direct his attention, and the wonder is that he has not done so before. Walking in Princes Street and the Bridges is attended with so much discomfort that no one, unless from absolute necessity, would run the risk of being blinded or choked with dust. Owing to its site, the town is exposed to wind from every quarter of the compass, which renders the necessity for watering the streets more imperative than in less exposed towns; yet this important duty is omitted by the Town Council. We hope that we may not have again to call attention to this important subject.

THE WATER SUPPLY OF EDINBURGH.—We are constantly supplied with reports of the amount of water sent into the town by the Town Council, but it appears that a little more attention might be paid to its distribution. There are houses in the more densely-populated parts of the town which have no water supply nearer than the street pump. Those who know the height of some of the houses in the High Street and other parts of the town will be able to appreciate the inconvenience of carrying water up ten storeys. It is difficult to get some people to keep themselves clean with water supplied close to hand; some consideration must therefore be shown for the dwellers at the top of 50 High Street, where we were called to a case of typhoid, if they are not as clean as they might be. In England, local authorities are permitted to supply water gratuitously to poor tenants. Is not this the case in Scotland? Is there no inspection in Edinburgh as to the proper distribution of water?

PRACTISING WITHOUT A DIPLOMA.—A person named James Edward McGuire, or James Contine McGuire (as he used both alternately), was last week summoned and fined at the Dundee Sheriff Court for "that he carried on the business of a medical practitioner in contravention of the Medical Act, 1858." Accused had assumed to possess the licence both of the London and of the Dublin Colleges of Surgeons. Whilst under examination, he admitted that he had only qualified under the Dentists' Act of 1878, and that even this was not registered, he being at the time unable to pay the registration fee.

UNIVERSITY OF EDINBURGH.—The *Senatus Academicus*, on the recommendation of the Faculty of Medicine, have awarded two Vans Dunlop Scholarships, each of the value of £100 per annum for three years, to Cecil Reddie, B.Sc., in the subjects of Chemistry and Pharmaceutical Chemistry; and to A. C. Younan, in the subjects of Anatomy, Physiology, *Materia Medica*, and Pathology.—The Trustees of the late Andrew Thomson, M.D., have awarded the Thomson Bursary of £25, tenable for four years, to Mr. George Ritchie Thomson, of Iona. They have also awarded a bursary of like value to Mr. William Bramwell Reid, of Wanlockhead, Dumfries, in recognition of the exceptional merit displayed in his examination.

CONVICTION UNDER THE ADULTERATION OF FOOD AND DRUGS ACT.—On appeal to the High Court of Justiciary, Lords Young Craighill and Adam held that the simple pro-

cess of adding water to milk would constitute an offence under the sixth section of the Act.

ILLNESS OF PROFESSOR SPENCE.—We regret to announce that Prof. Spence has been for some weeks past confined to his house from a serious illness, and that his class of practical surgery has to be conducted by his son. Two of his toes have, we understand, been amputated, and a report reaches us of the presence of pyæmia. The subject of this paragraph is another instance of the tardy recognition of surgical merit at the hands of Her Majesty's advisers, to which we drew attention last week. Professor Spence's reputation is so world-wide that we need not refer to it, but we would ask whether, had he been the subject of some Continental sovereign, his undoubted claims to public recognition would have been thus passed over? If a City tradesman happens to be Lord Mayor or Sheriff at the time a recreation ground or a new bridge is opened, a baronetcy or a knighthood is immediately bestowed, notwithstanding there is no pretension to a claim for the honour; but the medical man whose scientific attainments, discoveries, or operations have obtained for him the just admiration of all peoples is passed unhonoured by the Sovereign whose country's fame he has done so much to enhance.

Correspondence.

VIVISECTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The recent onslaught of the anti-vivisectionists upon legitimate scientific inquiry, and the letter of Mr. Lawson Tait in your issue of to-day, render any opinion, no matter how humble, of value with a view to the protection of physiological investigations. I therefore (albeit with great reluctance) append an extract from my opening address as President of the Drogheda Medical Society, delivered on August 7th, 1876. Mature consideration of the past six years has caused me in no wise to deviate from the opinion therein expressed.

I am, &c.,

FRANCIS E. CLARKE, M.D. Dub.,
M.K.Q.C.P.I., M.R.I.A.
May 17th, 1882.

Extract from Address above referred to.

"As regards vivisection, there can be no such thing as two opinions on the subject that the Great Creator, when he formed the various species of animal and vegetable life, as well as preserved the former from perishing in the Flood, meant them to be alone subservient to the use of the creature endowed with intelligence, whether used in the light of a dietetic, or in any other wise contributory to his welfare. And when we contemplate but for a moment the advance of science from time to time since the primeval periods of the world's history, we can view none that has advanced more than the theory of medicine, more especially since the rise of pathological anatomy, particularly comparative. . . . I claim that no profession has ever outstripped ours, not only in the energy displayed by her scientific sons, but in the practical utility of their discoveries, which have ever been proportionate with the circumstances of their times; and though equivalently with the warrior, the architect, or the engineer, our proportion has shone in ancient days, I maintain as strenuously as I do my first hypothesis, that of late years the strides made in pathological medicine have excelled not only in their depth of successful research, but more especially in their practical utility to mankind, all that ever preceded them. Harvey's patient thought has unfolded to us the mysteries of the circulation, and thence enabled others to tread successfully fields of science deductive by practical experiment, which otherwise never would have been revealed. Sir Charles Bell, Claude Bernard, Marshall Hall, Brown-Sequard, have all from time to time adduced those wondrous facts of nerve physiology and pathology which have laid the basis not only of all cerebro-spinal therapeutics, but have cleared up the diagnosis of the most obscure peripheral lesions. . . .

I cannot shut my eyes to the fact that to experiments on the lower animals whilst the vital functions are maintained are as much to be ascribed these crowning discoveries as to post-mortem dissection. Could Sir Charles Bell ever have unfolded to science the relative offices of the anterior and posterior spinal roots but for vivisection experimentation? Could Claude Bernard have taught us the action the stomach plays and the part taken respectively by the abdominal muscles and nervous centres but for similar investigation? What would we have known of the various phases of digestion and their causal influences but for the experiments of Ferriks, Spallanzani, Guellin, Prout, Dunglison, and others, who by series of experiments on living animals laid the basis of all our knowledge of the digestive apparatus which since the earlier experiments has been augmented by actual ocular demonstration in the case of St. Martin by Dr. Beaumont."

Obituary.

DR. THOMAS BEVILL PEACOCK.

THE circumstances surrounding the decease of Dr. Thos. B. Peacock were of a peculiarly distressing nature. He was, on Wednesday afternoon last, proceeding through the wards of St. Thomas's Hospital with a party of friends, when he was suddenly seized with unconsciousness and paralysis. He remained in this condition for about ten hours, and died at two o'clock on the following (Thursday) morning. This attack was preceded by a lighter seizure, which took place about four years ago, but from which the deceased physician speedily recovered. Dr. Peacock's death deprives the profession of one of its eminent lights, and of one who has for the last five and thirty years played a more or less prominent part in the history of medicine in this country. The late physician graduated in 1842 as M.D. of Edinburgh University and two years later he obtained the L.R.C.P. London, being elected to the Fellowship of the College in 1850. He was for some time associated in the capacity of physician with the Royal Free Hospital, whence he proceeded to St. Thomas's, being at the time of his death consulting physician to the latter institution, and also to the City of London Hospital for Diseases of the Chest, in Victoria Park. As an author, Dr. Peacock performed some very valuable work, his treatise "On the Malformations, &c., of the Human Heart," and his "Croonian Lectures on Valvular Disease," being sufficiently well known. As a pathologist, also, he ranked high, and in 1876 he was awarded the gold medal of the College of Surgeons for a collection of preparations presented to the Hunterian Museum.

DR. CAMPBELL, OF MONTREAL.

DR. WM. CAMPBELL, of Montreal, who died in Edinburgh on the 31st ult., was born in 1810, at Roseneath, in Scotland. He received his professional education at Glasgow University, where he graduated with the highest honours in 1831, and where the late Dr. Norman Macleod was his fellow-student and intimate friend. After visiting the hospitals in London and Paris, Dr. Campbell selected Canada as the sphere of his professional labours, and entered upon practice as a physician in Montreal. He was not long in establishing for himself a high medical reputation, not only in Montreal, but throughout the Dominion. He was in due course appointed Professor of Surgery in the McGill College, Montreal, and Dean of the Medical Faculty there. The Professorship he resigned some years ago into younger hands, but the office of Dean of Faculty he retained until his death. For many years Dr. Campbell has been regarded as the principal consulting physician in the Dominion. It is mainly owing to Dr. Campbell's recommendation that the village of Cacouna, on the lower St. Lawrence, has become one of the most important watering places on the American continent. There he built a villa for himself, and recommended it to his patients, and the once insignificant fishing village soon became the fashionable resort of Canadians and New Englanders alike. Dr. Campbell had for many years been well known and highly esteemed on this side the Atlantic by many, not only of his own profession, but of every class; and latterly no Scotsman of distinction, whether Duke or doctor, visited the Dominion without making his acquaintance and partaking of his hospitality. Dr. Campbell never took a prominent part in public affairs, but he entered actively into various commercial enterprises. For a long time he was one of the directors,

and latterly he acted as vice-president, of the Bank of Montreal, in the affairs of which great institution he took much interest. By the death of an elder brother, the late Mr. John D. Campbell, only a few months ago, Dr. Campbell succeeded to the family estate of Peiton, on the shores of Loch Long, and he revisited Scotland to arrange various matters connected with the property. He was to have returned to Canada in the same vessel with the Princess Louise on the 25th ult., but while staying with a son-in-law in Edinburgh he was taken seriously ill, and notwithstanding all that medical skill and attention could do, he passed quietly away on the 30th ult.

DR. G. C. PIRIE, OF DUNDEE.

WE regret to record the death of Dr. G. C. Pirie, medical officer of health for Dundee, which took place at his residence last week. Deceased was only fifty years of age when he was seized with a fatal illness. He was a native of Dundee, and prosecuted his studies at the University of Edinburgh, obtaining the degree of M.D. in 1853, and the L.R.C.S. Ed. in the same year. After practising about six years in Liff, Dr. Pirie removed to Dundee, where his professional skill and kindly and genial disposition soon secured for him a large practice. About 14 years ago he was appointed medical officer of health and police surgeon in succession to the late Dr. Cooper, and in the discharge of the duties connected with these offices he displayed marked care and assiduity. He took a warm interest in all efforts having for their object the improvement of the sanitary conditions of large towns, and his occasional papers on the subject, giving his experiences as medical officer of health for Dundee, always received, on account of his high professional reputation, great consideration. Dr. Pirie was Consulting Physician to the Glasgow Royal Infirmary, and up till quite recently he held the appointment of Surgeon-Major of the Forfarshire Artillery Brigade. His only published contribution to medical literature was a paper in the *Edinburgh Medical Journal* in 1878, "Notes of Cases of Spinal Curvature treated after Sayre's Method."

Literature.

LECTURES ON THE SURGICAL DISORDERS OF THE URINARY ORGANS. (a)

MR. HARRISON'S work, of which this is a second edition, does not profess to be a complete treatise on "The Surgical Disorders of the Urinary Organs." It consists of thirty-six lectures delivered at the Royal Infirmary of Liverpool. The text is instructively illustrated from pathological specimens contained in the museum of the Liverpool Infirmary. We cordially endorse the following references to the subject of spermatorrhœa:—"I have been asked, whether in very prolonged and aggravated cases of true spermatorrhœa it might be impossible to furnish proof by reason of the inability of the exhausted sexual apparatus to furnish the essential and characteristic element of natural semen. To this, with good reason, I would answer, it might be possible. But under such circumstances as these, I should expect to find some corresponding sympathy in other portions of the generative apparatus. And such evidence, the great majority of cases of alleged spermatorrhœa fail to afford. I do not purpose entering on the subject of treatment, it is sufficient for me to indicate how an examination of the urine carefully conducted, may enable you to distinguish between the true and the assumed disease. Let me give you one caution. If by your examination of all symptoms, and of such evidence as the urine will afford, you come to the conclusion that your patient has no grounds for believing that he is voiding unnaturally his spermatic fluid, do not abruptly accuse him of wilful self-deception. Remember that mentally, if not physically, his conviction is a morbid one, and that he requires just as much counsel as if he were suffering from any other affliction. If a person is weighed down by the dread of some imaginary disorder, you will not gain his confidence by telling him, without explanation, that he is deceiving himself. You will, by so doing, rather drive him into the hands of those by whom his fancies will be encouraged, and his alarms intensified. He requires re-

(a) "Lectures on the Surgical Disorders of the Urinary Organs." By Reginald Harrison, F.R.C.S. London: J. & A. Churchill.

assurance, and this you must give him, not by dissembling, but by such a rational explanation of his conditions as an educated medical man is capable of affording." Mr. Harrison is not favourable to Dr. Ottis's method of treating stricture of the urethra, preferring rather, particularly in the initial stages, gradual dilatation by bougies. The twenty-ninth lecture opens with the following doubtful exordium: "I shall to-day speak of, and demonstrate, an operation which has its origin in divine ordinance, having been practised both by priests and surgeons since the day it was enjoined upon mankind that the males should be circumcised." The concluding chapter of the book, "On Varicocele" is too fragmentary. Mr. Harrison, it appears to us, does not sufficiently recognise the expediency of radically curing varicocele. It is not always so much of a "mental error" as he seems to believe. As to the palliative treatment recommended by him, it is merely trifling with the disease. There are several methods of radically curing varicocele, and these alone are worthy of any consideration. On the whole, these lectures form very instructive reading, are usually marked by careful observation and sound judgment, and we feel persuaded that they will prove acceptable to surgical practitioners.

THE ELECTIONS AT THE ROYAL COLLEGE OF SURGEONS, IRELAND.

In consequence of the interest attached to the result of the meeting held at the College on Saturday, and the presence of an unusual number of Provincial Fellows who remained in Dublin for the annual election of office-bearers on Monday, the voting was excessively heavy, no fewer than 176 Fellows having taken part therein. Dr. Barton was elected without opposition to the Presidency; but for the Vice-Presidency there was keen competition between Professor William Stokes and Dr. W. J. Wheeler, the latter being ultimately elected by a majority of twenty. For the nineteen seats in the Council there were over thirty candidates, the whole of the retiring members offering themselves for re-election. These on the scrutiny of votes were found to have retained their seats with the exception of Mr. Baker, and for the two vacancies Dr. A. H. Jacob, who had for some weeks previously resigned his seat to qualify for the Ophthalmic Professorship of the College, and Mr. H. G. Croy were elected.

THE VISITING SURGEONCY OF THE RICHMOND LUNATIC ASYLUM, DUBLIN.

This office, vacated by the death of the late Dr. John Hughes, will not be abolished, as some of the Board of Governors wished. The election has been advertised, but at a somewhat reduced salary. It is satisfactory that there is no intention to dispense with the services of a very necessary officer of this important institution.

Royal Institution of Great Britain.—At the General Monthly Meeting of this illustrious body, held on Monday last, June 5th, the following Vice-Presidents for the ensuing year were announced:—Warren De La Rue, M.A., D.C.L., F.R.S.; Hon. Sir William R. Grove, M.A., D.C.L., LL.D., F.R.S.; Sir Frederick Pollock, Bart., M.A.; William Spottiswoode, M.A., D.C.L., Pres. R.S.; George Busk, F.R.S., Treasurer; William Bowman, M.D., LL.D., F.R.S., Honorary Secretary,

Notices to Correspondents.

✚ CORRESPONDENTS requiring a reply in this column are parti-

cularly 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

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

F.R.C.S.—Yes; we have examined the first volume of the work in question, and are much disappointed with it. There are no merits of originality, but a good many defects; we do not think for one moment that it will take the place of existing treatises; the one you already have is infinitely superior.

AN AMERICAN.—The death-rate in New York has been declining during the past month. Scarlet fever and diphtheria are the diseases most prevalent, but the latter has decreased considerably.

ASSISTANT.—Some of the better class of medical agents keep a register, which you might do well to consult. We are aware of cases in which qualified assistants have had to accept lower fees because of the known presence of unqualified ones, anxious for employment on any terms. We are, however, of opinion that a really competent man can always command due recognition of his claims.

G. Z.—The number of letters received on the subject is very considerable, and each one would have been acknowledged had space permitted. Many—yours among others—contain very valuable suggestions, some of which have been made use of. The writer of the articles expresses his thankfulness for the kind offers of assistance contained in your note, and purposes communicating with you on the subject of embodying the proposals made in a scheme at present under consideration.

EVIDENCE.—Casper's "Forensic Medicine," published by the New Sydenham Society, is the most valuable work on the subject. The examination of blood-stains is treated of in Volume I. The book is not to be obtained from the Society, being out of print; but copies are sometimes to be purchased at secondhand dealers.

UNION OF FRACTURE.—J. P. asks: After what length of time would you advise a patient to dispense with the crutch having suffered from a simple transverse fracture of tibia? Would you consider three months sufficient?

[Three months in an average case would be amply sufficient; but, of course, the age and condition of health of the patient are most important factors in the matter.—Ed.]

DR. SMYTHE (Greencastle, Indiana).—Our publisher will be happy to supply you gratuitously with duplicates of the numbers which have failed to reach you through the post.

DR. L. E. R. (Liverpool).—Thanks for the information; we shall make further inquiries, and probably devote space to the results in our next.

A COUNTRY PRACTITIONER.—The case has ended most unsatisfactorily, and you deserve every commiseration; such, however, is the "glorious uncertainty of law," that, although you were right in equity, and your action in the matter would be upheld by every right-thinking member of the profession, yet there was a legal flaw which you could scarcely expect the lawyers would not turn to their advantage.

MR. E. M. (Congleton) should read carefully the series of articles now appearing in our columns on "The Unqualified Assistant System," they will enlighten him as to what may be expected by "playing with the fire."

DISAPPOINTED.—Some people's idea of "substantial recognition" does not even extend to a guinea, on the principle of the patient who promised the whole of his fortune to his attendant physician if he brought him safely through a dangerous illness, but who thought fifty guineas a very handsome recognition of services rendered when he was well, considering "that he had suffered a good deal in the pulling through process."

MR. KNAPPS.—Many thanks. The case has terminated in a way to satisfy the better-principled members of the profession, and to the safety of the public. There are many more remaining, however, who deserve similar, or even more, vigorous treatment at the hands of the law. We reciprocate your wishes.

ANALYST.—Reports on the condition of the water supplied to the metropolis for drinking purposes are periodically published. D. Frankland, F.R.S., prepares the principal ones.

FORCEPS.—Yes, a Licentiate of the Hall is entitled to use forceps in cases of midwifery, being specially examined in that branch of medic. practice.

DR. F. F. B.—The study is very likely to be attended with valuable results, and if prosecuted along the lines you have laid down we do not doubt that these will follow. It is quite worth your while.

M. A. T. says: I am anxious to get an appointment to a good steamship company as surgeon or physician on board a steamship. Which is the best line, and what steps would it be necessary for me to take to secure an appointment? I have heard it said the Pacific and Oriental steamers are the best, and next to them are the P. & O. If it is necessary to have an introduction through a director, how could I get names, &c.?

[All the good steamship appointments are by favour of the directors or chief officers. We know of no way of obtaining a list except by writing to the secretary or consulting the "London Directory." We cannot say which line is best for our correspondent's purpose.—Ed.]

CANDIDATES FOR THE ARMY MEDICAL SERVICE are informed in our advertisement columns that the next examination will be held at the

University of London in August. Applicants must apply for admission in writing to the Director-General of the Department.

MR. EOLINGTON.—We fail to see any merit in the invention; it is troublesome, and the danger can be as effectually and much more simply averted by the use of a small circular band of india-rubber.

MR. GAY is thanked for his note.

A MEMBER OF THE CONGRESS should apply to the artist Mr. Barraud, or the publishers, Messrs. Baillière, Tindall, & Cox, respecting the picture.

THE ADVANCE OF TEMPERANCE PRINCIPLES.—At the annual general meeting of the Medical Temperance Association, which was held at the rooms of the Medical Society of London, Chandos Street, Cavendish Square, on Friday, the 23rd May, Dr. Benjamin Ward Richardson, F.R.S., in the chair, the annual report, which was read by the Hon. Sec., Dr. James Ridge, showed an increase of medical total abstinences as members of the Association, who now number 261, with 13 medical students as associates. The balance-sheet showed an income of £60 6s., and an expenditure of £54 16s. The report further stated that a large and increasing number of medical men not yet enrolled in the Association were known to be total abstinents. It also said that, on inquiry by an inspector of the Local Government Board into the increase of mortality among the sick paupers of the West Derby Union (Liverpool) alleged to have been due to the decreased use of alcohol, it revealed the fact that the forthcoming data were totally insufficient to warrant such a conclusion, and the inspector reported accordingly.

OPIMUM.—Sir J. W. Pease's motion on the subject of the Opium Traffic, which was expected to come before the House of Commons early in the present month, will probably not be brought forward at all during the present Session. Meantime, the proposals of the Chinese Government on the subject are under consideration at the Foreign Office.

MR. T. WILLCOCKS (Holloway).—The law regarding patent medicine stamps is uncertain in its operation. Those who have its administration under control seem to ignore any nostrum which is sold under a shilling; but everything vended at this figure or upwards is liable, if its composition is secret, or its proprietors profess that it cures this or that ailment. We should imagine your "Medicinal Snuff" would come under this category.

MEETINGS OF THE SOCIETIES, COLLEGE LECTURES, &c.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—To-day (Wednesday), at 4 p.m., Mr. Gerald Francis Yeo, "On the Relation of Experimental Physiology to Practical Medicine."

EPIDEMIOLOGICAL SOCIETY OF LONDON.—This evening (Wednesday), at 8 o'clock, Annual Meeting.—Election of Office Bearers for the ensuing year.—Reports from the Council:—A General Report on the State of the Society during the Session 1881-82; a Report recommending an Alteration in the Laws of the Society.—Dr. Arthur Ransome, "On the Form of an Epidemic Wave, and its Probable Cause."

OBSTETRICAL SOCIETY OF LONDON.—This evening, at 8 o'clock, Specimens will be shown by Mr. Alban Doran and Dr. Hopkins Walters.—Adjourned discussion on Dr. J. Williams's paper "On the Natural History of Dyamenorrhoea."—Dr. F. H. Champneys, "On an Obliquely Contracted Pelvis of Unilateral Synostosis."—Dr. G. E. Herman, "On the Relation of Backward Displacements of the Uterus to Dyamenorrhoea."

ROYAL INSTITUTION.—Thursday, June 8th, at 3 p.m., Prof. Dewar, "On the Metals."

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—Thursday, June 8th, at 8.30 p.m., Additional Meeting for the Discussion on Sclerotomy.—Papers on Sclerotomy by Mr. Higgins, Mr. Spencer Watson, Mr. Bader, and Mr. J. B. Story (Dublin).—Living Specimens as usual at 8 o'clock.

ROYAL INSTITUTION.—Friday, June 8th, at 3 p.m., Prof. Burdon Sanderson "On the Excitability of Plants."

ROYAL INSTITUTION.—Saturday, June 27th, at 3 p.m., Prof. D. Masson, "On Poetry and its Literary Forms."

Vacancies.

Birmingham Children's Hospital.—Resident Medical Officer and Assistant Resident Medical Officer. Salaries £80 and £40 respectively, with board, &c. Applications to the Hon. Sec. before June 20th. (See Advt.)

Leeds Union.—Assistant Medical Officer for the Workhouse Infirmary. Salary £100, with board. Applications to the Clerk of the Guardians, East Parade, Leeds, by June 12th.

Halifax Infirmary.—Assistant House Surgeon. Salary £50, with board, &c. Applications to the Senior Physician, by June 20th.

Cumberland Infirmary, Carlisle.—House Surgeon. Salary £100, with board, &c. Applications to the Secretary, by June 12th.

Hull General Infirmary.—Junior House Surgeon. Salary £35, with board. Applications to the Chairman of House Committee, by June 18th.

Flintshire Dispensary.—House Surgeon. Salary £100 per annum. Must be conversant with the Welsh language. Applications to the Hon. Sec., before June 20th.

Deaths.

BACON.—May 26th, Theophilus Bacon, M.D., M.Ch.Q.U.I., House Surgeon to the Grimsby and District Hospital, aged 27.

COX.—May 26th, at Crewkerne, Somersetshire, Albert George Cox, M.B.C.S., aged 44.

CAMPBELL.—May 30th, at 24 George Square, Edinburgh, Geo. William Campbell, M.D., of Montreal.

GARSTANG.—June 1st, at Lytham, Walter Garstang, M.D., aged 66 years.

JOHNSTON.—May 30th, at Lynwood, Penrith, Joseph Salkeld Johnston, M.D., Surgeon-Major, retired, Army Med. Dep.

LAMBE.—May 28th, at Dilwyn, Herefordshire, Mary, daughter of the late Lacon Lambe, M.D., of Henwood, aged 43.

PEACOCK.—May 31st, suddenly, at St. Thomas's Hospital, London, Thomas Bevil Peacock, M.D., F.R.C.P.

SMITH.—May 26th at Gravesend, Dr. F. H. Smith, late of the Bombay Army, in the 46th year of his age.

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ROYAL COLLEGE OF SURGEONS IN IRELAND

LECTURES ON EYE DISEASES and OPERATIONS.

DR. JACOB will commence his Course of Lectures on the Diseases and Anomalies of the Eye, and the operations necessary for their treatment, on WEDNESDAY, the 7th of JUNE, at Three p.m.

SUBJECT—The Pathology and Diseases of the Conjunctiva.

The Lectures will be continued on Mondays, Wednesdays, and Fridays, at the same hour.

By Order,
J. BRENNEN, Registrar.

CHILDREN'S HOSPITAL, BIRMINGHAM.

—A Meeting of the Committee of Election will be held in the Board-room, Steelhouse Lane, on Monday, June 26th, at 12.30 o'clock, for the purpose of appointing a RESIDENT MEDICAL OFFICER and an ASSISTANT RESIDENT MEDICAL OFFICER, in the place of Miss Ker and Mr. Edward Phillips, both resigned.

The Salaries will be £80 and £40 per annum respectively, with board washing, and attendance in the Institution.

Candidates for the above Appointments must be Registered Members of the Medical Profession, in accordance with the Act 21 Vic., cap. 51, and their certificates of registration, with their testimonials, must be sent to the Secretary, Children's Hospital, Steelhouse Lane, Birmingham, not later than Tuesday, the 30th June. The successful Candidates will be expected to enter on their duties on July 3rd.

Board-room, May 31, 1882. JOHN HENRY LLOYD, Hon. Sec.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 14, 1882.

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A Course of Lectures

ON

TEMPERAMENT, IDIOSYNCRASY, AND DIATHESIS IN RELATION TO SURGICAL DISEASE.

Delivered at the Royal College of Surgeons of England, June, 1882.

By JONATHAN HUTCHINSON, F.R.C.S.,

Senior Surgeon to the London Hospital; Professor of Pathology and Surgery, Royal College of Surgeons, England.

MR. PRESIDENT AND GENTLEMEN,—I fear I do not much mistake in the belief that the subjects which I have ventured to take for my present course of lectures are by no means high in professional favour. Our forefathers, who knew far less about the details of pathology than we do, attached far more importance to such matters as temperament and diathesis. They were accustomed to prescribe for a man's temperament; we think only of his disease, and turn aside with a sense of weariness from the precise but arbitrary classifications in which the physicians of an older day delighted. Although to a large extent this change of sentiment has been the result of advance in knowledge, yet I think it might easily be shown that it has gone too far, and that we now neglect unwisely the study of those differences between man and man of which, for the most part, physiology takes no cognisance, but which may yet prove of much importance in modifying the processes of disease. It is to this study that I now invite your attention. I have been attracted to it in part by its own intrinsic interest and in part by the circumstance that it has seemed to be in some sense supplementary to the lectures which on former occasions I have had the honour to deliver from this chair. In my first course I investigated the present state of knowledge as to the influence of the nervous system in the production of disease. In the second we examined those remarkable and widely-spread forms of

diathesis known respectively as gout, rheumatism, and leprosy. When on these subjects I tried to show that rheumatism is a modification of the catarrhal diathesis, mainly nervous in its origin, in which the stress of the reflex disturbance falls upon the tissues of the joints. I traced a close similarity between gout and leprosy, alleging that both are food diatheses distinctly and definitely caused by certain peculiar articles of diet. Respecting both we had to remark upon the facts, that having been thus acquired by food, they became capable of transmission from parent to child, and that gout, at any rate, was prone to receive important modification in such inheritance. In my third course, delivered last summer, I was led by a not unnatural sequence to take as my topic the laws of pathological inheritance in general, and to deal with them in relation to such maladies as syphilis, gout, leprosy, catarrh, and certain specialised defects, such as deaf-mutism, colour-blindness, and hæmophilia. In each one of these courses I have been obliged very frequently to use the term "diathesis," and to justify its use against what I have all along recognised as a widespread and to some extent well-grounded distrust of the vagueness of the knowledge, or, shall I say, of the mere ignorance which its employment not infrequently denotes. It has occurred to me that I could not take for my last course a subject more suitable than the one which I have announced. It will enable me to recapitulate with amplification some of the subjects to which on former occasions I adverted to too briefly, to approach them from a different point of view, and, I trust, to place some of them in a clearer light. In doing this it will be my duty to avoid repetition, but, if I should now and then seem to any of my audience who have honoured me on former occasions to be attempting to enforce that concerning which I may be thought previously to have said enough, I must beg their indulgence. I must also offer some preliminary apology for the incompleteness and fragmentary character of my lectures. It will be impossible to pass even in the most cursory manner over the whole of the ground indicated, and I shall therefore prefer to dwell with

some considerable detail upon certain portions of my subject with which I am personally familiar, and which also appear to have special value as illustrating general laws.

It is needful, in beginning, to define our terms, and in doing this I shall keep as closely as possible to custom's usage. We may perhaps define the term *temperament* as applicable to the sum of the physical peculiarities of an individual, exclusive of all definite tendencies to disease. Different temperaments are to be assumed to be likely to give some degree of peculiarity to morbid processes when such have been induced by other causes; but they do not in themselves involve any special proclivity. When most strongly marked temperament is still consistent with the prolonged enjoyment of perfect health. If there be distinct proclivity, we must then use a stronger term, and speak of diathesis; and I would define a diathesis to be any bodily condition, however induced, in virtue of which the individual is, through a long period, or usually through the whole life, prone to suffer from some peculiar type of disease. Some diatheses are inherited, others are acquired. Of some the effects are permanent or constant; of others, they are transitory, or recurrent after intervals of health. The term should, however, never be applied to any condition of health which is expected to pass away and leave no trace, for the idea of persistency, in some sense, is always implied. On the other hand, we do not confuse diathesis with dyscrasia, for, whilst the latter definitely implies bad health, the former only denotes proclivity, and may be used when its subject seems perfectly well. Thus, to distinguish between temperament and diathesis, we may say that the former is a matter of physiology and the latter of disease. That the former term is applicable only to peculiarities which are a part of the original organisation of the individual, whilst the latter may be acquired as well as inherited. Thus inherited diathesis is more often than not entirely latent at the time of birth, and it is susceptible of aggravation, and, in some cases, of cure, in after life. Such alternations are not possible in the constitutional peculiarities which we name as temperament.

Concerning the term *idiosyncrasy*, I will not say more in the way of definition than that it is applicable to any definite peculiarity of organisation in which the consequences may occur unexpectedly and otherwise inexplicably. It does not, like diathesis, imply any special proneness to disease, only that under certain well-known circumstances results which are peculiar to the individual will certainly occur. Although, as I shall have occasion to observe, it is quite possible that the idiosyncrasies may in many instances have sprung from the diathesis, yet they have become in long hereditary transmission questions rather of organisation than of disease, but their existence may be revealed for the first time at any period of life, and nothing is more common than that an idiosyncrasy should pass into absolute abeyance to wait until, after it may be a very prolonged period, its approximate exciting cause may again make it conspicuous. Just as observers of mankind have from time to time strained their faculties in the endeavour to find in the external lineaments of a man some clue to his mental power and moral habits, so have physicians sought to find in parallel indications the means of predicting his tendencies in reference to disease. As yet I fear we must say that the labours of the physiognomist and those of the student of temperament have been alike disappointing. Whoever will set himself the task of attempting to classify a given number of individuals according to their temperaments will, I think, soon find himself baffled. He will discover that he is mistaking for criteria of temperament conditions which are simply indicative of youth or age, of health or disease, or the effects of past anxiety, or trouble, or of comparative immunity from them. Just as the physiognomist ought carefully to exclude from his estimate of the original and inborn character of a man those traits of expression which have come to him through the wear and tear of life, and keep closely to the original features, so should the student of temperament scrupulously reject all

that has been superadded, and which is in a sense accidental. Temperament, as I have endeavoured to define it, concerns the original hereditary organisation of the individual, and does not include anything which is the result of the influences to which his life has exposed him. That which has accrued to him during life goes to produce or aggravate diathesis, but can do nothing in modification of temperament. Dr. Laycock has well spoken of the temperaments as being "fundamental modes of vital activity peculiar to individuals." To some such conception as this we must keep if we would use the word with any precision. Yet a very slight familiarity with the subject will easily show us how difficult it is so to restrict its use, and especially in this case when dealing with the adult and senile periods of life. The very names of the temperaments in many instances denote the record of the results of long-existing disease rather than of individual peculiarities as regards vital activity. Indeed, it may be questioned whether in a large majority of cases there do really exist in persons as yet in perfect health any peculiarities by which we can predicate or discriminate the "fundamental mode of vital activity." Disease, when it occurs, will reveal it to us, and upon this point I shall have much to say in subsequent lectures. But I fear that so long as perfect health exists the data are exceedingly few and untrustworthy. When, for instance, we recognise a melancholic temperament, do we not naturally take note of something which is the result of disease which has been experienced in the past rather than a peculiarity possessed by the individual whilst in health? The features which go to make up the sanguine temperament, are they not in part, and in large part, often those indicative of sound health in the digestive functions and blood-making organs? and such as might possibly be destroyed by a few years' illness? If we seek for something more fundamental, shall we not be obliged to confess that we have but little to guide us in a classification excepting the conditions which go to make up what we mean by complexion? In complexion we include the colour of the hair and eyes, the state of the skin as regards thickness, thinness, or transparency, and the various degrees of freedom of distribution of blood in the capillaries of the face. It is easy to apply with tolerable accuracy such words as blond, fair, dark, brunette, sallow, pale, florid, clear, muddy, and the like, and these and many others are epithets applicable to the complexion. Temperature, however, although to a large extent confessedly indicated by complexion, is generally held to include something more. If it did not I fear we should find it but a sorry basis upon which to build a knowledge of the vital peculiarities of the individual. Yet again, I ask, what have we to which we can make appeal? We may examine a man's features, note the size of his bones, the shape of his jaws, the brilliancy of his eye, the coarseness or fineness of his hair, his stature, his muscularity, his abundance or otherwise of cellular tissue and fat; but in observing all these things we shall be reminded that some of them are simply peculiarities of family or of race, and have little or nothing to do with health, whilst others are conditions which may vary much at different periods during the same life. Above all, if I mistake not, we shall find it quite impossible to combine with well-known and indelible types of complexion any correlative peculiarities as regards the points which I have just enumerated. We shall find fair persons who have coarse skins, and others of the same tint of hair and eye who have transparent skins. We shall find dark people who are florid, and others who are pale, and we shall have to note that the tendency to fatten varies very much at different periods of life, and that it often depends quite as much upon diet as upon temperament. I come then back to my point, and assert that whoever will set himself to classify by temperament a dozen healthy individuals whom he may chance to meet on a steamboat, in a law court, or at a dinner party, will find that he has scarcely any data excepting those of complexion. He will find, moreover, unless I am much mistaken, that if he attempt

to go beyond mere complexion, there are not more than two or three in the dozen whom he can with any degree of confidence assign to special temperaments. As to complexion itself, the further he goes the more he will have to confess that, putting various conditions of sanguification aside as being in many persons dependent upon varying states of health, he can after all classify the complexions themselves only in referring to pigmentation. The varying degrees of dark, fair, or red constitute almost the sole individual peculiarities of the complexion which are not altered by disease, diet, or age. We come then to the question—Are congenital peculiarities as regards pigmentation in any degree trustworthy as indicative of vital peculiarities in the individual possessing them? We will ask the question first as regards individual races, and next as regards different individuals of the same race. That pigmentation as we now see it in the various races of man is an inherited quality, and so definitely transmissible that it constitutes one of the bases of race distinction, may easily be admitted, whilst at the same time we must also grant that it is in itself a result of climate. Those who live in the tropics become dark without question as the result of the direct influence of the sun; whilst those who live in more temperate climates lose their pigment, or retain it only in certain special structures, as the hair, the irides, and the choroid. If apparent exceptions to this general law occur, they are to be met with probably as the consequences of human interference in modifying the conditions. Thus, the habit of wearing clothes prevents the development of any approach to blackness of skin in white races who may have lived through many generations in the tropics. The blackest skins always belong to those who have joined the two conditions of nakedness and a tropical sun. Thus, then, to begin at the beginning, may we not believe that varying states of pigmentation of the integument denote rather exposure to climatic influences than peculiarities of development? Nor is there, so far as I know, much reason for believing that variations in this respect imply any material differences in health tendencies. Such peculiarities as we recognise in different races—the immunity of the negro from yellow fever, his liability to elephantiasis, and to tetanus—may easily have nothing whatever to do with his pigmentation *per se*, and be matters simply of race. This view, I think, derives considerable support from the facts which I shall mention directly as regards the peculiarities of dark or fair complexion in members of the same race and amongst the lower animals.

(To be continued.)

Original Communications.

CASES OF ENTERALGIA IN CHILDREN AND IN ADULTS.

By C. HANDFIELD JONES, M.B. Cantab., F.R.C.P.Lond., F.R.S., Physician to St. Mary's Hospital.

CASE I.—*Pyrexia—Intermittent Enteralgia—Cure by Quinine.*

CH. A., æt. 7 months; admitted Feb. 19th, 1877; ailing since Feb. 14th, when he was first taken with pain in the belly, which has recurred more or less since then, sometimes severely, and most so at night. Belly not large, its muscles tense, no abnormal dulness. Liver descends about three fingers' breadth below right ribs. Left hypochondrium resonant. Tongue, half dry; tip, red; dorsum, coated. Pulse, 120. Sometimes he looks quite lively. Last night was in great pain during early part of night. Quinæ bisulph., gr. j.; acid sulph. dil., ℥j.; aq., ʒij. Quater die. Tr. cannabis indic., ℥ij.; acid hydrocy. dil., ℥ij.; aq. anethi., ʒij.

25th.—Last evening (5 o'clock) was screaming violently, kicking, and contorting his body, and rolling about in

great pain; the abdominal muscles were contracted. He had been very well in the morning; the attack had come on eight minutes before I saw him. A similar attack had occurred the night before, beginning at 10 p.m. and continuing till 3 a.m. He had a hot bath with some relief on that occasion. I ordered him (on 23rd) tr. opii, ℥vj., in a small enema, which soon quieted him. He slept pretty well, but had occasional starts of pain, and has been quiet and dozing all the morning. Bowels not open two days; a stool before that was natural. Appetite not good. Pulse 90, weak. Tongue coated, red at tip. Abdomen fallen, resonant, not at all tender, no spots to be seen. No blue line on gum. His father tells me that the house where he lives has not been recently painted, nor has the child been at all in the way of lead.

26th.—Has had pain in the belly each night, but not lasting so long; it has been quieted by tr. opii, ℥iv., in enema. Tongue less coated and more moist.

28th.—No pain at all since last report; seems cheerful, takes food very well. Tongue clean and moist. Pulse 84, quiet.

March 5th.—No return of pain. Is up and about, and seems quite well. Ferri et quinæ citrat., gr. v.; aq. ʒss. quater die. Went out well soon after.

Feb. 19th.—Temp. p.m., 101.4

20th.—Temp. a.m., 100; p.m., 100.4

21st.—Temp. p.m., 100.

22nd.—Temp. a.m., 101.

23rd.—Temp. a.m., 100; p.m., 101.

24th.—Temp. a.m., 100.2; p.m., 100.2.

25th.—Temp. a.m., 99.8; p.m., 100.2.

26th.—Temp. a.m., 100.4.

27th.—Temp. a.m., 99.8; p.m., 99.6.

28th.—Temp. a.m., 98.

March 5th.—Temp. normal since last date.

CASE II.—*Enteralgia—Quinine and Iron—Cure.*

W. H., æt. 6 years; seen Feb. 6th, 1872. During last four years he has had attacks of pain in the abdomen and vomiting continuing for fourteen to sixteen hours, occurring more frequently of late. He used to be very stout, but has fallen away very much. Appetite is bad, he does not eat nearly as much as he used. Sleep pretty well. Tongue natural. Bowels open. No fever. Is not anæmic. Abdomen seems to be natural, it is flat and resonant, except in the region of the liver, where there is dulness extending nearly to umbilicus. His flesh does not heal well, and he had an abscess in the right groin four years ago. The pain is very severe when it comes on; occurs in paroxysms, which cause him to jump up and scream. He has been so ill in some of these attacks as to appear dying. Ordered ferri et quinæ citrat., gr. 4; apt. æth. chlor., ℥v.; aq., ʒj. T. d.

March 2nd.—Is much better; has not had an attack since he commenced to take the medicine.

16th.—No attacks; is hungry and eats with appetite.

January, 1873.—He remains very fairly well.

March, 1875.—Has lately had a recurrence of the same disorder, which has been arrested by the same means.

Enteralgia in children is rather a rare disorder, as, indeed, neuralgia affecting any other locality is. Pain of other kinds is so much more common that a practitioner may well be excused if he does not always appreciate immediately the true nature of such disorder as is exemplified in the above cases. In the first it is important to remark that some amount of fever was present, which would naturally raise a suspicion that the disease was typhoid, and that the pain was produced by intestinal ulceration. Strong points against this view would be the absence of tenderness of the abdomen, the long complete intermissions of the pain, its severity when present, and the night temperature being too low for typhoid. Another view might be entertained that the child was the subject of tabes mesenterica, and that the intestinal lesion caused the pain and fever. Against this was the recent invasion of the disorder, the absence of diarrhœa and of

tenderness, as well as the extreme severity of the pain and its intermittency. Lead-poisoning was considered as a possible cause of the pain; but the inquiries made gave no countenance to this idea, and the success of tonic treatment negatived it. Both these children lived in Paddington near the canal, but not in its immediate proximity. I have often been inclined to suspect that emanations from this water-way gave rise to malarial disorders, but have never obtained any clear evidence that such was the case.

CASE III.—Family History of Phthisis—Occurrence of Diarrhœa—General weak Health—Severe localised Abdominal Pain—Recovery under Iron and Quinine.

C. W., æt. 24, governess; admitted Feb. 6th, 1882. She had variola when 2½ years old; is much marked. Had rheumatic fever at 10 years of age, and again at 21. Had low fever in December, 1880. Eight months ago had an attack of diarrhœa which has not left her entirely ever since; it is accompanied with darting pains in lower abdomen, chiefly on right side. Has often had nausea, but no vomiting. Has not had any diarrhœa at all since Feb. 2nd, but on that day it was very severe indeed. She often has shivering. Tongue not at all beefy. No crepitations in either lung. Upper ribs move, but little. Perfect resonance all over chest, except in left lower back, which is dull. Good full breathing in both fronts. Good breathing in all right back. In left supra-spinous fossa breathing is rather weak. Splenic dulness unduly extensive in left side, but not in abdomen. Liver does not descend below ribs. Has much pain in lower right abdomen extending round to back, commencing at about two inches to right of median line, most severe a little above anterior superior spine of ilium. The tenderness here is so great that the slightest touch causes pain. The pain has been relieved by blisters. She has never been strong from birth, always ailing in some way. Her father died seventeen years ago of pulmonary phthisis; one brother and two sisters have died from same disorder. Mother is alive, but suffers much from her liver.

Feb. 8th.—Slept well all night; has severe headache; pain in abdomen same. Bismuthi carb., gr. xij; sodæ carb., gr. v.; acid hydrocy. dil., ℥ iij.; liq. opii sed., ℥ v.; mist. mucilag., ℥ j. T. d.

10th.—Bowels not open since 6th; has great pain and extreme tenderness at right side of abdomen. Urine, s.p. 1025, not albuminous. Abdomen not at all full.

13th.—Bowels opened by enema. Ext. kramerizæ, gr. iv., in pil. T. d. Capiat. mist. minus sæpe.

17th.—Bowels open to-day; stool costive. Pain in right abdomen lessened by blister.

25th.—Is in no pain; feels much better. Tongue clearer.

Blisters repeated on 26th.

28th.—Has pain on left as well as on right side of abdomen, the tenderness has quite the hysterical character, is quite as great when a fold of skin is pinched up as when pressure is made. Taking since 23rd ferri et quinæ citratis, gr. x.; tr. aurantii, ℥ j.; aq., ℥ j. T. d.

March 3rd.—More pain. Had liq. opii sedat., ℥ xv., in enema last night.

9th.—Had much pain last night in abdomen. Had two opiate enemata; ferri et quinæ citrates, gr. xv.; aq. chlorof., ℥ j. T. d.

16th.—Doing well; not much pain in abdomen now, most on left side of abdomen.

20th.—Is very much better; has very little pain. Talks of going out. Is still pale.

24th.—Gone out well and grateful. Her temperature was never above normal during her stay.

Remarks.—My first view of the pathology of this case was that she had tuberculous ulceration in the intestines. Her family history, her persistent diarrhœa, and localised pain were indications pointing strongly in this direction. The absence of physical signs in the chest might be explained on the not improbable supposition that the tubercles in the lungs were few and quiescent. The

non-elevation of temperature might be due to the cessation of active increase of the presumed mischief, and perhaps to the diarrhœa. That this view was erroneous the recovery (*pro tem*, at any rate) under full tonic treatment strongly affirms. The first thing which opened my eyes was the typical hyperæsthesia of the integument, and the observation that the abdomen was collapsed and free from fluid, which could hardly have been the case had the intestinal coats been tuberculed. When the pain began to shift to the opposite side little room for doubt was left. My experience of abdominal neuralgia is not small, yet I was taken in by this case, and so perhaps may others be under like circumstances. Dr. Addison says (p. 131, Syd. Soc. edition), speaking of the disorders of females connected with uterine irritation: "Pain affecting the abdomen generally is by no means of rare occurrence, and in some instances so closely resembles general peritonitis as to be mistaken for and treated as that complaint. Indeed, I know of no disease more puzzling than this." And again: "If you watch the case attentively you will in general soon detect some incongruity in the symptoms to excite doubt and suspicion; but yet so close is the resemblance in some cases as almost to set positive diagnosis at defiance." These quotations deserve attention; but we have one aid which Dr. Addison has not, viz., the thermometer. If the temperature be not above normal, the pulse not rapid, the pain not accompanied with other symptoms, except, perhaps, tenderness over some lower and lumbar spines, and if the urine be not high-coloured, we may at least pause and consider before we commit ourselves to a diagnosis of acute peritonitis. Cases, however, show that neuralgic pain may co-exist with a moderate elevation of temperature.

CASE IV.—Sudden Abdominal Pain—Vomiting—Constipation—Cure by Tonics.

J. V. M., æt. 20, cellarman at brewery, but total abstainer, admitted Jan. 20, 1882, of fair complexion, slight make, looks rather thin and pale. Was taken ill on 9th inst. Was seized with pain in abdomen, which seemed completely to double him up. Sickiness came on, he lost his appetite, and has been sick every day since 17th, and has had since then no action of bowels, in spite of aperient medicine given by medical advice. Urine has been thick and high-coloured. Pain in abdomen has been getting worse; has been aggravated at night. Has always been very healthy and strong. Relatives healthy, except mother, who is subject to rheumatic fever. He has been losing flesh last two or three weeks. Has not been exposed to the influence of lead in any way; has not been in the way of fresh paint; gums show no blue line. Drinks chiefly milk. He complains at present of pain across lower part of epigastrium and adjacent hypochondria, with slight tenderness on pressure. Abdomen resonant. No tumour apparent. Tongue coated, dry. Heart and lungs normal. Pulse 80. No signs of hernia. Temp. normal. Ferri et quinæ citratis, gr. xii.; tr. nucis vom. ℥ x.; acid. citrici, gr. xv.; aq. ℥ j. Ter die. Addendo cinque doses pot. bicarb. gr. xx. in aq. ʒss. solut. Fotus terëbinth. abdom. Tr. opii ℥ xx. in enemata si opus est. S. diet.

21st.—Pulse 75, normal. Temp. normal at 9 p.m. Feels much better than yesterday, "twice as well." Has been sick once since admission, viz., this morning after medicine. Pain felt across upper abdomen. Turpentine stupe relieved pain last night, but he did not sleep; had pain in lower front of chest. He feels very hungry. Bowels not open. Sinapism to epigastrium.

23rd.—He is better; has no pain, no sickness, no tenderness, appetite good, pulse regular, 76, full. Temp. normal. Bowels opened by castor oil enema on night of 21st. Fish. Ferri et quinæ citrat. gr. xii.; tr. nucis vom. ℥ x.; aq. chlorof. ℥ j. T. d.

27th.—Went out.

Remarks.—The above is a good representative case of acute enteralgia and gastralgia in an otherwise healthy

subject. The cause of the disorder is obscure, but certainly was not lead. Influenza was prevalent about the time, and may with much probability be incriminated. In many similar instances diarrhoea would have occurred rather than constipation. Its absence may be accounted for partly by the upper portion of the alimentary canal being more affected than the lower, and partly by the hypothesis that the muscular fibres of the intestines were more paralysed than those of the blood-vessels. A greater amount of paralysis might have induced actual intestinal obstruction. The relief of pain by turpentine epithems in this and like cases cannot be ascribed, I think, to any diversion of blood into the vessels of the skin, and of course not to any direct effect of the drug on the nerves of the suffering part. I believe it to be an instance of reflex effect, the beneficial stimulation of the cutaneous sensory nerves modifying, *via* the spinal and other centres, the pathological condition of the gastric and intestinal. The success of the tonic treatment shows that elimination of a poison—if any tangible existed—is not to be regarded as the chief indication in dealing with cases like the above. Whatever be the nature of the morbid cause, we find it better as a rule to counter-work it than to try to eliminate it. Nevertheless, it is always to be remembered that the evacuation of unhealthy secretions is of prime importance in order to secure the successful operation of tonics.

THE CONTAGIOUSNESS OF TUBERCULOSIS.

By Professor TOUSSAINT, M.D.

THE facts with regard to the contagiousness of tuberculosis which I have presented to the Academy of Medicine, and the objections which have been offered with regard to them since, induce me to explain the programme I had drawn up four years ago, and which comprises, up to the present time, more than 225 experiments. I had more particularly in view the contagious nature of the malady, and the dangers it offers from a hygienic point of view.

When I commence the study of a contagious disease my first preoccupation is to find the species of animal in which it may be developed most certainly and rapidly. This is the reason why, in studying tuberculosis, I was led to employ the rabbit, pig, and cat. It is for the same reason that experimenters, in studying anthrax, have also had recourse to the rabbit, although it is extremely rare to meet with spontaneous outbreaks of the disease in this creature. And it is the same with the pig, with regard to tuberculosis; but I have been able to note that this disease as certainly kills the two species as anthrax does the rabbit.

I believe that the susceptibility of the human species is still greater, and I think it very probable that if children, or even adults, were inoculated with tuberculosis, very few would escape infection.

A disease which kills one-fifth of a species is certainly a disease of that species. Tuberculosis is really a disease of mankind, and when it is present in the form of germs in a good portion of the food we consume, surely it does not savour of temerity to ask that sufficient hygienic conditions should be maintained to prevent this enormous mortality.

Tuberculosis of man is exactly the same as that of the ox and cow. When it is conveyed to animals by inoculation it produces absolutely the same kind of lesions, is capable of transmission to other animals, and is constantly reproduced in the same form. Of this I have assured myself, by causing animals to eat tuberculous matter derived from man, or in inoculating them with his blood. Like the tuberculosis of the cow, that of man is inoculable through the digestive canal, by blood and secretion fluids, and it always presents identical characters.

To this it is objected, it is true, that tuberculosis is also produced by the inoculation of inert matters. But expla-

nation is necessary here. It has been proved by many pathologists that we can, almost at will, produce similar lesions to those of tuberculosis. I have myself seen very marked instances of this kind. But this disease which is so easily induced, cannot be reproduced by inoculation with the tubercles thus obtained.

These experiments only prove one thing, and that is, that the *histologic lesions* by which tuberculosis can be characterised are not sufficient. With regard to determining in this way that it is true tuberculosis, capable of being indefinitely inoculated, I deny it; this experimental tuberculosis remains an *artificial* disease. True tuberculosis, no matter whether derived from man, the cow, pig, or rabbit, can be reproduced in an infinite series, constantly, *with absolutely identical characters*, and passes from animal to animal without being impaired in virulence. Nay, more, it becomes all the more energetic and rapid in action, the more frequently it is inoculated. I could produce numerous facts in series, with pathological specimens to illustrate them. Thus, at the commencement it requires four or five months to kill a pig or rabbit by tubercle inoculation, but at the fifth series of inoculations two months suffice. General infection taking place at about 35 days, if at this period we kill the animal and inoculate another from it, frequently this dies of the disease before the other would have done, if allowed to live.

It is particularly with tuberculosis produced with cultivated virus that we find the greatest increase in virulence. The serosity from the caseous gland of a cat which had died as a consequence of injection of cultivated virus, was inoculated into six rabbits, and all of these became tuberculous. Forty days afterwards they already had pulmonary tubercles, with which 6 rabbits and a pig were inoculated. The latter died in 57 days and one of the rabbits in 68 days; and at this period the animals of the fifth series are more affected than those of the third. With the cultivated virus the fifth series are more abundant and more rapid than the first, the tenth than the fifth. It would appear that the microbium becomes acclimatised in the medium in which it is grown.

A rabbit which had received, five months previously, eight drops of the eighth cultivation in the jugular vein, died, and its lungs were found to be full of nodules (granulations), as were also the kidneys and spleen. I may also mention the case of a pig, inoculated with the vaccine cultivated on a tuberculous cow, and which, when killed, was a splendid example of generalised tuberculosis.

Clinical Records.

CASES IN PRIVATE PRACTICE.

Chronic Catarrh of the Bladder.

Under the care of WM. HY. CULLEN, M.D.,
Nicosia, Cyprus.

IN April last year I was requested to attend an abbot, æt. 65, from whom I received the following history:—

He had been suffering for twenty-five years from chronic inflammation of the bladder; had made two journeys to Constantinople and one to Paris for the purpose of getting relief, but without any success. His condition was as follows: Constant desire to make water, compelling him to get up every half hour, and then only with great pain and straining being able to pass a few drops. Urine loaded with an enormous quantity of bloody viscid mucus, smelling most offensively. As he was unable to take any exercise I prescribed meat and wine, and enforced a vegetable and farinaceous diet, hot hip-baths every night, infusion of buchu with dilute nitric acid internally, and subcutaneous injections into the perinæum to relieve the tenesmus. A persistence in this treatment for a month had the effect of improving the character of the urine, the mucus gradually disappearing, while the pain and frequency of micturition diminished, *pari passu*. Injections

into the bladder were then tried of dilute nitric acid with belladonna, nux vomica in various proportions, and finally of sulphate of quinine, dilute sulphuric acid in the proportion of a drop to a grain in conjunction with nux vomica or belladonna in distilled water, of which three ounces containing eight grains of quinine were injected every day, leaving from one-third to one-half to be retained in the bladder. This was persevered in for more than three months, the diet being gradually improved and wine allowed in small quantity as the urine improved in character. Pain and straining in micturition slowly diminished, and as the urine became natural the power of retaining the urine increased, so that he has only to rise from sleep three times during the night. My attendance finished in September, and from that time no relapse has occurred.

Special.

ROYAL COLLEGE OF SURGEONS OF IRELAND.

THE ATTACK ON THE SCHOOL OF THE COLLEGE.

ON Saturday the 3rd inst., the annual meeting of the Royal College of Surgeons of Ireland was held at the College, Stephen's Green, at 12 o'clock. There was an unusually large attendance of Fellows. The President, Dr. CHAPLIN, occupied the chair. A report was read from the Council which contained a recommendation that £3,000 should be expended in building a new physiological laboratory, and in improving generally the surgical school connected with the College.

Dr. ROBERT McDONNELL proposed the following amendment:—

"That in the present condition of the College and its finances, it is inexpedient to incur the large expenditure proposed for school purposes, and he therefore recommended that this part of the report be referred back to the Council for reconsideration."

Dr. McDonnell said they were aware that in connection with the question now before them there were two interested parties, namely, those interested in the school of the College, and those interested in the outside schools. He was not connected with any school, and was consequently in a position of impartiality. He would do full justice to both parties. There were opposed to him men of the most sincere honesty and perfect integrity, and he hoped that nothing that he should say would be deemed to cast the least slight upon the integrity and worth of his adversaries. The proposal was to spend a large sum on the school. Was it right to do that, or right at the present time? He did not think it was. A standing committee had existed for the purpose of dealing with the affairs connected with the school; and it would no doubt occur to some of those present as strange that notwithstanding that another committee of entirely different constitution should have been proposed in order to deal with this matter. The all-important question relating to the school of the College was raised by the resolution which decided "That a committee be appointed to consider and report as soon as possible on any change in the arrangements of the school of the College that may seem to them advisable with the object of improving its efficiency." Could anything have been more legitimate than to have cast that duty upon the existing school committee? But that was not done. Another committee—which was dignified with the name of a "commission"—was appointed, which did not consist, he affirmed, of persons occupying a position of impartiality, no matter how great their integrity might be. That body made the recommendation which was now before the College. Was the College well enough off to undertake this outlay? In the year 1878 the Finance Committee were requested to report on the financial position of the College. They did so, and reported that the expenditure for 1876 and 1877 was less than the average, but exceeded the income of the year by £336; and that the expenditure for the preceding year not only exceeded the average by £763, but exceeded the year's income by £354. So that it was clear that for a period which could not be said to belong to the ancient history of the College, they had been living beyond their income. He did not think that during the short period

which had elapsed since then, they had become so flourishing as to be able to plunge into a large expense. The same report said, "If the income and expenditure be equal to the average for the last five years the deficiency will not be more than £146." The plain honest truth was, that if the dentists had not come to their relief, they would, at the present moment, be dipped in debt. Some persons were rather sensitive about their having made money out of the dentists, and he himself admitted, as a member of the Council, that it was a rather questionable proceeding. But the fact was that the large sum they got from the dentists steered them through a period of considerable financial danger. As a member of the Council he took some blame to himself in connection with the matter; but it was their poverty and not their will that consented (cries of "no, no"). He spoke for himself. But what were the legitimate expenses of a great institution like that? He had long held that their library should not be pruned and cut down as had of necessity been the case of late years—their ceasing to take a considerable number of valuable books and periodicals having been in fact, the result of the report referred to. The library was one of the most useful departments in the College. It had been of enormous benefit to the Fellows and Licentiates, it being an immense boon to them to be able to bring books away. And now when there were such postal facilities it would be a great boon to Fellows resident in the country if they were able to draw books from the library. That could not be done without expense. The museum was also a considerable source of legitimate expense, but he did not hesitate to say that it was not managed with the liberality that ought to be practised. The Curator should be more handsomely remunerated than he was, and instead of being obliged to look for something better, should be kept there. Another source of legitimate expenditure was the remuneration of their examiners. He was sure none of the other examiners would think he was throwing a fly to catch their votes by what he now said. He had no such intention, and none of them were to be caught by such a bit of the kind. He said advisedly, that, having regard to the important functions that they performed, their remuneration was quite insufficient. It was simply scandalous; and he said so without the slightest desire to cajole or wheedle a body of men whose integrity was above anything of the kind. The Fellows were furthermore aware, that in colleges holding the position which he should be glad to see that college hold, lectures were given, not for the students, but for the profession. In London, men of the highest ability lectured from time to time before the College there, and that exercised the best and healthiest interest. It had been a dream of his life to see lectures given by such men as Dr. Brown-Séquard there years ago, when Dr. Brown-Séquard first propounded his great physiological discoveries, and when he was a comparatively young man. Never did anything illustrate more thoroughly the way in which that College failed in a great professional duty than their casting aside a proposal of the kind (cries of "hear, hear," and "question"). He was told that that was twenty-five years ago. But the fact that nothing of the kind had been done since only made his argument the stronger. Those who questioned the conduct of their own *compatriotes* were never popular, but never in his life did he raise an opposition with cleaner hands than now, when he opposed this large grant to the school (applause).

Dr. DARBY, of Bray, said he had great pleasure in seconding the resolution, as he was strongly opposed to the expenditure of £3,000. As a College, they were equal to any other body in point of brains; but they could not compete with Trinity College and other such institutions in brick and mortar. The expenditure of their whole property would not suffice to produce a school equal to that of St. Bartholomew's Hospital, which was a private school.

Dr. WHISTLER said he had been a Licentiate of the College since 1845. He was connected with no school now. Some twenty-six years ago his own eyes were blinded by a set of gentlemen who then raised a cry of "Down with the school!" but he was now happy to say that the attempt was defeated through the energy of the late Professor Jacob, seconded by others of the illustrious dead. He did not wish to make use of unbecoming language, but he did feel astonished and indignant that a gentleman like Dr. McDonnell should take the course he did, at a time of peril like the present, when they had to meet the competition of a newly-founded university. Large sums had been very properly expended for the enlargement and improvement of both the library and the museum, and yet the Fellows had not been called together to say yea

or nay on the subject. They were now asked to sacrifice the school, on the miserable plea of want of money. Had it ever been an incubus to the College? Had it ever cost £500 or £600 a year?

Dr. JACOB—£192 a year.

Dr. WHISTLER asked what did that amount signify to a College like theirs? The school existed before the College received its charter. By all means let economy be practised, but he hated parsimony. If they were to get rid of the school, the Government might ask, "What is the necessity for the College now that there is a Royal University?" On the other hand, by maintaining the school, and seeing that its teaching kept pace with the progress of education, and that it possessed the requisite scientific appliances, they would have a bond on the public and the Government, and they would be acting as gentlemen and Irishmen should. Ambition prompted them all to look forward to being professors in the College. Were they prepared to do away with those prizes? He would not impute motives to the gentlemen who belonged to rival schools, but the school of the College of Surgeons was the parent of all the other schools that had appeared in the city. Had it neglected its duty? Was it prepared to abandon the line of teaching it had pursued? Were they prepared to leave it in the disgraceful condition in which it now was? Some gentlemen had told him that it had been so for thirty or thirty-five years; but, if so, the Council were to blame for not having long ago put it into a proper condition. The character of some members of the Council were at stake in the matter, for it had been alleged that the action of the promoters of the recommendation was illegal; but Dr. Kidd had shown unanswerably that it was not, declaring that, rather than remain under such an imputation, he would retire from the Council (applause).

Dr. WHARTON moved the following amendment:—

"That the Fellows are of opinion that in the interests of the College, and in accordance with its charter, the Council is bound to maintain the school of the College by every means in its power."

The language of the charter expressly provided for the maintenance and enlargement when required of the "schools and buildings of the College, and the supplying of the library and museum with suitable books and anatomical preparations." Dr. McDonnell's resolution no doubt aimed at a severance of the school from the College. That was impossible if they adhered to the charter. He could not believe that the Fellows would consent to wipe out a school with which such men as Porter, Wilmot, Apjohn, Marsh, and Bellingham had been connected. He maintained that the higher they kept the standard of education in their school the higher it would be in the private schools. Another reason for the maintenance of their school was that it had been built with State money.

Dr. MARTIN, of Portlaw, observed that sentiment was too often overlooked. The sentiment of the students was entirely in favour of the maintenance of the College school. No step that the Council had taken for years had added more to their character than their recent one of going beyond the bounds of their own College in order to get the best Professor of Anatomy that they could find. (Hear, hear.) But what was the use of getting the best man if they did not give him the best appliances to work with? The only inducement to students to aim at being Fellows of the College was by keeping up a system which made them students within the walls of the institution.

Professor MACNAMARA observed that it had been said by Dr. McDonnell that the library of the College was not in the condition in which it ought to be. Some time ago Sir William Gull used to be one of the bitterest opponents to that College, and always sneering at it; but after he had visited Dublin and seen the library he declared that it was the finest medical one he had ever seen; and he also said that the finest chemical museum he had ever seen was in the University of Dublin. The result was a marked change in the tone in which he referred to the College of Surgeons of Ireland.

Dr. BRUNNER said the Fellows were under an obligation to Dr. Cameron for the history of the College school which he had given in his pamphlet. Heretofore, surgeons in the army and navy had been admitted to the lectures in the school, and to the use of the dissecting-room. If that privilege were put an end to, it might influence the Government unfavourably towards the College. He supported the amendment of Dr. Wharton.

Dr. PEARNSALL asked how it was proposed to raise the £3,000 for the outlay in question? Were the Fellows to subscribe to it? And if the College got into debt were the Fellows prepared to pay the debt?

Dr. CAMERON regretted that such a proposal as that embodied in the resolution should have come from such a gentleman as Dr. McDonnell, whose reputation for breadth and originality of views was so high that he might almost be described as the Irish Virchow. He (Dr. Cameron) contended that what Dr. McDonnell had put forward as a measure of reform would, if carried out, leave an effect exactly the opposite of that which he intended. If his free-trade theory was good for the teaching of anatomy, physiology, and surgery, it was also good in other departments, and the primary schools of the country should be taken from the National Board, and the education of the young handed over to those who might set up penny-a-week academies. In France and Germany, chemistry, anatomy, and surgery were taught directly under the auspices of the State or of the great universities. In Germany no combination of private irresponsible individuals would be permitted to teach any science—above all, such a science as surgery. Every educational institution of the kind was connected either with a university or the State. The same observation exactly applied to France. Could they pretend to be better in Dublin than Germany and France in those respects? If the school of that College were lowered to the position of a mere private one, would the education given in it be so much benefited that students of surgery and anatomy would no longer resort to Vienna, Berlin, or Paris? And if the principle of free-trade in teaching was so good, why had not the free-trade schools produced such wonderful anatomists and physiologists as those of Berlin, Vienna, and Paris? By lowering their school into the position of a private one they might save a paltry £200 a year; but such a course would be unjust to the people of the country. The College now enjoyed the possession of a noble building. They owed that to their being a teaching body, and not one having merely the function of giving degrees. He therefore trusted that the Fellows would hesitate before they severed the tie which bound their school to the College.

Professor CUNNINGHAM said he wished to refer to the engagement which had been entered into between himself and the Council. Last winter the Council advertised for a Professor of Anatomy who should devote his whole time to the teaching of that branch, and issued a circular stating that the emoluments of the chair would come to about £650 a year. At that time the office which he held in Edinburgh yielded about the same amount. The circular urged that the emoluments of the chair were sure to improve, and added a number of inducements. There was not a sentence in the circular to indicate that the connection between the school and the College might terminate. It was only in the Council that Dr. McDonnell made the slightest allusion to that point. He said he had been long of opinion that the link between the school and the College should be severed; but he did not say that a step in that direction had been taken or was likely to be taken. It might be thought that he (Professor Cunningham) should have pursued his inquiries farther. But he did inquire as far as it was possible for a stranger to do. He should be sorry to think that the College had wilfully deceived him; but he considered that, under the circumstances, any disestablishment of the school would be a breach of faith with him. ~~On the other hand, he felt certain that if the school were properly supported, it could be raised to be one of the first in Dublin.~~

Dr. EDWARD HAMILTON said he took the greatest pains to tell every one of the candidates for the Professorship of Anatomy, who waited on him in his own study, that they should look carefully at what they were doing; that the Council of the College were a shifting body, liable to be changed every year; and that the candidates themselves should see on what tenure their office would stand. No one contravened the proposition that, if they were to have a school at all, it should be a model one. If the school was to exist, the proposed expenditure was a necessity, and he was of opinion that they should make the school what it ought to be.

Dr. KIDD said it was he who proposed the arrangement under which Professor Cunningham was elected, and on the occasion he distinctly asked if it was in the mind of any member that the school should be dissociated from the College? He threw down that challenge, and no one took it

up; therefore the College were bound to maintain the position of Professor Cunningham. As regarded the financial position of the College, previous to the last five years they were spending more than their income, owing to accidental expense, but within the last few years that had entirely changed. During the last three years they had had a surplus income of more than £400 a year. During the last three years the Council had established an improved system of education, under which their students were to learn practical physiology, practical chemistry, and operative surgery, and to become better anatomists than they were. Then the Council saw that their school was not adequate to the requirements of the improved system. That was the origin of the so-called "Commission," which was named to look into the matter. The names of the gentlemen who composed it showed that its appointment was unexceptionable. The Vice-President of the College was connected with another school. Dr. Corley, who belonged to the same school, was asked to act on the Commission, but declined to do so; consequently it was composed of three professors of the College and five gentlemen who were not connected with it. They went over the premises, and found that they were only suited to the teaching of anatomy and surgery as conducted fifty years ago. They had reported to the Council as to the cost, and how the money was to be raised. And with the Royal University to contend with, was it not their duty to put their shoulders to the wheel rather than be panic-stricken? He trusted that their vote would be in favour of keeping their school the first of anatomy and surgery in the world (applause).

Dr. CORLEY said his principal objection to this proposal was the extreme haste with which it had been pushed forward. The report of the commission came into his hands on the 24th of April, and he was only anxious to delay it until the Fellows knew all about it. The estimate for the improvements made a few years ago in the museum and library was only £5,000; yet these cost £8,658. It was only reasonable to presume that the projected improvements in the school would cost more than £3,000. (Cries of "divide.") The reason why he refused to be on the Commission was because he felt a delicacy about taking part in an inquiry which related to the working of the professorial and other departments of the school.

Dr. FOY was in favour of maintaining the excellence of the school.

Dr. JOHN McDONNELL took a similar view.

Mr. JOLLIFFE TUFNELL thought an expenditure of a couple of hundred pounds would suffice. There was no hurry about spending £3,000.

Dr. CARTE said he had examined the premises and found that there were three or four rooms either not used at all or used for purposes to which they ought not to be put. He was strongly in favour of continuing Professor Cunningham; but he maintained that under these bye-laws he had no vested interest in the office, but only held it during the pleasure of the Council, and was liable every year to removal. He was sure the estimate for the school improvements would be exceeded by one-half. Under the Charter they had no right to pay their professors in the way they did. The professors should be paid a fixed income; and the whole receipts of the school should not be handed over to them.

After some further observations from Dr. Stack, Dr. Jacob read to the meeting the legal opinion of Mr. Purcell, Q.C., to the effect that the school was an integral part of the College, and could neither be alienated nor separated from the institution, and that it was not only lawful, but the duty of the Council to apply Collegiate funds to its maintenance.

The College then divided, when it appeared that there voted for Mr. Wharton's amendment, 71; against, 39. The amendment was declared carried, and Dr. McDonnell having withdrawn the motion of which he had given previous notice, the College adjourned.

THE Congress of German Naturalists and Physicians will meet this year on September 17th, and the American Association for the Advancement of Science on Aug. 23, at Montreal.

THE honorary degree of D.C.L. Oxford will be conferred at the approaching Encœnia upon Dr. Allen Thomson, M. Pasteur, and Sir William Muir.

The Mineral Waters of Europe.

THE "MEDICAL PRESS" ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.
President of the Pharmaceutical Society of Ireland, Lecturer
on Chemistry, Carmichael College of Medicine, &c.

WITH
NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P. Lond.
Lecturer on Materia Medica and Therapeutics at the London
Hospital, Physician to the Hospital for Diseases of the
Throat, &c.

(Continued from page 488.)

Kreuznach.

THE Kreuznach is one of the most important waters in Germany as a medicinal water, owing to the large quantity of iodine and bromine present.

The Elisenquelle spring contains grains per gallon—

Chloride of sodium	...	...	728.83
Chloride of calcium	...	...	133.89
Chloride of magnesium	...	...	40.71
Chloride of potassium	...	...	6.24
Chloride of lithium	...	...	6.13
Bromide of magnesium	...	...	2.78
Iodide of magnesium	...	...	0.35
Carbonate of calcium	...	...	16.93
Carbonate of baryta	...	...	0.10
Carbonate of magnesia	...	...	1.06
Carbonate of protoxide of iron	...	...	1.50
Silica	...	...	1.29
Phosphate of aluminium	...	...	0.25

Total solids ... 940.06

Skeleton Analysis of $\frac{1}{2}$ a pint (10 ounces fluid).

Total Solids.	Salines.	Antacids.	Purgatives.	Iodine.	Bromine.
58 $\frac{1}{2}$ grs.	46	1 $\frac{1}{2}$	2 $\frac{1}{2}$	0.019	0.15

Chloride of Lithium.

$\frac{1}{2}$ grain.

The above is Lowig's analysis converted into grains per gallon.

SPECIAL WATERS.

Luhatschowitz.

The Luhatschowitz springs in Moravia are peculiar in containing very large quantities of iodine and bromine.

The analysis of Vincenzbrunnen gives—

Carbonate of sodium	...	...	232.63
Chloride of sodium	...	...	235.27
Bromide of sodium	...	...	2.55
Iodide of sodium	...	...	1.32
Carbonate of lithium	...	...	0.09
Carbonate of magnesium...	...	...	4.22
Carbonate of barium	...	...	0.70
Carbonate of calcium	...	...	48.84
Carbonate of strontia	...	...	0.93
Carbonate of protoxide of iron	...	...	1.11
Chloride of potassium	...	...	17.95
Silica	...	...	3.95

Total solids ... 547.56 grs.

Skeleton Analysis of $\frac{1}{2}$ a pint (10 ounces fluid).

Total Solids.	Antacids.	Salines.	Purgatives.	Iodine.	Bromine.
34 $\frac{1}{2}$ grs.	18	16 $\frac{1}{2}$	0	.06	0.66

The reaction with phenol-phtalein was well marked in the cold, and permanent. This water is said to be the strongest alkaline water known.

Teplitz.

The town of Teplitz abounds in mineral springs, of which the Hauptquelle is, perhaps, the most important. It springs from the ground, at a temperature of 120° Fahr. It is peculiar in containing about 1-100th part of its total solids, as iodide of potassium; and when used externally, these hot Teplitz springs produce a very marked effect, frequently resulting in fever symptoms and cutaneous eruptions. The cold springs do not produce these effects.

Sulphate of potash	...	...	4.3
Carbonate of soda	...	...	26.8
Carbonate of lithium	...	...	0.1
Carbonate of lime	...	...	3.2
Carbonate of strontia	...	...	0.1
Carbonate of magnesium	...	...	0.8
Carbonate of magnesia	...	...	0.6
Carbonate of iron	...	...	0.3
Chloride of sodium	...	...	4.3
Chloride of potassium	...	...	1.0
Iodide of potassium	...	...	0.5
Phosphate of aluminium	...	...	0.2
Silico-fluoride of sodium	...	...	0.3
Silica	...	...	3.1
Crenic acid	...	...	0.9

Total solids ... 48.4

The above analysis is taken from Dr. Madden's "Spas."

Skeleton Analysis, ½ pint (10 ounces fluid).

Total solids.	Antacids.	Salines.	Purgatives.	Iodine.
3 gr.	2 gr.	½ gr.	½ gr.	0.023

Woodhall.

Woodhall seems to be a powerful iodized spring; it also contains a very considerable quantity of arsenic. The following results are published from Dr. Frankland's figures:—

		Grains per gallon.
Total solids in solution	...	1652.84
Organic carbon	...	0.2604
Organic nitrogen	...	0.3724
Ammonia	...	0.5070
Nitrogen as nitrates and nitrites	...	0.0063
Chlorine	...	997.5000
Total combined nitrogen	...	0.8456
Iodine	...	0.6160
Arsenium	...	0.0112

As Dr. Frankland's figures carry some authority with them, we have given his analysis, although not very complete. We were not able to get hold of this water, or to get much information thereon; but we should say that it is probably more of a geological curiosity, than of any practical use. The presence of such a large quantity of organic nitrogen is objectionable, without there is some special explanation of its origin.

PROF. R. OWEN has received a gold medal of honour, instituted centuries ago by the Dukes of Mantua, and of which Dante, Michael Angelo, Raphael, and Cuvier have been previous recipients.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 14, 1882.

ADVERTISEMENT AS A CRIME.

At the present moment a good deal of discussion is being carried on in professional circles as to the morality of employing such means of attracting public attention to individual worth as is afforded by the advertisement columns of the lay press. Within certain limits the custom of thus informing the world of their existence, has long been adhered to by a certain class of medical men to whom the ethics of their calling seems to present less claims to respect than the augmentation of their exchequers by means of fees. In recent years, indeed, the advertising pages of almost every kind of newspaper addressed to the general reader, have been from time to time embellished, not only with the title and a condensed contents sheets of books written by quacks who carefully append their own private addresses after their names, but also with announcements of treatises on diseases by medical men, with the treatment of which their authors have managed to more particularly associate their names. Nor is this the only use which it has been customary to find lay papers put to, for certain more enterprising practitioners do not hesitate to boldly enlighten the world in respect to questions usually regarded as purely professional, and to this end supply endless "copy" in the shape of "letters to the Editor," always, however, carefully subscribed with the name and address of the spirited correspondent. No reader of the *Echo*, for instance, can fail to have been struck by the indefatigable industry exhibited by one member of the profession as a contributor of letters on innumerable subjects to the columns of that paper. Not unfrequently, as many as

two, three, and even four, lengthy epistles per week have been thus written by this one gentleman to a lay paper, and every one signed with full name and private address. It is of course a very desirable thing to instruct the masses on the *rationale* of small-pox, nutrition, &c., &c.; but when a medical man takes upon himself the office of teacher in these matters, and hurries into print, not once or twice only, but at every available opportunity, then, it is almost impossible to avoid wondering whether pure disinterestedness alone influences him. Such action, however, is by no means confined to a single instance, though it does unquestionably happen that the example referred to is the one that is likely to be most easily recognised; but when occasion is taken to condemn advertising, it will certainly be of little avail to veto simply that direct form of the offence to which attention has been most recently drawn.

As is generally well known, exception having been taken to the appearance in the leading daily journal of a whole page advertisement of the medical publications of an eminent firm, the subject was brought before the College of Physicians of London recently by the President, Sir William Jenner, who, in a way, re-affirmed the resolution passed in 1873 to the following effect: "That the practice of medical authors frequently advertising their own works in the non-medical journals, and especially with the addition of laudatory extracts from reviews, is not only derogatory to the authors themselves, but is also injurious to the higher interests of the profession."

For the College of Physicians, as a most eminent and learned assemblage of medical men, we have the highest reverence; we believe that the Fellows of this honourable and ancient corporation not only deserve, but receive the honest and hearty admiration and respect of the whole profession; and it is chiefly because we are ruled by a feeling of loyalty towards the College as being the guardians of the best interests of medicine, that we do not hesitate to characterise the resolution quoted above as ridiculous in itself, and as most unbearably cruel in the influence it must assuredly exert. Again and again it has been charged against the Royal College of Physicians that it lacks power and energy; that it fears to arouse itself; that its favourite and only attitude is the expectant and benevolent; and in view of some of its most recent performances there is only too much reason to admit the justice of such criticism. At the present moment it poses before the world as the framer of a resolution which for childishness and inefficacy it would be difficult to equal, for it needs but a small amount of perception to foresee the consequences that will follow from its latest half-hearted proceeding. As a general rule, who is it, it may be asked, that are the flagrant offenders aimed at by the resolution? It is just those very persons whom no admonition is likely to influence. Are they likely to care much for a resuscitated rule that has been successfully despised by them for ten years passed? Are they likely to forego the advantages they have reaped at the expense of brother practitioners, because it has pleased the College to dig out and rehabilitate the all but forgotten resolution? No; as a certain class of professional men have grown rich in past years by burying in lay advertisements the honest scruples that lead other members of the

same profession to withhold from "touting" for fees—for this is what it amounts to—so will they continue to do. It is worse than useless to prate of the deterring influence that will be exerted by the withdrawal of professional esteem. Such men care far less for the good opinion of their fellows than for the fees they can draw to their own net from the nets of their neighbours; and as long as "loss of esteem" is the only ill they may expect to suffer, all the resolutions in Christendom will affect them to no purpose. We may ask what effect has been already produced by the proceeding of the College? So little has it been found to deter that a contemporary journal is loudly bewailing the fact that "loss of esteem" has not availed to hinder a "Fellow" of the College from advertising a work written by himself on a special subject. Indeed, the uselessness of the resolution is only equalled by the cruelty it will inflict on the really honest-intentioned members of the profession. As it is, these gentlemen will be deterred from following the example set by Fellows, Censors, and other members of the College of Physicians who are inclined to discount the "loss of esteem" they will suffer from continuous advertising, and will become heavy losers in consequence. The public renders its "esteem" and its guineas, to the practitioners who most persistently thrust themselves before its notice; and it is the public that mainly elects consultants now-a-days, a point on which the *Lancet* has not apparently quite made up its mind. Hence, by deciding in the way it has done, the College of Physicians has simply armed the unscrupulous practitioner with a weapon which he is not likely to forbear to use, and with which he will be able to drive out of all competition with him every man honest enough or weak enough to be influenced by the resolution in question. In this lies its utter cruelty, cruelty, too, the more detestable, because it arises out of the commission of an act savouring of childishness.

Emphatically as we condemn the resolution, however, it must be equally understood that we as strongly condemn the system of lay advertising against which it is directed. But we are surely entitled to demand that if the College essays to deal with an admitted evil of this description, it shall act in a manner worthy of itself, and not play at legislation, as it unfortunately has shown an aptitude for doing of late. If it really disapproves of the practice it makes a feint of condemning—for no sane person can regard its recent action in any other light—the power to do so can be readily, speedily, and surely exercised. Let it pass a resolution, not to say this or that is improper, but to the effect that "any Licentiate, Member, or Fellow of this College henceforth guilty of lay advertising or similar unprofessional conduct, shall be at once deprived of all privileges enjoyed by right of his licence, membership or fellowship." The world would understand such action as that, and appreciate it. Then it would speedily become a universally recognised fact that lay advertisements were inserted by non-medical men only, since such action taken by the College would speedily be followed by every other corporation, and a death-blow would be struck to what is not least among the scandals disgracing the profession.

Until something of this description emanates from the collective wisdom of the Royal College of Physicians, it

cannot hope to regain the place it deserves by traditional right to occupy as the guardian of medical privileges. By its own performances it is at present stultified; it has acknowledged a growing evil, and in place of crushing it, has put a premium on the extension of its influence. Will it now have strength to redress the cruel wrong it has committed, and by one dignified and sweeping reform blot out for ever the disgrace it has pretended to handle?

THE REPORT OF THE MEDICAL COUNCIL VISITORS OF EXAMINATIONS.

A COUPLE of months since, having perused the report of the Visitors we proposed to publish an analysis of it, but were stopped at once by one of the Visitors who contended that these reports are private until the Medical Council met to receive them. This contention seemed a little ridiculous considering that the report was in the hand of every member of the governing body of the institutions inspected, and was the subject of open criticism everywhere. However, we were shown a rule of the Medical Council declaring the technical privacy of the document, and we refrained from publicity.

Now, however, the observations of the Irish College of Surgeons on the portion of the report which affects them are public property, they having been laid on the table at the last general meeting of the Fellows of the College, and it is open to us to notice the points raised in it.

The Council of the College refer especially to—*a.* The remarks upon Clinical Examinations. *b.* The remarks upon the Examination in Physiology at the College. *c.* The remarks upon the Examination in Chemistry and *Materia Medica* at the College.

With reference to the subject of clinical examination—one of the most important in the whole question of medical education—the Visitors have, it appears, warmly approved of the system which obtains at the London College of Surgeons of bringing down from hospital a few of such chronic patients as are able to bear the knocking about, and presenting one such patient to the student as the subject of his examination.

At the Dublin College the system is different. An examiner chooses by lot the hospital to which he will take his students, and this is done lest examiners might be induced to prefer their own hospital, in which case the students would certainly attend diligently for a few days previously at the examiner's *clinique* for the purpose of learning up the cases on which they were likely to be tested. The hospital being chosen, the examiner goes there and selects his cases while the students go to the College and choose—also by lot—the hospital at which they are to attend. Having repaired thither, they are examined upon the cases presented to them.

The Visitors disapprove of these arrangements and prefer the London system, upon which the Council of the Irish College of Surgeons observe that they “cannot agree with the recommendation of the Visitors. They are strongly of opinion that there should be a sufficient variety of cases, and that the examiners should be instructed to select them previous to the arrival of the candidates at the hospital; that the clinical examination should be conducted within the walls of the hospitals, both in the

theatre or other separate room, and in the wards—in the former, cases in the extern department, and patients who can be safely brought from the wards may be advantageously examined, while in the latter a number of important cases such as erysipelas, extravasation of urine, acute orchitis, synovitis, &c., could be seen, which would altogether be excluded from the examination if the candidates were not brought into the wards and placed by the patient's bed-side.

“It appears, further, to the Council that a grave objection to the method of examining in a place removed from the hospital is the likelihood of the same cases being repeatedly selected, owing to their being more easily procurable—a forcible commentary upon this is contained at pages 108-31 of the report of the Visitors. The Council may add that the plan of bringing patients from the hospitals to the College has been already tried by this College, and was discontinued, in consequence of its inefficiency.”

We heartily endorse this criticism of the Visitors' recommendation for we regard the method of bringing down “chronics” from hospital to College as little better than a sham clinical examination. The student can never, under such circumstances, be tested with the very class of cases which would assure his diagnostic competency, nor could his method of examining a case in practice be properly observed when he was restricted to the investigation of a patient perched on a stool in the corner of the examination hall. Clinical examination on the London system is as inferior to that practised in Dublin, as is the exhibition of ready-made dissections which is the rule in London, to the actual making of dissections by the student himself, which is requisite in Dublin.

Upon the other two points selected by the College Council for criticism we cannot do better than quote their own words.

“In reply to the remarks of the Visitors upon the examination in physiology as conducted in this College, the Council is of opinion that it is not expedient to enforce on candidates intended, as a rule, for the general practice of the profession, too extended a study of the more abstruse departments of physiological science.

“In reference to the remarks of the Visitors on the examinations in chemistry and *materia medica*, the council is of opinion that, for the College of Surgeons to require proofs of ‘*a thorough knowledge of chemistry*’ in its examinations for letters testimonial, would be neither advisable nor, indeed, practicable. Such knowledge could not possibly be obtained by the student during the term which he can devote to the subject.”

THE UNQUALIFIED ASSISTANT SYSTEM.

No. X.

DISPENSARY practice forms an important subject for consideration in connection with the unqualified assistant system; and to it attention must be devoted for the purpose of rendering these articles a complete exposition of the subject. To a great extent the “provident dispensary,” so-called, is a development of recent time, and arose in great part out of the clamour for cheap physic that followed the first earnest attempt to

cope with the fast-growing abuse of hospital charity by applicants for medical assistance who were not fitting objects for gratuitous treatment. Reproached with the charge of availing themselves of services intended for the absolutely poor, such persons retorted that, though they might be able to pay some small sum towards the expenses of illness, yet they could not afford the usual fees charged by medical men; and out of the discussion thus aroused sprang the idea of dispensaries, at which large numbers of patients might be treated for small individual fees with a considerable resulting profit to the speculator. In a few cases it undoubtedly happened that there was a *bond fide* intention to deal honestly with the class thus presenting itself; but it required very little teaching to enable less honourable men to foresee the opportunities for dishonest trading presented by the plan thus adopted. The consequence has been that "dispensaries" became thickly scattered in every populous neighbourhood, and the practices indulged in at them have been of such a kind that through them a most unmerited disgrace has been reflected on the profession of medicine—a disgrace, moreover, which is invariably caused by facilities for irregular practice offered by the employment of unqualified assistants.

It is not at all difficult to understand how this is brought about. Even where the number of patients at a "dispensary" is considerable, the aggregate sum received, made up as it is of contributions varying from threepence to sixpence per head, can only leave a large profit after the payment of all expenses when such expenses reach a low percentage. But a large practice necessitates also some assistance in conducting it; and in his search after help, an unprincipled proprietor of a cheap dispensary is little likely to be influenced by any motive, other than economy. Consequently, his "assistant" is, with rare exceptions, an ill-paid servant of the unqualified description, to whom thenceforth, so long as he remains in charge, the health and lives of some hundreds of people, it may be, are weekly entrusted. What frightful mistakes are often committed through this arrangement, how many cases of simple disease are hastened to a fatal termination by inappropriate treatment, and how largely the death-rate of a district may be swelled where viciously-conducted "dispensaries" exist, it is, alas! too easy to conceive. That we do not have more frequent direct evidence of these facts is due to the unfortunate ignorance of the public concerning the real character of the institutions to which they apply for relief. When, however, through some more than usually outrageous error, inquiries are set afoot, exposures of the most disgraceful character are the result; and within the last week such an exposure has been made. The circumstances of this instance of the evils following unqualified practice at "dispensaries" have been published in all the daily papers, and have relation to the deaths of two children alleged to have been caused through improper treatment on the part of an unqualified medical practitioner, known throughout the East End of London as the "Black Doctor." The deaths of these children were deemed to call for a coroner's inquest, at which, held before Sir J. Humphreys, the

following facts were elicited. The proprietor of the dispensary at which the "Black Doctor" resided owned also three other similar establishments, and himself lived at a fifth address. At three of his "dispensaries" unqualified assistants were in charge, though he "attended each daily." He had seen the deceased child, Naomi, immediately before death, and signed a certificate in respect to her, being, of course, enabled to do this in strict conformity with law. The "Black Doctor," however, had himself appended the name of his employer to two other certificates of death; and on the question raised by this little irregularity some interesting information was given by the two witnesses implicated. According to the "Black Doctor's" own evidence, "Dr. Murdoch always authorised him to sign his (Murdoch's) name, and until the present case he never knew that it was an illegal act for him to sign a death certificate." This same gentleman had, however, previously informed the Court that "in his own country" (we are glad to say he is not an Englishman) he was a barrister, but notwithstanding the legal training he had experienced, he was unable to perceive any immorality in the forging of another man's signature. "He had been in the habit of signing certificates and letters. He had been assistant to Dr. Murdoch for about six months or more. He was not positive whether he had signed one or more death certificates." This person, it must be added, attempted justification of his position by laying claim to the possession of medical knowledge, and apparently relied somewhat for proof of his ability on the assertion that "he had had as many as seventy-five cases in one day." This plea is invariably put forward, and it is hardly possible to avoid the belief that it exercises a certain influence on juries. It should be insisted on, however, again and again and again, as we have repeatedly insisted, that there is but one single proof in this country of a man's fitness to practise medicine, and that is the possession of a *registrable qualification*. Without it, in spite of experience gleaned in every hospital and under every teacher in the universe, he is simply and solely a *quack*, trading on the credulity of ignorant fools. The law of this land has rightly demanded that those who essay to practise medicine within its jurisdiction shall comply with the conditions universally imposed; and it is deeply to be regretted that the ambiguities of the statutes do not admit of immediate and severe punishment of every pretender who does not possess the only legitimate right to act as a medical man.

It need hardly be said that independent testimony respecting the causes of death of the victims to "dispensary" practice directly contradicted the "Black Doctor's" ignorant diagnosis; and it should be added that the quack's employer had the grace to acquiesce in the opinion expressed by the gentleman who made the autopsy. He further, in the witness-box, offered a flat denial to his assistant's statement that he had commissioned the latter to sign certificates in his name. He admitted, however, that he did empower him to put his signature to drug orders, &c.; and judging from the utterances of the "Black Doctor" in court, it is by no means difficult to imagine that he would require little inducement to extend the limitations of the permission

given him in this respect. Indeed, no more telling illustration of the demoralising effects of unqualified assistantship on the character of the unqualified assistant himself, which was specially insisted on in the preceding article of this series, could have been afforded; the influence of wrong-doing must be reactionary.

This latest scandal to the profession is, in many respects, important. It comes at a season when every additional exposure of an iniquitous system will help in showing the revolution that must assuredly be no great distance away. Long as medical men have consented to remain silent in the presence of a monstrous evil, they will be compelled by the pressure of public opinion and in defence of their own interests, to make, at any rate, a pretence of disapprobation of the conduct which results in wholesale injury to the people. Already the question is being asked, "How can we have any confidence in a body of men who have so long permitted this disgrace to exist in their midst?" It is useless to pretend ignorance of the existence of the scandal; the number of practitioners employing unqualified assistants is too great a proportion of the whole profession for it to be possible that the system is not universally recognised; and if known, if its evils are acknowledged, how can a body of honourable men shield themselves from the just indignation of an outraged public. Every day that reform is delayed the task of repelling popular reproach becomes increasingly difficult. Each week that passes without the commencement of a movement designed to overthrow this great abuse is adding another link to the chain of evidence which will by-and-by be hurled against the dignity of medicine, its honour, and its honesty; and worse than all, the longer that action is deferred the greater will be the number of men who will emulate the economical principles carried into practice by such employers of labour as Murdoch and others.

Were it not that to do so would be little more than iteration, we might dwell on the grievous wrong inflicted on the poor, whose faith in the honour of medical men leads them to confide themselves, their nearest and their dearest, to the tender mercies of any unprincipled rogue that may be engaged to make pretence of curing them. They do not conceive the possibility of such base deception; they cannot associate such degraded practice with medicine; but they are surely being enlightened, and whose will be the blame when the whole weight of their revenge falls on the shoulders that, for long neglect, deserve it?

Notes on Current Topics.

A New Health Resort.

CONSISTENT with our advocacy of home health resorts in preference to those abroad, where the nature of patients' ailments indicates absolute rest and freedom from the excitement of long railway and sea routes, it gives us much pleasure to call attention to a Spa recently discovered by a member of the profession at a quiet village named Shelfanger in Norfolk. This spring contains the iron and magnesian carbonates in desirable proportions, and an

effort is being made to create a demand for the water in competition with foreign waters in the English market. It is unnecessary for us to point out to our readers in what cases a pure alkaline chalybeate beverage is indicated, suffice it that we call their attention to the fact that this can be now had at home fresh from the spring. A commendable effort is also being made to provide accommodation in the village for anæmic patients sent by physicians from large towns, as the attractions of the spring are supplemented by a charming climate, and the absence of those "exigencies of society," and excitement which are the customary concomitants of well-known health resorts. Probably, Shelfanger will become a fashionable lounge at some future time, meanwhile, ruddy health may be obtained there before the ruthless hand of the speculative builder reduces this charming old-fashioned country village to the dull and disappointing level of bricks and mortar.

A Phenomenal Canary.

THE power of imitation possessed by birds of the parrot tribe has long been familiarly known, and it would not be difficult to find numerous examples of even well-educated members of the genus in this respect. We do not, however, usually regard the vocal powers of canaries as being equal to the production of articulate sounds resembling those made by the human voice, but there is at present in the possession of Dr. J. McGrigor Croft a little songster of this description which, besides giving utterance to delicious warblings, is also able to "talk" with a clearness and precision simply marvellous. Somewhat sceptical of the accounts we had received of this animal wonder, we have, through the kindness of Dr. Croft, had an opportunity of directly proving the truth of the statements made concerning it. The canary does veritably *speak*, and enunciates a number of sentences which are clearly imitative of the voice of the lady who has had care of it since its early youth. The effect, indeed, produced by the clear, sweetly-uttered sentences pronounced by the bird is almost weird at first; but the feeling of wonder thus created quickly gives rise to a sensation of exquisite pleasure, which is deepened as the little creature suddenly at the end of a sentence rushes off into an ecstasy of song. As illustrating the exquisite pliability of the laryngeal apparatus of small birds, and the extent to which training may be carried in such cases, the tiny animal is deeply interesting to physiologists. As a mere curiosity, however, it is undoubtedly unique, and we are deeply obliged to Dr. Croft for having been enabled to witness so phenomenal a bird.

THE twenty-sixth annual congress of the Social Science Association is to be held at Nottingham in September next. The Secretary of the Association, Mr. J. L. Clifford Smith, is preparing for the press "A Manual for the Congress, with a Narrative of Past Labours and their Results." This work will be issued shortly, and will contain information as to the origin, constitution, and the proceedings of the Association during the quarter of a century that it has been in existence.

DR. WILLIAM BEAMISH, Senior Physician to the Cork Fever Hospital, has resigned, after a service of nearly half a century in that institution.

Royalty and Medical Charities.

WHATEVER the political opinions, whether Royalist or Republican, certain it is that no charge of want of interest in the charities of the nation can be honestly advanced against the various members of Her Majesty's family. For their willing presence and contributions to medical charities in particular we are gratefully sensible, and we feel sure we do but echo the universal accord of thanks of the entire profession to their Royal Highnesses for the continued acts of disinterested kindness which they, at much inconvenience to themselves, thus almost daily show. As an instance of the heartiness of the work may be mentioned the fact that this evening (Wednesday) H.R.H. the Prince of Wales first takes the chair at a festival in aid of the London Fever Hospital, whence he goes direct to the Royal College of Physicians, having promised to be present at the *conversazione* held the same evening.

Forthcoming Lectures.

It affords us pleasure to announce that we have made arrangements to publish simultaneously in these columns the lectures now in course of delivery in the Royal Colleges of Surgeons of England and of Ireland. The subject of Professor Hutchinson's course at the London College is "Temperament, Idiosyncrasy, and Diathesis in relation to Surgical Disease;" that of Professor Jacob's is "The Pathology and Diseases of the Conjunctiva." The first lecture of each course delivered last week attracted considerable audiences, and the wider publicity of our columns will doubtless ensure that interest which their subjects demand. Professor Hutchinson's course is commenced in our present number. We shall begin Dr. Jacob's in our next, and both will run simultaneously through our columns until completed.

Home Hospitals.

A MEETING of persons interested in the Home Hospital movement—it should be called the Invalids' Hotel—took place on Saturday, and a good many laudatory speeches were made on the occasion, but which eventuated in an appeal for additional funds towards the extension of the scheme. In spite of what was said about London being behind America in providing this class of accommodation, we are of opinion that it partakes of a sort of carrying coals to Newcastle. It is simply a speculative venture to accommodate and take care of a class of people well able to take care of themselves. Those who are able to pay six or eight guineas a week for lodging, with or without nursing thrown in, can never have had any difficulty in finding suitable accommodation in any part of London; it is those whose means are much restricted, who are unable to find what they want; and luxurious home hotels are not intended for such as these. Besides, whilst paying highly for luxurious nursing in invalid hotels, patients have become more exacting upon the profession, demanding more, but expecting to pay less for the medical services rendered. This was all very well when, as was formerly the case, patients came to London and placed themselves in the hands of a general practitioner, who was in attendance and took charge of the case. The general practitioner is now nowhere, and is in danger of

losing his hold on a class of society better able to pay him for his services than the class left out in the cold. The whole thing, we believe, is likely to prove a grave mistake, and inflict an incalculable amount of injury upon the profession.

The Late Professor Rolleston.

A MEETING of subscribers to the Rolleston memorial fund was held on Thursday, June the 1st, at the Royal College of Physicians, Pall Mall East, for the purpose of deciding what form the memorial should take. It was announced that over £1,100 had been collected, and this sum it was resolved should be paid to the University of Oxford, as trustees of a fund out of which a biennial prize should be awarded to the author of the best memoir embodying the results of original research on any branch of the following subjects, viz:—animal and vegetable morphology, physiology and pathology, and anthropology. Candidates must be members of either Oxford or Cambridge Universities under ten years standing from date of matriculation, and the value of the prize on each occasion will be about £70. The meeting concluded with the passing of votes of thanks to the chairman, Dr. A. B. Sheppard, and to the secretaries of the memorial committee, Messrs. W. M. Moullin, M.D., C. T. Acland, M.B., A. P. Thomas, M.A., and E. B. Poulton, M.A. The date of the first award of the prize will be determined on a subsequent occasion.

Royal College of Surgeons of England.

At a monthly meeting of the Council of the Royal College of Surgeons of England, held on Thursday last, the Vice-Presidents, in the absence of the President from illness, submitted the following recommendations as a reply to the letter received from the Secretary of State on March 2, referring to amendment of the law relating to the sale of poisons: "That it is neither necessary nor practicable that any further restrictions should be placed on the sale of medicines containing poisons dispensed from ordinary prescriptions by legally-qualified medical practitioners; that there should be greater restrictions placed on the sale by *wholesale*, of certain virulent poisons, such as strychnine, aconitine, and all poisonous vegetable alkaloids and their salts; that further restrictions should be provided by law so as to more efficiently control the sale of poisonous patent medicines; and that the power which the Act confers upon the Pharmaceutical society to make, with the consent of the Privy Council, any additions to, or alterations in, Schedule A, is a wholesome provision, and a sufficient guarantee that from time to time further changes in that schedule will be effected, as new poisons are introduced into common use." The recommendation of the nomination committee to the effect that henceforth candidates for either diploma of the College shall be required to attend but a single winter course of lectures on anatomy instead of two such courses, was adopted. On the motion of Mr. Marshall it was resolved to invite the attention of the various teachers of anatomy and physiology at medical schools to the resolution of the Council in respect to examination of students in elementary anatomy and physiology at the end of the first year, and that they should be invited to confer with the Council respecting the carrying out of the resolution.

Killed by a Quack.

LAST week the coroner for the co. Tyrone held an inquest at Castlecaulfield touching the death of a woman. It appeared on evidence that Dr. Browne, medical officer of the district, pronounced the deceased to be suffering from erysipelas in the face, and prescribed for her. Immediately after, the services of a woman named M Quillan, who is supposed to possess a charm for that disease, were obtained; she applied cold sage leaves, stuffed some up the nostrils, and administered a decoction of the herb inwardly. The young woman became worse and died. Dr. Browne, in answer to the coroner, said that he believed congestion of the brain resulted from the application of the cold leaves, but would not like to swear positively, inasmuch as that the disease has frequently passed from the face to the brain. The coroner said that, in his opinion as a medical man, the fatal termination of this illness was the result of resorting to quackery, and had Dr. Browne given it as his positive opinion, he would have found it necessary in the discharge of his duty to ask the jurors to return a verdict of manslaughter against the person.

Royal Irish University Examinations.

THE first medical examinations of the Royal Irish University will commence on Monday, the 19th. They are chiefly intended for the students of the Queen's University, and no honour examination will be held in connection therewith. The Dublin papers have, meanwhile, been engaged with a correspondence emanating from students who intend to come up for the examination, the gist of the complaint of these gentlemen being that they are to be asked to answer in physiology and the use of the microscope—subjects of which they say the Queen's University never took any cognisance. The establishment of the Royal Irish University is certainly justified when it comes out that the M.D.'s of the Q.U.I. have been hitherto sent out in ignorance of these subjects.

The Conflict of Medical Testimony.

As we have often insisted, it is not only derogatory from a professional point of view, but also from a public one, that men of equal standing and reputation in the profession should allow themselves to be pitted against each other in courts of law, flatly contradicting each other in questions of fact, and about which there ought to be very little, if any, difference of opinion. In a case tried last week—*Stewart v. The North London Railway Company*—we regret once more to see that, while Mr. Erichsen and Mr. Haynes Walton were agreed and perfectly confident of the nature of the injuries received by the plaintiff in the Dalston collision in February last, Mr. Hutchinson, Mr. Gay, and Dr. Ferrier were equally certain that he had received no injury whatever—was, in fact, a malingerer. Notwithstanding this conflict of medical opinion, a special jury of twelve intelligent men rejected the view taken by the medical men for the Company, and awarded Mr. Stewart £2,500 damages. The jury rather question whether any one can be adequately compensated for injuries inflicted through a railway collision.

Deaf-mutism.

A SOCIETY devoted to the amelioration of the deaf-mute met at the Mansion House last week for the praiseworthy purpose of bringing more prominently forward the institution for training teachers to carry on more vigorously the German system, or lip-method of instruction. Oral teaching undoubtedly possesses many advantages over the digital or sign system, and should now not only be extended, but taught in every institution devoted to this afflicted class of the community. There are nearly two hundred schools in which the lip-method is in operation, and it should become national; but as there are 30,000 deaf-mutes, teachers are in great requisition. A training college has been founded at Ealing, but for want of funds its operations are at present very restricted.

Metropolitan Provident Dispensaries.

THE annual meeting of the Metropolitan Provident Dispensaries Company took place last week, under the presidency of Sir Charles Trevelyan, Bart. The report of the directors was of a satisfactory character. £3,374 had been expended in starting new dispensaries, furnishing buildings, providing drugs, and meeting preliminary expenses, previous to their becoming self-supporting. Nearly 10,000 members have now enrolled themselves, on the principles of mutual assurance during health and sickness. A staff of local and well-qualified medical men is attached to each dispensary, and thus a solid foundation appears to be laid of a system designed to meet the wants of a class who cannot pay ordinary professional fees, and would, it is believed, not continue to ask for charity if some intermediary choice were offered on terms within their means and consistent with their independence and self-respect.

Hospital Sunday in London.

ALTHOUGH the weather was not altogether propitious for large congregations at the various places of worship in the metropolis on Sunday last, yet we may reasonably hope, from the amounts already known to have been collected at some of the leading churches, that the aggregate will at least equal, if not exceed, that of last year. A distinguished foreigner once remarked that nothing struck him so forcibly as the constantly recurring words "supported by voluntary contributions" on buildings in almost every street in London. And each year greater calls are made upon voluntary efforts, and as the buildings increase in size to meet demands, so the sum necessary to support them must be an augmented one. Hospital Sunday is now an established agency throughout the United Kingdom; indeed, so necessary has it become, that without it many hospitals would either cease to exist or their efficiency be seriously impaired.

It was announced at the opening of the new buildings of the Brompton Hospital for Consumption, yesterday, that a lady had given a large donation, in order to name a ward in the new extension building in memory of a beloved son. Another lady and two gentlemen, much interested in the Consumption Hospital, have each in like manner named memorial beds in the building.

The Legal Aspects of the Irish College of Surgeons' Controversy.

THE following opinion of Mr. Purcell, Q.C., as to the competency of the College to allocate its funds to the maintenance of a medical school was submitted by Dr. Jacob at the meeting of the Fellows on Saturday, the 3rd inst. :—

Queries.

1. Having regard to the terms of the Charters and Bye-laws (in Green-book herewith sent), especially the preamble of Charter of George IV., page 6, clause at page 17 of same; also clause 10 of Supplemental Charter, page 36, and the Bye-laws for election of professors educated by the College under clause 7—is it your opinion that the maintenance of a school under the special control of, and within the premises of the College, is contemplated by the Charter?

2. Is it legal for the Council to allocate the College funds, under the sanction of the Fellows, for such maintenance, and is it their duty, when necessary, to do so?

3. Would it be legal, under the Charters, for the College to alienate its school buildings, except by way of sale, or to grant money from the College funds for the maintenance of any school not connected with the College?

Opinion.

1st. I have no doubt that the maintenance of such a school is not only contemplated by the Charter, but that it was the principal reason for its being granted. Thus, in the original Charter (1784), the object of the incorporation is stated to be for the purpose of establishing "a liberal and extensive system of surgical education." So in the 2nd Charter (1828), after reciting in the above terms the object of the first Charter, and the advantages which had accrued from it, the purpose of the new Charter is stated to be "the further empowering the Corporation to create a fund sufficient for keeping the several buildings and schools of the said College in proper repair, enlarging them when required, and supplying the museum and library thereof with suitable books and anatomical preparations;" and accordingly this Charter provides, "that the fee or deposit" payable for the grant of letters testimonial shall be paid or lodged "for the use of the said College, and the support of its institutions, buildings, schools, museum, and library;" and in the Supplemental Charter (1844), provision is made for the election, not only of Examiners, but also of Professors, the latter of whom are to be elected "to teach such branches of surgical, medical, and collateral arts or sciences as the Council may direct."

2nd. In my opinion it is not only legal for the College to apply its funds to the maintenance of its schools, but it is also its duty to do so, since the fees which, under the Charter of 1828, it is authorised to receive, are to be paid to it expressly "for the support" (amongst other objects) "of its buildings and schools."

3rd. In my opinion the College has no power whatever to do so.

Council Elections at the College of Surgeons.

THERE are already three candidates for seats on the Council of the College in addition to the gentlemen who go out, and who seek re-election. These three candidates are—Mr. John Croft, Mr. C. Macnamara, and Mr. G. Lawson.

The Dangers of "Coffinism."

AN inquest was held at Carlisle, on Thursday last, on the body of a man whose death resulted from self-administration of an emetic, one of the principal ingredients of which consisted of lobelia. Deceased was described as a firm advocate of "Coffinism," by which term belief in the efficacy of a certain notorious advertising patent-medicine vendor's wares is called. Post-mortem examination revealed the fact that through the action of some strongly irritant poison perforation of the stomach had ensued, with passage of its contents into the peritoneal cavity. This case is another sad illustration of the pernicious effects that flow from the freedom with which ignorant persons are permitted by the laxity of our laws to indulge in self-treatment by means of advice contained in the works of advertising quacks. In the north of England this practice largely obtains among working people, and is undoubtedly fostered by the readiness of local papers to adduct any and every kind of advertisement to their pages. It is difficult to see where improvement can be expected until a radical change in the law is effected.

The Removal of Plaster-of-Paris Bandages.

DR. MURDOCK states that a very convenient way of effecting this is to take a strong solution of nitric acid, and by means of a camel's-hair pencil to paint a strip across the bandage at the most desirable point for division. The acid will so soften the plaster that it may be readily divided by means of an ordinary jack-knife.

SIR J. LUBBOCK (*Journal of Linnean Society*) concludes, from a prolonged and careful series of experiments, that bees distinguish colours, and have a decided preference for blue.

WE are informed that His Royal Highness the Duke of Connaught will personally distribute the prizes to the students of St. Thomas's Hospital Medical School on Saturday next, June 17th, at 12 o'clock.

HOFRATH FRANZ RITTER VON SKODA, in memory of his deceased brother, Prof. Dr. Joseph Skoda, has just presented to the Burgomaster of Vienna the munificent sum of 20,000 Austrian florins as a contribution to the Charitable Fund.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows :—Calcutta 25, Bombay 26, Madras 32; Paris 26; Geneva 22; Brussels 23; Amsterdam 28, Rotterdam 19, The Hague 24; Copenhagen 26; Stockholm 18; Christiania 19; St. Petersburg 55; Berlin 24; Hamburg 23; Dresden 22, Breslau 33, Munich 34, Vienna 26, Prague 37, Buda-

Pesth 38, Trieste 27; Rome 34, Naples 39, Turin 31, New York 34, Brooklyn 26, Philadelphia 20, and Baltimore 23.

THE highest annual death-rates in the large towns last week from diseases of the zymotic class, per 1,000, were— from whooping-cough 2·5 in Bristol, and 2·3 in Oldham; from measles, 5·4 in Bolton, 3·7 in Preston, 3·6 in Bradford, and 3·1 in Salford; from scarlet fever, 3·0 in Hull, and 1·9 in Derby; and from "fever" 2·3 in Edinburgh, 1·5 in Blackburn, and 0·9 in Liverpool. Of the 26 deaths from diphtheria, 12 occurred in London, 4 in Glasgow, 2 in Edinburgh, and 2 in Brighton. Small-pox caused 7 deaths in London and its outer ring of suburban districts, 2 in Nottingham, 2 in Leeds, 2 in Newcastle-on-Tyne, one in Birmingham, one in Bolton, one in Manchester, and one in Sheffield.

ON Friday last the innominate was ligatured by Mr. Thomson, at the Richmond Hospital, Dublin, for a subclavian aneurism. The patient, a man aged 45, first observed the disease ten months ago, and came under treatment two months since, when, however, he refused operation, and left the hospital. A fortnight since he returned, and the tumour was then found to have reached a size of $3\frac{1}{2}$ inches diameter. It springs from the second and third stages of the subclavian. Mr. Barwell's improved needle, adapted specially for the innominate, was used, and also the tape ligature recommended by him. The latest account of the patient is that he is doing well, his temperature being 99° and his pulse 120.

THE success of certain German "worm doctors" in using extractum filicis led Herr Dietrich to suppose that the best results are obtained when castor oil is administered immediately after the extract, instead of waiting an hour or two, the extract being more likely to reach the worm undecomposed and less likely to irritate the stomach during its rapid passage. Upon experiment this was confirmed (*Pharm. Zeit.*); in fact, the most favourable results were obtained when the extract and oil were administered together. This, according to Herr Dietrich, is most conveniently done in flexible capsules, each containing 1 gram of extract and 2 grams of oil. A dose consisting of six such capsules, preceded as usual by a laxative, has been found quite effective.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

EDINBURGH UNIVERSITY CHEMICAL SOCIETY.—The tenth ordinary meeting of this Society was held in the University on the 7th inst., Dr. Debbin, Vice-President, in the chair. Mr. Cecil Reddie, B.Sc., read a paper upon azo, diazo, and hydrazine bodies, sketching the history of their discovery, their properties, and their relation to each other, and showing that they may all be referred to the hypothetical radical hydrazine as type. Dr. Matthew Hay exhibited an apparatus for the estimation of the nitrogen of the urea by the method of Heufner.

DEATH OF DR. WILSON, OF MOTHERWELL.—The death of

Dr. Wilson, of Motherwell, which took place at Rosshill on the 3rd inst., will be generally regretted in the district. Dr. Wilson, who was a native of Ross-shire, came to the district about 12 years ago. He was not long in the place when he established a large and lucrative practice. Dr. Wilson was M.B. and C.M. Aberdeen, 1868, and was medical officer to the Dalzell and Excoclair Iron Works.

LEITH.—VITAL STATISTICS.—For the week ending with Saturday, June 3rd, the number of deaths in Leith was 30, which is equivalent to an annual mortality of 25 per 1,000 of the population. The number of deaths during the month of May was 82, giving an annual death-rate of 16 per 1,000, this being the lowest rate of any of the eight principal Scotch towns.

EDINBURGH.—HEALTH OF THE CITY.—The mortality of Edinburgh for the week ending June 3rd was 95, and the death-rate 22 per 1,000. Under one year there were 14 deaths, and above 60 years 21, of which three were above 80. Diseases of the chest accounted for 46 deaths, and zymotic causes for 18, of which 9 were due to fever of the typhoid type, and three to measles. The intimations of new cases numbered 150, including fever 27, scarlatina 40, measles 80, and diphtheria 3.

PROFESSORIAL LIBERALITY IN EDINBURGH.—We have frequently had occasion to animadvert on the commercial instincts displayed by some of the Scotch University Professors in the judicious farming of their chairs, to the detriment of the pockets of students caught by the statement put forth in the University Calendar that the minimum cost for the degrees of M.B., C.M., is £107 18s., spread over four years. It remained, however, for the inventive genius of the Professor of Natural History to complete the process, and this he has done by selling his diagrams to his pupils, who may now purchase a somewhat rough drawing of the head of a cod-fish for one penny. The chair is said to be worth £2,000 a year, at least, that was the amount stated when it was vacant.

TEXT BOOKS VERSUS NOTES.—A contemporary, in a recent review of some text-books on medicine, after quoting with approval the opinion of Carlyle as to the value of text-books mourns over the tendency at one ancient and great school of medicine to put the notes of the professors in the place of these books, and points out that such a system must tell to the disadvantage of the school. We are unwilling to take all the credit to ourselves, but if our contemporary will refer to our pages it will be seen that for some time past we have persistently attacked the system as injurious to the student who is in need of a sound general knowledge of his profession, and should not be required to be posted up in the crotchets of his future examiner. As long as professors depend for their incomes on their chairs, it is but natural that they should do all in their power to increase their classes; and this they may legitimately do by offering to students a larger amount of sound knowledge than can be obtained in other schools, but, unfortunately, where teacher and examiner are the same, the legitimate path of duty is far more frequently departed from for the far easier and more effectual one of propounding crotchets which demand attendance at lectures, and it must be remarked that some of the professors have been so far honest as to openly state that all that will be required is a knowledge of their lectures. In Edinburgh good "notes" frequently fetch a higher price than the best text-books on the same subject. Is the Royal Commission, whose report we are awaiting with the "tiptoe of expectation," aware of this fact?

MORISON LECTURES ON INSANITY, COLLEGE OF PHYSICIANS,

EDINBURGH.—The above lectures will this year be delivered at the College Hall by Professor D. J. Hamilton, of Aberdeen, on Tuesdays and Fridays, beginning next Friday, at four o'clock.

THE COLLEGE OF SURGEONS AND THE MEDICAL COUNCIL.—Owing to the death of Professor Spence the post of representative of the College in the General Medical Council is rendered vacant. Rumour is of course afloat as to his probable successor, but by some it is expected that Mr. Imlach, the present president, will be selected. A better man could not well be appointed, for Mr. Imlach, who has been president for three years, possesses the entire confidence of the Fellows, and is well acquainted with all the needs of the College. His election, therefore, to the vacant post would be a grateful acknowledgment for the services he has rendered to the College during his term of office.

THE CHAIR OF SURGERY, EDINBURGH.—The canvass for this chair has now begun, and among the candidates the names of John Chiene, John Duncan, Joseph Bell, and Professor Lister are mentioned. The feeling among the students is in favour of Dr. John Duncan, but at present it is difficult to say who is likely to get the coveted post. It is in the gift of the Curators, whose views it is impossible to divine, as an attack of dyspepsia may entirely change the voting.

Literary Notes and Gossip.

PROF. HUXLEY is understood to be now engaged upon a work which he and his friends think will prove to be the most interesting of his life. It deals with Bishop Berkeley and his contributions to mental and medical science.

DR. WM. ROBERTS, of Manchester, has lately revised and published a second edition of his Lumslean Lectures, delivered before the Royal College of Physicians of London, on "The Digestive Ferments and the Preparation and Use of Artificially Digested Food."

WE understand that so great has been the success of the Picture of the International Medical Congress that a second edition is in contemplation, containing additional portraits—both English and Foreign—of those members who were unable to give a sitting during the meetings in London last year.

WE hear that, in consequence of a much larger subscription list for Dr. Neale's "Medical Digest" having been received than was anticipated, a heavier edition has had to be printed, which will delay the issue of the work a few days beyond the time announced. It will probably be ready by the end of next week.

HIS ROYAL HIGHNESS PRINCE LEOPOLD has consented to preside at the annual Press Fund Dinner, to be held at Willis's Rooms, St. James's, on Saturday, June 24th. The list of stewards is a most formidable one, and includes most of the known writers for the press, both lay and medical, beside several foreign ambassadors and representatives of the nobility.

THE subject decided on for the Jacksonian Prize for the year 1883 is "The Pathology, Diagnosis, and Treatment of Obstruction of the Intestines in its Various Forms in the Abdominal Cavity." The subject for the present year is "Wounds and other Injuries of Nerves, their Symptoms, Pathology, and Treatment," essays for which must be sent in on Saturday, December 30th, when essays for the Collegial Triennial Prize will be due.

TWO medical journals have just appeared in the United States. One is the *Quarterly Illustrated Journal of Medicine and Surgery*, in large quarto form, edited by Dr. G. H. Fox, the first number of which contains several coloured lithographs of plastic operations performed by Dr. Post. The other new candidate is the *American Journal of Neurology and Psychia-*

try, edited by Dr. McBride, and aims at supplying the neurological needs of the general practitioner.

MR. G. W. BACON, of 127 Strand, has issued a cheap, compact, and excellently-written life of the late Mr. Charles Darwin, to which have been added a large collection of obituary notices collected from newspapers, reviews, &c., which commented on the decease of the eminent naturalist. We gladly welcome this little work, which will serve admirably to spread abroad a good idea of the value and extent of the endless achievements of the founder of Modern Biology.

DR. AUBREY HUSBAND, of Edinburgh, the author of one or two very successful hand-books, has published this week a little work entitled "The Student's Pocket Prescriber," its object being fully explained in its title. There was a considerable demand for the late Dr. Handzel Griffith's "Lessons in the Art of Prescribing" when it first appeared in book-form as a reprint from our columns, and as medical treatment has altered in many important particulars since then, Dr. Husband's little venture will probably meet a want.

A GOOD collection of examination questions properly used by the student is of immense value, as it enables him to find out his weak points. The collection now before us, "Examination Questions," by James G. Leask, M.B., is a most admirable one in many respects, but it lacks in many places a systematic arrangement of the subjects. For instance, on page 66, under "Disabilities," we find a question which were better placed under the heading of Hygiene than where it is. Taken altogether, we have much pleasure in recommending the book to students, and we are sure that it will be of great use to them.

PROFESSOR POLITZER'S long-promised work on "Diseases of the Ear" appears to be on the eve of completion, for we understand from Dr. Cassells, of Glasgow—a former pupil of the learned professor who is translating the work—that the final chapters are now only awaiting correction, and that the whole is expected to be ready in September. The German edition will be published in two volumes, but the English in one only, of about 700 pages; the elaborate phraseology of the original giving place to succinct English. It is expected that three editions will be published simultaneously in Vienna, London, and Philadelphia, an American firm having purchased a heavy edition for that market.

AN innovation has been made by Sir Henry Thompson in the price of the new edition of the sixth edition of his "Lectures on Diseases of the Urinary Organs" just issued, by its reduction from 10s. 6d. to 2s. 6d. Complaints of the high price of medical works are frequently advanced, but we do not see that it is possible to produce medical literature at the "shilling novel" price, when of necessity there is so small a constituency to appeal to for their sale. Sir Henry Thompson's previous editions of this work have sold rapidly at the higher price, and his action in the matter of the new edition will be all the more appreciated as its sale at this nominal price can hardly be expected to cover the cost of production.

"A Trip to the Ardennes" is the title of the first of a series of Holiday Handbooks under the editorship of Percy Lindley, which is intended to assist those who frequently ask themselves, "Where shall I go for my holiday this year?" and we doubt not many of our readers will be glad of the suggestions here given. No. 1 is a guide to, and a description of, a fortnight's trip to the Ardennes, in South Belgium, and gives the routes, places, and objects of interest, cost, &c. No. II. will be "A Holiday in Holland," and of a similar character to that already described. These books can be procured at one penny, of all booksellers, but the actual cost of production must far exceed this, railway enterprise being, we suppose, responsible for the balance.

THE Editor of *House and Home* is doing good service towards the advancement of hygienic principles in the homes of the working-classes by the weekly issue of his interesting periodical. If the masses could be induced to read this penny publication in preference to the pernicious trash which one but too frequently sees in their houses, we might reasonably hope for a more wholesome and rational state of things than now obtains. Still, we understand that *House and Home* is taken extensively by philanthropists, who endeavour, and with suc-

siderable success, to stem the tide of drunkenness, dirt, and disease by its free distribution. The number before us contains an excellent likeness and biographical notice of our eminent confrère Sir Erasmus Wilson, F.R.S.

WHEN a book has reached a seventh edition the duties of a reviewer are comparatively easy, little more being required than a notification of the fact. Among the additions to the present volume of "Diet and Regimen," by Horace Dobell, M.D., is a chapter on the Diet and Regimen of Children, which may be read with considerable profit by young practitioners and by those having the care of infants. Older practitioners will find many valuable hints scattered about this work on Disinfection, Ventilation, and the preparation of dainty dishes for their patients, besides the special subjects of diet and regimen, which it is the main object of the book to discuss. We cordially recommend Dr. Dobell on "Diet and Regimen" to our readers; we have made many notes from it ourselves.

A NEW monthly journal, entitled *The Field Naturalist and Scientific Student*, the first number of which is just published, price fourpence, is to be devoted to supplying for scientific students the want they are supposed to experience in the absence of a paper allied to their interests, and modelled on the basis of *Notes and Queries*. There is no doubt room for such a publication, and if properly conducted it might very well command success, for an increasing number of persons do certainly each show an intelligent interest in the study of natural science. The present issue of the new venture contains articles on "The Architecture of the Woods," "The Sense of Locality in Animals," "Aboriginal Book-keeping," "The Refinings of Microscopic Study," &c., &c., and deserves to be recommended to all who are interested in the out-door world of nature as a readable and agreeably-written journal.

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list, May 10th:—*Mechanical Dentistry*, by Chas. Hunter (2nd edition). *The Pharmacopœia of the London Hospital*. *The Human Brain*, by W. Bevan Lewis, L.R.C.P. *Aristotle on the Parts of Animals*, translated by W. Ogle, M.D. Report of the Metropolitan Board of Works for 1881. *The Tissues and their Structure*, by Alex. S. Kenny, M.R.C.S. *Sarcoma and Carcinoma*, by H. T. Butlin, F.R.C.S. *On the Treatment of Cancer*, by John Clay, F.R.C.S. *The Medical Aspects of Genu Valgum in its relation to Rickets*, by W. J. Little, M.D. *Medical and Surgical Reports of the City of Boston Hospital*, Vol. III., *Clinical Lectures on Diseases of the Urinary Organs*, by Sir Henry Thompson, F.R.C.S. (6th edition). *On Ovarian and Uterine Tumours*, by T. Spencer Wells, F.R.C.S. *The Student's Guide to Materia Medica and Therapeutics*, by J. C. Thorowgood, M.D. (2nd edition). *Manual of Diseases of the Skin*, by L. Duncan Bulkeley, M.D. *The Change of Life in Health and Disease*, by Edward J. Tilt, M.D. (4th edition). *The Surgery of the Rectum*, by Henry Smith, F.R.C.S. (5th edition). *Handbook of Dosimetic Therapeutics*, by Dr. Burgræve. *The Life of Charles Darwin*, by G. W. Bacon. *A Handbook of House Sanitation*, by E. F. Bailey-Denton, C.E.

Presentation to Dr. Ringwood, of Kells, Co. Meath.—On the 8th inst., Dr. Ringwood, of Kells, was presented by some of his patients and friends with a purse of one hundred and sixty-seven sovereigns, accompanied by their warmest congratulations on his recent recovery from a long and serious illness, and with the request that he will use it in defraying the expenses of visiting a foreign spe, which he has been ordered to do by his medical attendants.

Obituary.

JAMES SPENCE, F.R.C.S.E., F.R.S.E.,

Professor of Surgery in the University of Edinburgh; Surgeon to the Queen in Scotland.

ALMOST at the moment that we were penning our remarks on the tardy recognition of the claims of medical science at the hands of Her Majesty, the subject of our observations, one of the greatest of the exponents of Scottish surgery, was slowly passing away in the person of James Spence.

Born in Edinburgh in 1812, Spence was first apprenticed to a firm of druggists, where he developed a taste for the medical profession, and which he left to enter as a student in the University of Edinburgh, but in which he never graduated. He took the licence of the College of Surgeons in 1832, and with the exception of a three years' service in the Indian Navy, and a short time spent in Paris, Mr. Spence always remained true to his Edinburgh associations. Mr. Spence was an untiring dissector, and laid the foundation of that accurate knowledge of the human frame which in after years proved so valuable to him in that branch of the profession which he elected to study, and which he was destined to adorn. Those who would see what the anatomist's knife, combined with great manual dexterity and patient care, can accomplish, should visit the museum of the College of Surgeons, Edinburgh. There were great lights on the horizon of surgery when young Spence started, and opposition enough to discourage men of even "sterner stuff" than the youthful surgeon. Liston, Syme, Sir Charles Bell, Ferguson, and Miller were all alive, but it has been permitted to James Spence to outlive them all, and to add his own name to those who have done so much to enhance the greatness of the Edinburgh School of Surgery. In 1849 Professor Spence became a Fellow of the College of Surgeons by examination, and to that institution he became a warm and devoted adherent, as a reward for which, on the death of the late Dr. Andrew Wood, he was elected, by the unanimous vote of the Fellows of the College, to represent their interests at the General Medical Council. In 1864 he was elected to fill the Chair of Surgery left vacant by the untimely death of Professor Miller, his opponent being Professor Lister. It must not be forgotten that Spence was for some time a lecturer and teacher of surgery in the Extra-Mural School, to the teachers in which Edinburgh owes much of its present renown. Last summer a number of his professional friends and admirers presented him with his portrait, a copy of which was also hung on the College walls. Of his published works, his "Lectures on Surgery" will long remain a valuable textbook to British surgery, and an exponent of the teaching and practice of its author. As a lecturer Professor Spence was not great; his delivery was slow, almost mournful; but as one listened to him one could not but feel that you were getting the best thoughts and the sound experience of an honest, practical man, anxious to make you a partaker of the rich store of knowledge which he, at infinite cost of time and thought, had collected. We can remember his first course of lectures delivered in the University, and can bear testimony to the value we derived from his teaching. Spence was a man who wanted knowing to be thoroughly appreciated, his manner often giving a false impression to those who did not know the kind heart that peculiar manner concealed. Some men possess a polished manner that takes with the general public, but is often as hollow as it is polished; this was not the case with Spence. When you got at the man, you felt you could trust him implicitly, and rely on his proffered assistance. For some time he had been in failing health, and it was apparent to all that he was gradually getting past work; still he continued to teach till prevented by an abscess in the foot, which led to the removal of three of the toes, and subsequent blood-poisoning, which ultimately proved fatal. Professor Spence leaves a wife and large family. The funeral, which took place last Friday, was largely attended by the Professors of the University, the Presidents and other officers of the Colleges, and by the students.

Royal College of Surgeons of England.—The following Members, having passed the Final Examination for the Fellowship on May 25th, 26th, and 27th, were duly admitted Fellows of the College on Thursday last, June 8th:—

- Ballance, Charles Alfred, M.B. Lond., Lower Clapton.
- Bennett, W. C. Storer, L.R.C.P. Lond., George St., Hanover Square.
- Bond, Charles John, L.R.C.P. Lond., Lutt rworth, Leicester.
- Dale, Frederic, M.B. Cantab., L.R.C.P. Lond., Scarborough.
- Davies, Morgan, L.R.C.P. Lond., Llangwryfon, Cardiganshire.
- Hopkins, John, L.S.A., Cleveland St. Infirmary.
- Jackson, Arthur, L.S.A., Gray, Essex.
- Lane, William Arbuthnot, M.B. Lond., Victoria Hosp., Chelsea.
- Poland, John, L.R.C.P. Lond., Eliot Vale, Blackheath.
- Silcock, Arthur Quarry, M.D. Lond., Graham Road, Dalston.
- Taylor, James, L.R.C.P. Lond., New Gate St., Chester.

Two other candidates passed the examination, but being under the legal age (twenty-five), the grant of their diplomas was postponed.

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.

DR. BURTON'S translation of Gusserow's paper "On Puerperal Fever" shall appear, if possible, in our next.

MR. G. F. BLAKE.—We have communicated with the authorities relative to the irregularity.

CURIOSITY.—We are always ready to answer questions within our province, but our correspondent can hardly expect us to reply to his queries on "folk lore," which he should address to the Editor of *Notes and Queries*.

THE BRITON MEDICAL LIFE ASSOCIATION.

The annual report and balance-sheet of this Association, which appeals more particularly to the interests of the medical profession, has just been issued, and bears evidence of continued progress in all its departments. Three hundred and sixty-eight new policies were issued, assuring the sum of £106,199, and yielding in annual new premiums the sum of £3,282 as the new business of the year, whilst the claims for the same period were only £6,042. Our valued contributor, Dr. B. W. Richardson, F.R.S., has been elected a director and deputy-chairman, upon which we congratulate both the share and policy holders. During the past year the management has gone the right way to insure the confidence of the profession and the policy holders generally by the steady decrease in expenses and an increase of business.

A STUDENT should write to the College for a syllabus of the lectures. He will see that the present course is appearing in another column of this Journal.

MR. FLEMING will please receive best thanks.

MR. P. DAVIDSON (Liverpool) is thanked for his notes of "A Case of Old Hydatid Cyst of the Liver cured by Incision and Drainage," which is marked for an early number.

POLICE RED TICKETS.—D. M. O. writes:—On the 23rd of May I attended on a V.T. presented by a constable, a man in the police-barrack, who had received some cuts on the head in the fair of this town the same day. The wounds were trifling in themselves, and the patient attended at the dispensary on the 27th, progressing favourably. On the evening of 1st June a second V. T. was left at my house by a constable, who did not wait to give any explanation. I found it was for the same person, and on visiting him at his own home, that having exposed himself contrary to orders, he had got an attack of erysipelas in the head. Under treatment he rapidly improved, and continues to improve. I have had him under constant treatment since. Heard from his wife yesterday at the dispensary that he continued better, and was, therefore, very much surprised at about half-past nine in the evening at having another red line sent in to me by a constable for the same patient. This constable also went away without a word of explanation; but on sending after him I learned that the visit was not required till the morning (to-day), and that the object was to get from me a medical certificate of the man's unfitness to attend at petty sessions to-morrow. I have always been willing to communicate any information of this sort acquired in the discharge of my dispensary duties to the Constabulary; but I am ignorant that they have any right to demand it much less to make use of the Poor-law medical relief machinery in this way for purposes of their own. I was perfectly competent to have given the certificate without an additional and special visit (having seen the patient on the 4th inst.), and would most likely have given it if asked. Please inform me if I am right in my view of the case, and what means of redress and protection are available to me.

[Our correspondent is not bound to give any certificate whatever, or express an opinion as to the patient's condition either verbally or in writing. He must attend when he gets a red ticket, and must "afford advice and medicine," but he need do nothing more. If the ticket is issued for a person not reasonably to be described as "poor," the doctor may sue the issuer for the negligently issuing it, or the recipient for fraudulently obtaining it.—Ed.]

ONE INTERESTED.—We are informed by a gentleman who was present that, out of two or three hundred invited, only about a dozen were present, and that the proceedings were the reverse of reassuring with regard to the formation of a "Medical Students' Club." He considers our contemporaries have been hoaxed by the paragraph which was sent them. To our personal knowledge, such an establishment has been more than once attempted, and failed for very obvious reasons, and we do not think the present movement possesses more prominent elements of success than former ones.

DISPENSARY HACK writes: I have a patient who was at one time a hard drinker. By great efforts he has been for the last two months a total abstainer. He has been taking Richardson's coated pills containing phosphorus and quinine. He came to me the other day in a great fright, saying that his perspiration at night stains his linen yellow. I would feel obliged by your stating in your next issue what is the cause of those peculiar perspirations. The man states he is in thoroughly good health. Can the phosphorus be the cause? He states that there is a sulphur smell from the perspirations.

[We are not aware of any case in which phosphorus or quinine, either separately or combined, have produced the effects mentioned by our correspondent. This yellow discolouration of the perspiration, however, has occasionally occurred spontaneously; we have not heard of any instance in which there was a sulphurous smell. It is worthy of remark that phosphorus, even in medicinal doses of 1-20th of a grain, sometimes produces jaundice.—Ed.]

DR. EYDER (Nailsworth).—Your "Notes on the Action of Jahrandi in Typhoid Fever" will appear in an early number.

DR. J. S. BROWN (New York).—Our publisher informs us that the numbers you require to complete set are out of print, and cannot be obtained.

MR. R. S. P. (Manchester).—Thanks for the information; we will draw attention to the subject on the first opportunity.

W. M.C. asks whether a dispensary medical officer can be appointed to the magistracy for the same county? Is there any law to prevent it?

[A dispensary medical officer may, and in several instances does, hold the Commission of the Peace. But it depends on the disposition of the Lord-Lieutenant of the county whether he shall nominate such officer or not.—Ed.]

PROFESSOR HUTCHINSON will continue his lectures at the Royal College of Surgeons of England on June 14th, 16th, 19th, and 21st, at 4 o'clock each day, the subject being "On Temperament, Idiocy, Crasy, and Diathesis in relation to Surgical Disease."

Vacancies.

Bath, Royal United Hospital.—Resident Assistant Medical Officer. Salary, £20, with board. Applications to the Secretary before June 2nd.

Birkenhead Borough Hospital.—Junior House Surgeon. Salary, £20, with board. Applications to the Chairman by June 19th.

Birmingham Children's Hospital.—Resident Medical Officer and Assistant Resident Medical Officer. Salaries, £20 and £40 respectively, with board, &c. Applications to the Hon. Sec before June 26th. (See Advt.)

Boston Union, Lincolnshire.—Medical Officers for the Sutterton and Chapel Hill Districts. Salary for the former, £50; for the latter, £20; each with the usual extra fees. Applications to the Clerk of the Union before June 17.

Irvinestown Union, Irvinestown Dispensary.—Medical Officer. Salary, £100, and £15 as Medical Officer of Health. Election, June 7th. National Hospital for the Deformed.—Surgeon on the Staff. Candidates must hold the F.R.C.S. Applications at once to the Secretary, at 234 Great Portland Street, London.

Appointments.

BREDON, A. M., Medical Officer to the Cheriton Fitzpaine District of the Crediton Union.

FERGUS, A. F., M.B., C.M., Assistant Surgeon to the Glasgow Ophthalmic Institution.

FISHER, T., M.R.C.S., Medical Officer of Health for Garstang Rural Sanitary District.

HAG-BROWN, C. W., M.R.C.S., Assistant House Physician to St. Thomas's Hospital.

HETHERINGTON, G. H., L.R.C.P. Lond., M.R.C.S., Honorary Surgeon to the East Suffolk Hospital.

HUMPHRY, G. M., M.D. Cantab., F.R.C.S., Senior Honorary Consulting Surgeon to the Eastern Counties Asylum for Idiots.

HYLOP, J., M.B., C.M., Assistant Physician, Royal Edinburgh Asylum, Morningdale, has been appointed Medical Superintendent to the Pietermaritzburg Lunatic Asylum, Natal.

LENTAGHER, Dr., Surgeon to Jervis Street Hospital, Dublin.

LYSTER, C. R., M.R.C.S., Resident Accoucheur to Charing Cross Hospital.

MACBRYAN, H. C., L.R.C.P. Ed., Assistant Medical Officer to the Staffordshire County Asylum, Burntwood, Lichfield.

MORRIS, J. M., M.R.C.S., Medical Officer to the Llanon District of the Llanelly Union.

NASH, W. G., M.R.C.S., Medical Officer of Health for the Daventry Rural Sanitary District.

PITTARD, M., M.R.C.S., House Surgeon to Charing Cross Hospital.

STEPHEN, W., M.D., L.F.P.S. Glas., Medical Officer for the Parish of Glenelg, to be Medical Officer for the Parish of Harris, N.B.

WYBORN, S. B., Assistant House-Surgeon to Charing Cross Hospital.

Births.

BOULTER.—May 20th, at Barnard House, Richmond, Surrey, the wife of H. Baxter Boulter, F.R.C.S., of a daughter.

DE MONTMORENCY.—May 30th, at 36 Waterloo Road, Dublin, the wife of the Hon. Arthur H. T. De Montmorency, M.D. T.C.D., of a daughter.

DAWSON.—May 30th, at 5 Second Avenue, Brighton, the wife of Richard Dawson, M.B. Lond., of a daughter.

KELSALL.—May 26th, at Racecourse House, Casbel, the wife of Surgeon E. W. Kelsall, A.M.D., of a son.

NORTON.—June 8th, at 63 Upper Gloucester Place, London, the wife of G. Everitt Norton, M.R.C.S., of a son.

Deaths.

CROWE.—June 9th, at 9 Elliot Place, Blackheath, Kent, after 12 months' suffering, J. Wainwright Crowe, L.K.Q.C.P., L.R.C.S.I., of Essex, co. Clare.

JONES.—June 8rd, at his residence, Maryland's Road, London, Lewis Herbert Jones, M.R.C.S., L.R.C.P. Ed., late of Llanwrnog, North Wales.

LITTLE.—June 1st, at Shenley, Herts, Charles Edward Little, M.R.C.S., aged 35.

QUIRK.—June 4th, at Tullamore, John Quirk, L.A.H., L.M., aged 74.

SPENCE.—June 6th, at 21A Ainslie Place, Edinburgh, James Spence, F.R.S., and F.R.C.S.E., Surgeon in Ordinary to the Queen in Scotland, Professor of Surgery in the University of Edinburgh.

WHITELY.—May 30th, at Bath, Richard Hamer Whiteley L.R.C.P. Ed., L.R.C.S. Ed., of Wakefield.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 21, 1882.

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A Course of Lectures

ON

TEMPERAMENT, IDIOSYNCRASY, AND DIATHESIS IN RELATION TO SURGICAL DISEASE.

Delivered at the Royal College of Surgeons of England, June, 1882.

By JONATHAN HUTCHINSON, F.R.C.S.,

Senior Surgeon to the London Hospital; Professor of Pathology and Surgery, Royal College of Surgeons, England.

(Continued from page 501.)

If I have seemed to insist too much upon mere differences in complexion as being those to which almost all observers unconsciously trust in their endeavours to discriminate temperament in persons in good health, let me ask those who doubt it, to imagine themselves set to classify a group of negroes. It may be that the sameness is not nearly so great between one negro and another as it may appear to us, who are accustomed to deal with persons of very various types of complexion, and that those who have lived amongst them might be able to effect some sort of classification. We know in that a flock of sheep, which, to the untrained observer, all seem exactly alike, the shepherd can usually find distinctive and individual differences. Admitting this, I still doubt, however, whether it would be practicable to apply to a race, in which all the individuals are highly pigmented, many of the facts which have hitherto been held to discriminate temperaments. We can recognise easily individual peculiarities—we can recognise also the peculiarities of race—but if the race be pure and the colour uniform, we should have remarkably little to guide us. This remark leads obviously to the suggestion that I am perhaps involving myself in a fallacy, and that it may be the fact that what has been called the temperaments are observed almost solely under conditions in which the race is much mixed. It is certainly true that doctrines on this subject have been developed only under conditions of long-established

civilisation, and when the population represented those who derived their blood from various sources. Dr. Laycock has given a valuable hint in this direction, and has remarked that we greatly need a British ethnology founded on well-defined, distinct, characteristics. Thus it might be, perhaps, much nearer the truth if we were to classify those who make up our own population not according to complexion, as fair, red, black, &c., nor to some more or less hypothetical vital tendencies as lymphatic, bilious, sanguine, phlegmatic, and the like, but rather as Celtic, Scandinavian, Roman, or English. It is quite true that we should find a comparatively small number who could be definitely placed under any one of these heads, and that the large majority present features of racial admixture which would utterly defy classification. But the same difficulty has to be met by those who prefer to make groups under the head of temperament. A large majority belong to no one in particular, and partake of the characteristics of several at once. Modern historical authorities are desirous, I am aware, to have it believed, that the English population is not mixed to anything like the extent which it was formerly the custom to suppose. They delight to claim us as *English* pure and simple, and to mean by the term direct pure-blooded descendants of the Angles and the Saxons. They appeal to the fact of what is called the Saxon invasion—I must ask pardon, the *English* invasion—as to the entire determination of the Romanish British population of which we are now in possession. They appeal also, and I must admit with more cogency, to the almost absolute substitution of a German language for the British tongue. There are, however, I think, good reasons why the student of race and believers in its permanency should hesitate to accept fully this new creed. We have amongst us far too many who possess not only typical Roman noses, but all the peculiarities of character which usually accompany the Roman cast of face. It is more difficult to feel certain as to the persistency of the British or Celtic element since we know much less what its peculiarities were. Whatever the evidence may be as to extermination by the invader of the men who opposed them, nothing is less probable than that the women were included in the massacre. An army

of invading and colonising men would be certain to preserve sufficiently numerous representatives of the conquered race to effect a very material modification of the future stock. Whilst on this subject it is also, I think fair, to suggest that the present frequency of the Roman face in England, may not improbably be due in part to prepotency in that remarkable race.

Although I would by no means propose classification by race as likely to be of any great value in reference to clinical research, yet I do seriously think that it would be more practicable, and come nearer to the truth, than the classification by temperament. A glance at what has been attempted in the latter direction will, I think, convince us that even those who manifested the greatest ingenuity, and had possessed the soundest and most extensive knowledge concerning health and disease, have been obliged, when describing the temperaments, to avail themselves of many criteria, which are really the phenomena of disease. Chief among those to whom I allude stands one to whom I have myself been greatly indebted—my first teacher of medicine, the late Professor Laycock, of York and of Edinburgh. With a power of insight which amounted almost to genius, Dr. Laycock had applied his mind to the study of the physiognomical diagnosis of disease, and by long practice in observations in this direction, he was enabled sometimes to give opinions which astonished those who were accustomed to more ploddy methods of investigation. In a series of lectures delivered in 1861, and published in the following year in the *Medical Times and Gazette*, he embodied the results of his experience. He believed that his rules of diagnosis were to a large extent based upon peculiarities of temperament, and he naturally gave great attention to the correct classification of these so-called fundamental states. For myself, I cannot doubt that the knowledge which he found so useful was based not so much on the discrimination of temperaments as on the recognition of diathesis. I could illustrate this statement by innumerable quotations from the lectures to which I have referred, in which features distinctly the result of bygone disease are mentioned, as if they formed part of the original organisation. Our time will not permit that I should enter into any detail upon this point; but as Dr. Laycock's is, so far as I know, the last and certainly by far the best of all attempts to classify temperaments, I think it may be convenient that we should devote a few minutes to its consideration. He endeavoured, as he tells us, to avoid the use of new terms, and to apply the old ones with definite meaning, as significant of predominant modes of vital activity. He recognised six divisions—first, persons nervously active from predominant innervation; secondly, those with predominant sanguification and activity of the vascular and muscular systems; thirdly, those in whom both innervation and muscular activity are predominant, and this exists with also predominant carbon deposit on excretions of the *fibrous or bilious temperament*; fourthly, when the muscular system is well developed, but neither sanguification nor innervation predominant, and there is a decided tendency to the deposit of fat—the *phlegmatic temperament*; fifthly, those who are defective as regards innervation, sanguification, and muscular and vascular activity—the *lymphatic temperament*; and, sixthly, those in whom, with defective innervation, sanguification, and vascular activity, there is continued a tendency to carbon deposit. Here we have, with a little expansion, the original four temperaments—sanguine, nervous, bilious, and lymphatic. Let us ask if they are real, and if the features by which they are to be recognised are such as are likely to be permanent in the individual, and unmodified by alterations in his state of health. In the first place, I would suggest that the melancholic temperament and the bilious temperament are, after all, only different degrees of the same thing, and that, as life advances, the one is very apt to pass into the other; and, further, that the distinguishing feature in both is one which concerns disease rather than temperament, and which might be more conveniently

known as hepatic diathesis. It is the proneness to disordered function on the part of the liver, its ready and frequent occurrence, which for the most part stamps peculiarity on these so-called temperaments. Further, it is much to be doubted whether this facility of hepatic disturbance would be found in association exclusively, or even generally, with any particular cast of the features, or recognisable peculiarities in the general frame. Certainly it is not, by any means, the exclusive possession of dark complexioned persons, nor, perhaps, does it more abound amongst dark complexioned nations—the Italians, to wit—than amongst others. It is a matter of race, of family, and of climate. It may be diminished or aggravated by various conditions of life, and it is usually recognisable only after certain definite phenomena of disease have been already experienced. As regards its being worth while to distinguish any condition as the nervous temperament because innervation is predominant—or, in other words, the cerebrous central spinal system is largely developed—much doubt may, I think, reasonably be felt. A high development of the nervous system is again a peculiarity of race and of family rather than of anything with which we as medical men have to do. The conditions in which the nervous system is subject to disease are rather those of instability than of simple preponderance. The phlegmatic temperament gets its peculiarity from the tendency to fatten; but, as I have already observed, this tendency is shown in different periods of life, and is much modified by habits of diet and social surroundings. So of the lymphatic temperament, in which all functions are sluggish, and a general failure of what we may call one is the conspicuous peculiarity. I would submit that this condition is not unfrequently induced by disease occurring during the lifetime of the individual, and not by anything denoted by anything in the general formation. Dr. Laycock's classification of the temperaments is also, in common with the older ones, open to the criticism that, inasmuch as it takes little or no account of the more conspicuous differences in complexion, it affords us but few facts by which to recognise them. When a man is florid and muscular, it is not difficult to say that he is of the sanguine temperament; but these conditions are, perhaps, indicative rather of good digestion and sound health than of intrinsic peculiarities. The appetite may fail, or the health give way, and the signs supposed to denote temperament may easily vanish. Would it not be more convenient to speak of a man as being simply, for the time being, florid and muscular, than by the use of such a term as "sanguine temperament" to imply permanency in qualities which may easily prove to be otherwise? If we cannot identify the sanguine temperament by other characters, probably it would. The peculiarities which denote family and race must be viewed with the utmost caution, as well by the physiognomist in reference to character as by the physician in respect to tendencies to disease. They are usually of no use, and they may easily mislead. It is only indirectly that they may become valuable—that is, when the special proclivities of the race or family in question are known beforehand. A thick upper lip, when it occurs in a mulatto, denotes descent only, and not scrofula. The peculiarities of the Hebrew features reveal only the race, and are of use to the physician only so far as he may be acquainted with any facts, as the special tendencies to disease of the race.

I have been speaking thus far on the subject of temperament considered as the aggregate of a man's physical personality, and have felt obliged to return the verdict that its study in this form is inconvenient for our purposes as surgeons. It will I think, however, be well to say a few additional words respecting some of the individual peculiarities which have been held to make up temperament.

We will begin with the subject of *complexion*. The colour of the hair, skin, and eyes may be easily observed, and although the English population, in a majority of cases, is a mixed one, yet abundant opportunities occur

of taking note of very definite types. Observations are yet wanting which would justify us in believing that any special tendencies to disease are implied by differences in the pigmentation of the hair and skin. It is, however, a subject of much interest for further research, and thinking that it might possibly be useful to others, I have placed before you a brief list of the more definite complexions which I prepared for my own guidance many years ago when investigating the subject of scrofula. In endeavouring to determine whether any given disease occurs in special connection with any one complexion, we are met at once with the difficulty that we do not know what the relative proportions of the several complexions are in the English population. Nor would it be sufficiently accurate for the purpose of any local observer to know the proportions of fair, rufous, dark, &c., in the British population generally, since these probably vary very considerably in different districts, and even in different towns. I cannot but think that careful statistics upon this head—collected in small towns and villages where it might be practicable to count the whole, and made, too, by trained observers—might prove of considerable value in more than one direction. It is in external diseases chiefly, such as lupus, psoriasis, and the like, on which the diagnosis is easy that we should find the best opportunities of testing prevalence in relation to complexion. At one time I had formed a strong opinion that lupus, to take a marked example, was met with much more frequently in those of dark complexions. Persons of dark brown hair, brown eyes, and a bluish sclerotic through which the pigment of the choroid is somewhat seen. I have collected a good deal of statistical evidence on this point, but it remains useless so long as we are ignorant of the relative proportions of the complexions amongst those from whom the cases came. It is probably the fact that both professional and lay observations concur in supporting this creed, and there are differences—mental, moral, and physical—between the fair and the dark; yet it would be exceedingly difficult to say anything definite as to what these differences are. I was myself taught by a careful practical observer, the late Mr. Wormald, that all persons of the dark complexion would bear mercurial treatment well, and would require larger doses than those who are fair. I have been accustomed ever since to act on this belief, and I think it is certainly well founded, although there are many exceptions to it. I have even gone farther than my teacher and come to believe that a great many persons of the dark complexion not only bear mercury well but enjoy better health whilst taking it, and are not unfrequently much and permanently benefited by a long course. It is but fair that I should admit, however, and one of the most remarkable examples of tolerance of this drug which I have ever met with, occurred in a patient of very fair complexion. Further, I have acquired, possibly on insufficient data, a sort of practical belief to the effect that dark-complexioned persons do not bear direct tonics well, that the need of purgatives is greater in them, and that they are often not helped by sea-air. Beyond these items of uncertain creed I cannot go, and even granting that they are sound, it remains still an open question whether the mere difference in pigmentation is, *per se*, their explanation. It may be after all that this difference in complexion is, as we see it in English society, mainly useful as a clue to descent, to family, and remotely to race. Many facts concur to imply this. When an Albino chances to occur in a dark family, as is usual, he does not, I believe, show any special liabilities to disease, or differ in any way from his brothers and sisters, excepting in the local inconvenience as regards eyes and skin. White horses, white cattle, white rabbits, and white poultry are usually not possessed of any other correlative peculiarities. There is a prejudice, and probably it is nothing better, that they are slightly more delicate than coloured animals. The breed of pigs in the South of England is usually black, whilst in the northern counties white-skinned pigs are universally preferred. Such a fact

is conclusive in proof that mere difference in pigmentation of skin makes no material difference as to health or feeding capabilities. In the different breeds of sheep we have frequent illustrations of the power of race and family in giving peculiarity as regards the tolerance of climate and proclivity to some diseases. But the occurrence of a pigmental animal in any given breed does not, as far as I am aware, entail any difference as regards health. The only observations with which I am acquainted which contravenes this statement is one quoted by Mr. Darwin, to the effect that black sheep can eat with impunity a certain species of *Hypericum*, which is poisonous to white ones. This observation is so peculiar and so isolated that it must be held to require further confirmation. Possibly, the strongest instance in illustration of this importance of difference in general pigmentation occurs in the case of the common ferret. These animals breed albinos very readily, and probably three-fourths of those at present in use in England have red eyes and white hair, the remaining quarter being a dark brown colour. So far as I know, the one is just as hardy as the other, and they are fed and treated in every way alike. Thus, then, I think we may believe that in the English climate the abundance or comparative absence of pigment in the tissue does not, *per se*, make any appreciable difference in the vital endowments of the individual. I am far from wishing to imply in saying this, that the study of the complexions, as regards pigment, is useless for clinical purposes. Its uses have, however, for the most part, yet to be discovered, and it is desirable to note, in passing, that although we name the complexions chiefly in reference to pigmentation, something more than simply abundance or deficiency is to be recognised in them. Thus, the rufous complexion is due not merely to deficiency, but to peculiarity in quality, and is probably usually the result of the mixture of dissimilars. It is very likely that a careful observation of a larger number of rufous persons would confirm the popular belief that they do display peculiarities not only in temper and general character, but to a certain extent as regards proclivity to disease. Again, the occurrence of great differences in colour between the eyes and the hair, the eyes being much lighter than the hair, as for instance, black hair with blue eyes is probably an indication of delicacy. This, at any rate, is the general belief.

Next in importance to the differences in pigmentation we have certain other conditions which are usually included in what is meant by complexion, such as the thickness or thinness of skin, its transparency, the development of its glandular system, and the state of its appendages. I dare not venture to say more respecting most of these than that they are well worthy of further observation. We have exceedingly little definite information regarding the clinical value of any of them. We know that thick, coarse skins are more liable to be attacked by acne than are those which are thinner; or, rather, perhaps I ought to say that acne assumes different forms in relation to the original endowments of the skin which it attacks. In those of coarse skins comedones, papules, and pustules easily form, or we may even have a condition of tuberculous hypertrophy, whilst in those of thin, transparent skins, if the causes of acne come into operation, an erythematous condition will be produced, and the term rose become applicable. We believe, I scarcely dare say that we know, that in children in whom the hairs are thick and coarse the ringworm fungus finds an uncongential home. It might be possible to mention a few other detached observations as to certain peculiarities in the skin and its appendages, not themselves due to disease, which may guide us in estimating the future liabilities of the individual. As a matter of general observation it may be asserted that all marked derivations from the normal type should be held in some degree of suspicion. Thus, if the hair is markedly coarse, or unusually fine, if the skin be very thick and very transparent, we are perhaps justified in suspecting that there may be in other tissues similar departures from the average constitution, some of which may prove inconsistent with the preservation of perfect health.

For the present, however, it is speculation only. Of accurate observations we have none. The teeth and the nails may be suitably mentioned together as structures in which we very frequently observe with great interest and profit the indelible consequences of past disease. These, however, belong to the subject of diathesis, and do not concern us now. As regards peculiarities of these structures occurring quite independently of previous disease, our knowledge is much in the same state as on the subjects to which I have just referred. Peculiarities in the form of the teeth are often matters of family descent, and teach us nothing as regards their possessor's liabilities. It is probable, however, that all peculiarities as regards colour and texture of teeth are of value in proportion, as they depart from the normal standard as indicative of defective tissue formation in general. Dr. Laycock, in the interesting lectures to which I have alluded, has examined at much length the various conditions of the ear as indicative of temperament and diathesis. He believed that the form of the ear was of great value as a clue to the original development of the brain, and that the state of the nutrition, blood supply, &c., might help us to estimate corresponding conditions within the cranium. His conclusions in the main are probably correct, but we may doubt whether he did not push matters too far in assigning a special state of ear to such conditions as general paralysis, and in considering in reference to this disease that the congenital adhesion of the lobule to the cheek had some degree of significance. His observations had led him greatly to prefer ears which had free lobules, and these, too, of considerable size, which had all their different parts well marked, and which were moderately fleshy, not thin and cartilaginous. As regards the matter of the lobule, it may be plausibly suggested that its adhesion or otherwise indicate only family descent, and implies nothing as to temperament, and the same to some extent is probably true as regards the state of the helix and other parts. Making allowance, however, for sources of fallacy in these directions, I think there can be no doubt that the different states of the ear, as well congenital as acquired, have been unduly neglected both by the physiognomist and the physician. The ear affords excellent facilities for observation as to the general state of nutrition and circulation, and the degree of perfection in its form is a tolerably safe guide as to the descent of the individual from a sound and well-bred stock. That it furnishes a clue to the state of circulation in the brain better than does the colour of the cheeks and nose, or anything like as good as that afforded by the brilliancy of the eyes, may be doubted, and before we make references on this point, we must remember that it, as well as the nose, is remarkably exposed to the influence of external temperature.

I have said so much in disparagement as well of the general, as of the special, signs which have been held to indicate temperament, that I fear it may be suspected that I almost doubt the reality of temperament in itself. If I have given that impression let me hasten at once to remove it. There can be no question whatever as to the reality of the difference between man and man, nor any doubt as to the importance of the recognition of those differences by the medical practitioner. By far the commonest error of the prescriber, and one which most interferes with his success, is the easygoing habit of regarding all persons as alike, and recognising differences only in their diseases; or, to put it in other language, of ignoring the predisposing causes, and taking account only of immediate ones. The farmer who would succeed in his pursuits must not content himself with making sure that he has sown good seed, and according to the most approved methods. He must go farther back to take knowledge of the nature of the soil with which he has to deal, of the crops which it has previously borne, and of the manures which have been used. It is much the same with us in the diagnosis and treatment of disease. In addition to the primary or exciting cause, which is of paramount importance, we have various others which may perhaps be conveniently classed together under the term contributory, since they contribute to control and modify final results. Amongst these temperament the original

vital endowment of the individual is unquestionably a real force, and one which we would most gladly recognise and estimate if we could. The scepticism which I have been expressing applies not to the reality of the thing, but to an ability to discriminate it. I shall have to speak in my next lecture on the subject of idiosyncrasy, and one of the subjects which I think will come before us in the clearest possible light, is that we possess no means whatever of recognising by external configuration the subjects of these remarkable deviations from the usual standard. Who shall discover beforehand the subject of hay asthma or the man in whom the iodide of potassium will act like a poison? When I come to the subject of diathesis we shall be on wholly different and far firmer grounds. Defining diathesis as a permanent morbid proclivity we shall be able to show that in a great many instances, either by the aspect of the individual, or the history of the case, a clear and definite opinion can be arrived at. The differences which have been held to constitute temperament have had their remote origin in two sources of influence; first, the hereditary transmission of the peculiarities incident to race and family, which, for the most part, entail no morbid proclivity whatever; and secondly, they are due to some one or more of the various common causes of disease acting, perhaps, through many generations. Thus, I cannot but think that what has been called temperament divides itself naturally into these two parts, *race* and *diathesis*. There is therefore but little advantage in retaining the word, more especially when we have regard to the inextricable complexity of the subject. As regards diathesis, the conditions are very different. We can study the results of different causes in detail and with much precision; we can express our knowledge in clear terms, and recognising the fact that we frequently encounter several of these causes in activity together, we can investigate with interest the mixed forms of diathesis which result. We do not embarrass ourselves by admitting extraneous complications based on the peculiarities of race. Making due allowance for acclimatisation, we assert that within certain limits—not wholly unimportant, but relatively very much so—the various causes of disease act in the same way on individuals of very different races. It is in this direction, if I am not mistaken, that the work of the future will be done. We shall see that the connection between morbid influences and the external configuration of the body is less close than has been assumed, and that the best plan is to study carefully the scope of power of each kind of such influence under the varied circumstances of its action.

Original Communications.

PUERPERAL FEVER. (a)

By HERR GUSSEROW.

Abstracted and Translated from the Deutsch Med. Zeit.

by Dr. J. E. BURTON,

Physician-Accoucheur to the Lying-in Hospital, Liverpool.

THE author quoted the Charité Krankenhaus as one exceedingly defective in its sanitary arrangements, and one that had been noted for its high maternal death-rate in child-bed. According to the statement of Nagel, in the year 1859-60, the mortality reached 16 per cent. In the following year it was less, and in 1874, when first the principles of antiseptics were applied, it fell to 4.1 per cent.; and in the year 1878, when Herr Gussierow took over the institution, it was 2.6 per cent.

In the first year of his holding office the mortality was reduced to 2 per cent., in 1880 to 1.6 per cent., and in 1881 to .9 per cent. In the author's earlier scenes of labour, Zürich and Strassburg, similar results were obtained. From a comparison of statistics the joyful fact is to be noted that everywhere during the last ten years the

(a) A paper read before the Medical Society of Berlin, April 26, 1882.

mortality in hospitals has been very much reduced, in consequence of the introduction of prophylactic measures.

In relation to the etiology of puerperal fever, the author thought we still stood at the view held by Semmelweis, that it was a wound infection. But in regard to a decision as to the gravity of the several cases he, like Spiegelberg, would distinguish etiologically two principal groups. In the first place, in every labour the ordinary decomposition causes and carriers of the air by means of the hands, or instruments, or atmospheric air, have access, but they only affect dead tissues. As, however, this is not present when labour runs a normal course, a percentage remain healthy. A certain proportion will become ill if devitalised masses remain in the genital passages. Finally, bruises, lacerations, and wounds are found; these are not all covered by healthy granulations, but sometimes by a gangrenous slough, and decomposition sets in. This first announces itself by offensive lochia, which in themselves are of no importance, for, so long as nothing is absorbed, the patient remains well. When absorption takes place, however, a more or less intense fever arises, but here the septic influence ceases. At the most some inflammation and parametritis come on in the neighbourhood of the wound. This is the one form of disease that the author would separate completely from that decidedly septic condition of affairs in which large quantities of decomposition product find their way into the circulation. The peculiar septicæmic elements of puerperal fever are caused by distinct specific infective material which rapidly multiplies in the living organism, is further distributed, and gives origin to the sickness of puerperal fever.

This distinction has a clinical basis. It is a common observation that after labour very severe symptoms of fever may come on, which disappear quickly under any kind of treatment. It is much more agreeable to bring all cases into one great category of infection, but this does not correspond to the facts; wherefore special distinctions for purposes of prognosis and treatment are very important. The relation between temperature and pulse sometimes gives certain marks of distinction, and we further generally recognise decomposition carriers by the odour, but so long as we have no marked distinctions, so long must we keep at a distance all decomposition carriers from the wound as being the specific septic material.

With regard to prophylaxis he would only touch upon some principal points. Above everything *much greater importance was to be attached to absolute cleanliness than to disinfection.* This was the more to be insisted on, as in practice there was danger that people should think that when they had dipped their fingers into a carbolised solution they had done all that was necessary. Such ideas were very likely to get into the heads of uneducated people, when too much stress was laid on disinfection.

With regard to special prophylaxis the author contended that a most thorough oversight over the person was necessary. In his wards the genitals of every woman in labour are carefully cleansed, whilst the vagina is syringed out with a 2—3 per cent. carbolised solution at the commencement of the labour. This is not repeated if the patient is not long in labour, or is not repeatedly examined. After the completion of every labour the vagina is again washed out with a 3 per cent. carbolised solution. This comprises the prophylaxis. The uterus is only syringed out (3—5 per cent. solution) if the hand or instruments have been introduced within its cavity, or if symptoms of decomposition have been present during the labour. Finally, the author caused the uterus to be syringed after the expulsion of putrid, dead, and macerated fœtus, and on account of the retention of large clots in the genital passages. More frequent injections and uterine drainage in childbed are methods that do not stand the test of sober criticism; they are rather a source of infection. Delivery under the spray, or the laying on of an occlusive dressing after it, are of no practical value, but are positive mis-doings.

In childbed the author adopts no further measures than the regular washing out of the vagina, a measure that has

long been practised. This has been found fault with, and not without reason, as meddling; but the outflow of the lochia without it is so imperfect that they collect in the posterior vaginal arch. In the puddle thus formed the portio vaginalis lies soaking, and if stagnation is of long continuance traumatic fever may arise. To avoid this the vagina is syringed out.

When disease does occur the author lays the greatest stress on local treatment, and when this can be carried out no longer, other therapeutic measures are useless. The local treatment consists in the treatment of the unhealthy wounds; the author goes so far as to apply fuming nitric acid.

The main question in the treatment of the inner surface of the diseased uterus is, "How long shall we make use of intra-uterine injections?" These have no longer any intelligent use when once the morbid process has extended beyond the mucous membrane of the inner surface of the uterus and to further organs. Moreover, the danger should be borne in mind that there is of dislodging thrombi and thereby extending the disease, whilst pressure upon the uterus is as much likely to do harm as good. For these reasons Guserow advises intra-uterine injections only in those cases in which the disease is limited to the uterine mucous membrane, in which the os uteri is patent, and the parts free from pain. He has never seen any injurious consequences from the above method of treatment, except in one case, wherein death took place whilst the injection was going on. Compared with the great usefulness, the very insignificant number of cases of death are not to be thought of. Symptoms of oppression, attacks of fainting, or rigors, as merely reflex symptoms, are indifferent.

The author, in the contest with puerperal fever, gives preference to baths, alcohol, and quinine. If, however, the peritoneum is inflamed, if metastatic masses are already present, changes in the kidneys, &c., there is then no longer any therapeutic method that can assure any prospect of a safe result.

Herr Landau said that the febrile diseases of childbed, according to their etiology, might be divided into two principal groups—traumatic and infectious diseases. The first was caused by the generation by bacteria of septic material in the tissues rendered gangrenous by bruising or laceration, which septic material was the cause of local abscesses and general pyrexia.

The second group—the proper puerperal infectious diseases, for the development of which the presence of gangrenous necrosed structure was indifferent—were propagated by a contagium animatum, like small-pox or splenic fever. From an ætiological point of view, these diseases were totally distinct from the others. There was direct proof that the bacteria of decomposition were not the cause of puerperal fever. If more than a certain quantity of bacteria fluid were injected into an animal it died. If these bacteria were not the cause of the disease, there remained but one other cause that could be accepted—viz., a contagium animatum—and from this it followed that, etiologically, there were various septicæmias and pyæmias.

This view is corroborated by the classical researches of Koch. The suspicion of Karewki, who proved that great numbers of the most various forms of bacteria were present in the lochia of lying-in women, that they were liable to develop in the vagina into malignant forms, the speaker rejected emphatically as untenable. As a prophylactic measure, in addition to the use of carbolic acid, he would forbid all needless contact on the part of the accoucheur when once the presentation and normal uterine contraction had been verified.

FROM the 31st March to the 13th May, 619 candidates were examined in anatomy and physiology at the Royal College of Surgeons of England, of whom 457 passed. In the corresponding period of 1881, 380 passed out of 543.

THE CHINESE MATERIA MEDICA.

By FREDERICK NEWCOME, F.S.S.

STATISTICS unfortunately tell us little regarding the consumption of medicines in China. It is enormous we know; absolutely without parallel in any other country. The quantities entered at the Foreign Customs are alone sufficient to take away one's breath, or, as Consul Alabaster, of Hankow, says, "enough to physic the world, it would be thought." At his own port alone 5,379,710 lbs. of native drugs were imported and 15,738,845 lbs. exported the other year, besides about an equal weight of other articles used in medicinal preparations. To this must be added the enormous quantity interchanged overland, or conveyed in native-owned junks, particulars of which are unobtainable. In considering this wonderful industry—for in China medicine-growing has become a very extensive industry—it should be borne in mind that only nineteen ports are yet open to foreign vessels; whereas the number of first-rate towns situated on the sea-coast or on one or other of the innumerable waterways intersecting the country is immense. At most ports medicines, chiefly in the guise of dried bulbs, leaves, roots, bark, and stalks, occupy a prominent position among exports and imports. At Ningpo they stand fifth on the list, about one hundred and twenty different varieties being taken, and almost an equal number sent away; while at other towns the record is more remarkable still. If, however, we include among drugs such staples as ginseng, camphor, cassia, rhubarb, castor oil, cardamoms, aniseed, galangal, &c., the trade therein will be found sometimes to represent one-third, or perhaps one half, of the total commerce at the port in question. What is more, the trade in medicines seems constantly growing, but in this connection it is just conceivable that the greater scarcity of food of late is inducing an increasing demand for remedies against the many diseases ever afflicting an under-fed and under clothed nation. This however is mere conjecture, utterly beside the point in question, namely, the astounding consumption of drugs in China, which positively makes that country the eighth wonder of the world. Before proceeding further it will be in place to mention that, while discoursing upon the materia medica of the Flowery Land, we may have occasion to remark statistically upon the production of sundry plants, accredited by the natives with the most miraculous curative properties, when we venture to think that the computations made (largely under the truth, it is believed) will raise a smile of unbelief upon the faces of many. With this, however, we are content to put up, simply requesting unbelievers to make the necessary inquiries for themselves.

Although several hundred different herbs are in common use as physic among the countless children inhabiting "the land of lilies and of teas," our knowledge of their properties is still comparatively limited. In most cases, doubtless, plants of the same genera are to be found growing elsewhere, and with most of these medical science is well acquainted. Their virtues, if any, have frequently been put to the test, and many once believed in have since been found lamentably wanting. But it by no means follows that because one herb, indigenous to South America say, is proved next to worthless as a remedy against disease, others of a similar species found elsewhere should possess none or few of the virtues attributed to them. Climate and soil both exercise a powerful influence in imparting to or taking away medicinal virtue from shrubs and herbs. Because botanists can find no difference in certain plants, that fact does not prevent their qualities being entirely dissimilar. Examples bearing out this assertion will occur by the dozen to the mind of every medical man, and there is, therefore, no occasion to specify them here in detail. Take one instance, however, European chamomile is a powerful tonic, whereas the American sample is almost inert—quite worthless in

a therapeutic sense. In the same way American ginseng is of little value, but is this any reason for condemning the wild Manchurian, or Corean, or Japanese roots, for which the Chinese willingly pay the most fabulous sums? Has the former species of ginseng been fairly tried in this country? We should opine not, seeing that its commercial value is nigh a sovereign an ounce in China itself. Common kinds have been tested and naturally given displeasure, the result being that ginseng has fallen into disrepute in this country. Yet is this quite honest? Ginseng may be, likely enough is, the valueless drug asserted—albeit the Chinese still ascribe to it the most miraculous powers—but we somehow doubt if it has ever received a fair trial here. To judge a medicine from other than its most approved forms is unsatisfactory and untrustworthy. Yet this is what has occurred in the case of ginseng and other Chinese drugs. Further, opinions were formed from analysing or watching the effects of similar herbs reaching England from other parts of the world. Because they were found worthless, or nearly so, the opinion gained ground that those derived from plants of a similar character in China must be worthless also; but, as said before, this does not follow. Probably there is a good deal of truth in the surmise as to their general intility, quackery being so dominant among the medical professors of all Eastern nations. Nevertheless, judging from the average long-life and ultra-prolificness of the Chinese race, some, at least, of their medicines do possess curative virtues of no mean order.

With this brief introduction we may now properly proceed to lay before our readers a list of those drugs held in highest repute among Chinese doctors, who, by the way, except in towns in direct communication with Europe, generally act in the threefold capacity of physician, surgeon, and apothecary. Of the more important, we shall give a brief description culled from reliable sources subsequently adding a few remarks upon the general condition of medicine and the medical science in the mighty Eastern Colossus. It may be as well, however, to first mention that the internal remedies prescribed by native practitioners are essentially herbal, mineral substances being almost exclusively reserved for outward application. Sir George Staunton, indeed, in his account of Earl Macartney's embassy to Peking, alludes to the use of quicksilver as a specific against venereal complaints, but adds, that, "a prejudice prevails among the common Chinese that its use is apt to destroy the powers of one sex, and to occasion barrenness in the other." This prejudice still exists, and to such an extent that the Chinese *materia medica* of to-day, so far, at least, as internal remedies are concerned, may be said to consist of herbs, and herbs only. The vegetable kingdom is alone called into requisition, a fact somewhat strange when it is remembered how completely self-contained is the vast Chinese Empire. Nearly every mineral or chemical product which European science has turned to account, is to be found within its borders, yet, except for outward application in the shape of ointments and plaisters this unlimited medicinal wealth is almost ignored. In the matter of plaisters, however, considerable ingenuity is displayed in using up substances which the remainder of the world might be inclined to stigmatise as refuse. Instances in point are to be discovered for the looking in most works dealing with China and its people. Many of the anecdotes thus told are so *ben trovato* as to be well worth reproduction, even in a scientific journal, but as each may be more or less fabulous, the temptation shall be resisted. One, however, which cannot fall under this category, being based on official figures, shall certainly find a place here. "Silver dross" is an import of some consideration at certain centres. Its use is almost entirely confined to making plaisters after some secret recipe known only to Chinese doctors. Extraordinary faith is placed in this strange cure, used, we hear, for no end of cutaneous

diseases. It is said even to be a safe remedy in cases of leprosy. Whether it is an *efficient* one may be well open to doubt. It certainly is somewhat surprising that a race so quick-witted, intelligent, and inquisitive as the Chinese, who have discovered a use for well-nigh every herb or plant grown within the limits of their empire should not have learned the therapeutic properties contained in various substances belonging to the mineral world. But such seems the fact, with some few notable exceptions. Nearly a century ago, it will be remembered, they employed a new substance called *hoa-ch'e* in the composition of porcelain, utilising it instead of kaolin. From this *hoa-ch'e*, or glutinous soapstone, their physicians had long prepared a cooling aperient and slightly detraive draught. Several other kinds of earth are commonly used, metals very rarely; one may almost say never. Even the properties of antimony and iron, in both of which this country abounds, are but little known to the native physicians. However, as the once strong objection which existed against imported foreign drugs is being steadily overcome, and Chinese practitioners located at the Treaty ports are learning by experience the effects of our medicines (they occasionally prescribe them now), it is quite possible that another decade or so will find native laboratories started at Canton and elsewhere, and as in Europe, both herbs and minerals, side by side, jointly working out the beneficent purpose for which they were sent. Whether the gain or the loss will be China's is a question which the end of the world will probably find still disputed, a question into which we have not the least intention to enter.

GINSENG takes premier place among Chinese drugs, entering largely into many of their prescriptions, and holding the reputation of being an infallible panacea against disease in any form whatever. So popular is it, and so enormous are the quantities consumed one way and another, that it would be no hyperbole to claim it as an essential part of the daily diet of every well-to-do "wearer of the pigtail." Millions sterling are positively spent in the course of a year upon this indispensable, and its cultivation is still steadily extending. For many decades it has occupied a not unimportant position among commodities honoured with a separate heading in the Trade Returns from the leading ports. The importation is increasing, although, owing to the introduction of inferior qualities, the money value is not so great as in some former years. Probably, the era of fabulous prices is passing away with the better understanding by the Chinese of other medicines, but even now the price paid for Wild Manchurian Ginseng—a guinea an ounce or more, and for best Corean, 25 Haikwan taels, the catty of 1½ lbs., or say, 7s. 6d. an ounce in bulk is sufficiently noteworthy. Best Japanese fetches about the same price as best Corean. Next in repute are the second qualities of these, then clarified American, then crude American, then native cultivated, and lastly, "Beard," or what may be called refuse ginseng. Still, even this degraded sample is not without value, costing from 8d. to 1s. a pound wholesale. Ginseng is a natural product of Chinese Manchuria and the Corea, and grows readily in several provinces, but as the varying prices show, the virtue of the transplanted root is considered very far beneath that of its indigenous rival. Druggists place little faith in any but "Wild," "Corean," and "Japanese," using American ginseng chiefly to adulterate the better sorts with. Mr. Man, of Newchwang, when alluding to the increasing plantation of ginseng over the newly occupied country, adjacent to the river Yalu, and the influence this development will exercise upon prices in the future, gives expression to the view that "old beliefs in the extraordinary medicinal properties of ginseng have now a much less steadfast hold than formerly upon the public mind." This may be true in the north, but it certainly is not so in the south of China, where the faith in this nostrum is quite as implicit as ever, more so if such a miracle is possible.

TANGKUEI is the first in importance of purely local medicines. Over £50,000 worth were exported in the year 1880 from the *foreign* port of Hankow alone. In other words, it represented about one-fourth of the entire export value of medicines, of which something like 100 different kinds (all staples of trade) appear in the annual returns. This, however, by no means indicates the real consumption, which amounts to several million pound weight. Tangkuei consists of the forked roots of the *Aralia Edulis*, a shrub common in many parts of China, but more especially abundant in the rich inland province of Szechwan, which, together with Chêhkiang, Honan, and Hupeh, supply most of the native medicines. The roots are dried, and when broken emit a powerful aromatic, but not unpleasant, smell. In the south it is almost universally prescribed as a remedy against debility, and in disorders of the uterus; also in a number of other complaints where a cheap though powerful tonic is required. Several qualities are produced, ranging in price from about a shilling a pound for the most expensive, down to fivepence for the commoner descriptions. Canton, Swatow, Amoy, and other southern ports, together with the island of Formosa, take the chief supply. Perhaps, it will not be quite out of place to mention here that in all cases where the values are given in taels—the Haikwan tael—a silver currency, nominally worth 6s. 8d., is meant. Owing to depreciation in silver its real value has varied of late between 5s. 7d. and 6s. only. The picul is a Chinese measure weighing exactly 133½ lbs. avoirdupois, or 162 lbs. Ooz. 8dwt. 13grs. troy. The catty is a 1-100th part of a picul, or 1½ lbs. avoirdupois. Whether this particular species of *Aralia* is gifted as alleged we know not, but several species of the Angelica tree, especially the *Aralia spinosa* of Virginia, are in high repute among American herbal doctors.

WU CHIA-PI (*Aralia palmata*) is a native of Shênking in the north, but the production is quite inconsiderable, and the same remark applies to Tu Huo, derived from some undistinguished specimen of Angelica.

(To be continued.)

Clinical Records.

ST. MARY'S HOSPITAL.

Case of Strangulated Inguinal Hernia—Rupture of Bowel—Formation of Artificial Anus.

Under the care of MR. NORTON.

THE following is the case of a man, an old soldier, æt. 59, who had had an inguinal hernia on the right side for thirty years. The rupture had given him much trouble at times, but the patient had always succeeded in reducing it himself.

On the 21st December, 1881, the rupture came down whilst the patient was laughing, and he found himself unable to return it after using a good deal of force.

On admission to the hospital the patient had much pain about the abdomen and was vomiting stercoraceous matter. The tumour was about the size of an orange and very tense. The man was put under ether, and the rupture not yielding to gentle taxis an operation was performed in the usual manner. On the sac being opened the cyst was found of a dark purple colour, with abrasion of the peritoneal surface. After the constriction had been divided and the gut was being gently returned, it suddenly burst at the seat of abrasion, the contents of the intestine flowing over the wound. After the constriction had been more freely divided, the edges of the gut were stitched to the skin by silver wire. The patient vomited much during the operation, and immediately afterwards. On being put to bed a poultice was applied over the wound, and ½ gr. opium, given every other hour, with teaspoonfuls of brandy and milk and soda water.

On the 22nd patient was very prostrated, having vomited severely during the night and complained of a good deal of abdominal pain. Pulse at 11 a.m. 135, and very weak.

On the 23rd the vomiting continued at intervals, but not so severely, pulse being 120, stronger, and the abdominal

pain much less, very little fecal matter at present coming from the wound.

On the 24th the vomiting still continued somewhat, but the abdominal tenderness had gone and patient was able to takeiced milk and soda water and beef jelly fairly well.

On the 30th the man was quite free from all symptoms of vomiting, the wound was looking healthy and a large quantity of liquid matter coming away.

On the 2nd January, 1882, a soft pad, kept in place by an india rubber bandage, was applied over the wound to prevent the discharge from constantly trickling over him and causing skin irritation. At this time the patient was eating and sleeping well.

On the 19th January the intestinal flow having stopped for twelve hours, the patient was seized with severe vomiting and brought up about a pint of stercoraceous matter; an india rubber tube was then with difficulty inserted, and a large quantity of liquid matter drawn off; this gave him instant relief. From this time a tube was passed twice daily and left in two or three hours, its passage being attended with some difficulty owing to the gut shifting its position. The patient went on in this way till the 18th February, now and then sitting up in a chair with his pad on.

On February 19th vomiting began again severely, nothing flowing through the tube for some hours. After the bowel had been well relieved by the tube, the vomiting still continued incessantly, and the patient died of exhaustion on the 21st February, two months after the operation.

Post-mortem.—On removing intestines the obstruction was found about a yard and a-half from the ileo-cæcal valve; above this the gut when distended with water was two inches in diameter, below the stricture the diameter was about half an inch. About six inches above the valve was another doubling of intestine, which was fixed by adhesions. Water passed freely through this part, although the bowel was dilated above it. The duodenum and jejunum were otherwise normal. The cæcum contained several hard soybala.

The Mineral Waters of Europe.

THE "MEDICAL PRESS" ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.
President of the Pharmaceutical Society of Ireland, Lecturer
on Chemistry, Carmichael College of Medicine, &c.

WITH NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P. Lond.
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Hospital, Physician to the Hospital for Diseases of the
Throat, &c.

(Continued from page 509.)

Lisdoonvarna.

OF Irish mineral waters the most important are at Lisdoonvarna and Lucan. As regards Lisdoonvarna, according to information supplied by Dr. Stacpool Westropp, this district is full of mineral springs which have never been analysed, and even those that have been examined require periodic re-examination. They were first analysed by Dr. Apjohn, and also, about six years ago, by Messrs. Studdart and Plunket.

There are three chalybeate springs, which, according to Dr. Apjohn, contain iron in the relative proportions of 100, 73, 59. There are also sulphur springs: we have, however, no evidence as regards their stability or constancy. The last analysis proved the presence of lithium in the sulphur springs, and manganese in the iron.

Dr. Westropp possesses a considerable amount of information upon the general composition of these waters which has not been published; but, unfortunately, they cannot be procured in commerce, as they are not bottled. Here we have one of the many thousands of industrial resources of Ireland, which, from some cause or other, remain dormant. If even a second-rate mineral spring is discovered in Germany, a company is immediately started for its development—sometimes with English and French capital. The Irish springs remain

without an attempt being made for their commercial introduction. We have no doubt that at Lisdoonvarna we have a district that will prove as rich and fertile in mineral springs as Harrogate itself. There are also said to be springs at Lucan of great purity and value. Dr. Reynolds has lately analysed one of them, which established it as a powerful alkaline sulphur spring. The same remarks apply to this water, and as, from inquiries, there is very little probability of seeing these waters in the hands of the consumer, we are compelled to pass over them without giving analyses. With every wish to give encouragement to natural products, our articles do not deal with watering resorts, however desirable they may be. If we have, however, drawn attention to the want of energy existing in connection therewith, we have not thrown away the space devoted to Lisdoonvarna and Lucan.

ARTIFICIAL MINERAL WATERS.

In concluding these articles, we think it desirable to say a few words upon artificial mineral waters, particularly as regards those artificial aerated waters which are used medicinally, and are, or are supposed to be, made according to the formulæ of the Pharmacopœia.

The artificial mineral water trade may be divided into three groups:—

1. Beverages constructed upon original private formulæ and used as substitutes for wines, beers, &c.
2. Imitation of mineral springs.
3. Medicinal waters, the formulæ of which are in the Pharmacopœia.

As regards the first, namely, those that are used for beverages, we have very little to say. We should at once state that, as a rule, they are turned out fairly wholesome in this country by the respectable manufacturers. The chief ones in use in the British Isles are lemonade, ginger beer, and ginger ale. The lemonade is made by the best houses from citric acid, sugar, flavoured with essential oil of lemon, and is strongly aerated with carbonic acid gas. Nothing else should go into the preparation sold under that name. The ginger beer is a somewhat similar preparation, but is probably more wholesome for general drinking. It is not, as a rule, made so sweet or so acid, and besides, contains a little essence of ginger, which renders it stomachic.

In many of the ginger beers tartaric acid is substituted for citric, and capsicums are frequently substituted for ginger, not so much as an adulteration as from the fact that the heat gives a fanciful idea of strength, and the flavour of capsicums is more permanent than ginger. The practice is not, however, to be commended. "Ginger ale" is a stronger preparation, generally much more highly flavoured with lemon and orange oils, and containing larger quantities of capsicum. It was invented to satisfy the coarser palate of the public-house drinker, or where alcoholic beverages have destroyed the delicate perception of the palate. The more refined flavour of good-made "lemonade" or ginger-beer produce no sensation, and go for nothing with the ardent disciple of Bacchus.

Probably ginger ale fulfils the requirements of a certain class of consumers, on the principle that all popular things must have their call. This is the most that can be said in its favour. The practice of sub-

stituting tartaric acid for citric is merely a matter of economy—it not only goes further being a stronger acid, but it is cheaper. Owing to the more insoluble character of tartrates, and their more corrosive action as compared with citrates, such a practice should be discouraged in a beverage which is in constant use.

There are besides the above-named beverages, a class of compounds containing bodies selected for their well-known therapeutic action, and introduced to the public under some such fanciful name as life-giver, but scientifically turned into Greek. Some of them have a German sound, as if they had emanated from our Alemanian friends. We have no objection to such every-day drinks so that we know the composition, at any rate as far as their most active ingredients. We refer to such ingredients as phosphate of iron, salicylate of soda, &c. Some years ago a great outcry was raised against artificially prepared aerated waters, lead having been discovered in some of them. It was generally found in bottled waters of the class of which we have been speaking. Most of the large manufacturers adopted electro-plated cylinders, gutter-percha pipes, with numerous other devices to avoid this impurity. But both the analysts and public seemed to be oblivious to the fact that the citric acid of that day was largely contaminated with lead, as the acid was crystallised in leaden pans. This practice should be discarded by every manufacturer who respects his position. We have examined many samples, and are quite certain that the most respectable manufacturers send out their mineral waters free from such a contamination.

Department of Lunacy.

THE MORISON LECTURES ON INSANITY.

THE course of Morison Lectures on Insanity was commenced on Friday last, the 16th inst., by Professor D. J. Hamilton, in the Hall of the Royal College of Physicians, Edinburgh. Dr. Haldane, President of the College, occupied the chair, and there was a large attendance. The President, in introducing the lecturer, after referring to the establishment of the Morison foundation, remarked that it had been thought desirable that variety should be secured in the treatment of the subject to which the lectureship was devoted. It had accordingly been treated of, from different points of view, in different series of lectures. It had been dealt with in its metaphysical aspect, in its practical aspect, and in its relation to law; and now it was proposed that its anatomical bearings should be taken up. In the outset of his lecture, Professor Hamilton stated that much work had been done of late in regard to the evolution of the nervous system, considered from a physiological point of view, which had a direct bearing on the subject of insanity, as tending to place the science of psychology on a sound foundation. There was no doubt, he said, that the days of vague speculation were numbered; the psychologist of the future must first become a biologist, and must study the functions of the most complex of all organs from an experimental basis. The first thing to be done in clearing the way to the study of the mind was to become possessed of a correct knowledge of the structures and functions of the organisms by which it was evolved. He went on to explain that the facts bearing on the physiology of the central nerve system had been hitherto studied by direct experimentation on the lower animals from the effects of localised lesions in the human brain, and from anatomical observations, and the study of the development and evolution of the nervous system. It was, he submitted, by combining these methods that valuable results were to be obtained. Proceeding to speak of the evolution of the nervous system, the lecturer said it had now been conclusively proved that the intricate and involved structure of the brain, spinal cord, and nerve ramifications, difficult as it was to realise the fact,

had originated from the simplest materials, the complexity and perfect adaptation of these organs to their purpose having been the work of ages. It used to be thought, from the wide discrepancy observed between the nervous system of the invertebrates and the highly complex apparatus of the vertebrates, that there could not be much in common between them. It was now, however, recognised that those systems had arisen from a common stock. The original ancestral type was of the simplest construction, and it was in conformity with the laws of variation and heredity that all progress in development had taken place. Professor Hamilton went on to show, with the help of excellent diagrams, how in the hydra there could be traced the first rudiments of a nervous apparatus in the shape of sensitive cells, with certain processes attached; how in the sea anemone those cells were differentiated to the extent of becoming internal organs; while in the medusa a further step of development took place in the appearance of a definite nervous ring. It was then pointed out that still higher forms were observed in worm and in the ascidians, and that on reaching the vertebrates the apparatus was found to have advanced to the form of a central axis or cord running the whole length of the body, from which nerves were supplied to its several parts. In regard to the organs of special senses, the lecturer said the history of their development revealed the fact of their having been merely spots on the epidermis, which became more sensitive to light or sound than other points. The eye, for instance, seemed to have been originally a pigmented spot on the epidermis, more sensitive to light vibrations than the integument generally, and analogous to this was the origin of the rudimentary ear. As studied from the developmental point of view, the facts clearly indicated that there was a design in the evolution of the nervous system; that the primitive condition in which it existed was as a specially sensitive part of the integument; and that this became more and more differentiated. In the development of the vertebrates, watched from time to time, there was found recorded, in the various embryological phases of existence, a permanent hereditary record of ancestral history. We might see little in common between the simple organs of a hydra and the complex nerve system of man; yet there was every reason to believe that there was a direct continuity of design in them, and that the one was simply a higher stage of development of the other.

INCREASE OF INSANITY IN WILTSHIRE.

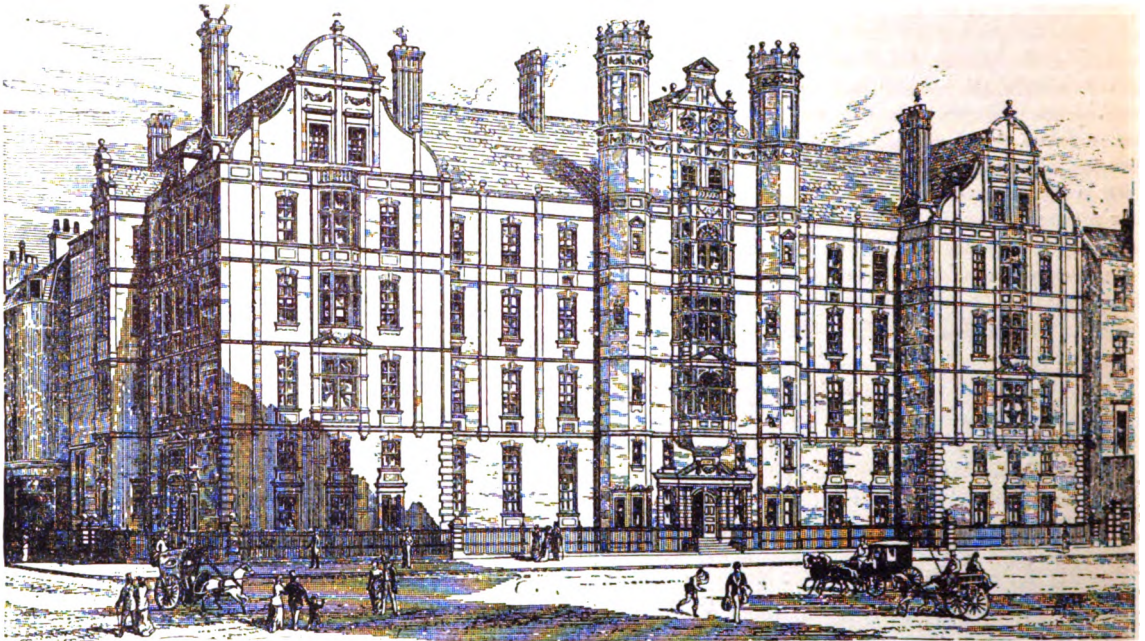
IN consequence of the increase of insanity, the Visiting Justices of the Wilts County Asylum at Devizes recommend the purchase of additional land, at a cost of £3,650. The matter is to be considered at the ensuing Quarter Sessions.

THE ABERDEEN ROYAL LUNATIC ASYLUM.

DR. JAMIESON, Superintendent of the Royal Lunatic Asylum, Aberdeen, presented his annual report at the quarterly meeting of the managers, held on the 12th inst. He states that the mean number of patients resident in the asylum during the last year was higher than that recorded for any preceding year. They presented the ordinary varieties of the disorder, and more than half of the cases were stamped with incurable features before their admission. The private cases formed about a fourth of the whole, the rest being parochial, and mostly belong to the city and county of Aberdeen, not one in twenty coming from distant localities. The single were more numerous than the married. All varieties of occupation and station were represented amongst them, but the chief bulk consisted of labourers and domestic servants. The causes of the diseases were obscure or unknown in at least a third of the cases, but traceable to inherited tendency in a fourth of the whole. The patients sent out recovered and again fit for their occupation were in the proportion of 39 per cent. to the number placed under care, and the mortality was but slightly over the average of the past fifty years, being under 9 per cent. of the mean number resident. The report further states that amusements and recreation receive all due attention from officials and servants. Twenty cricket matches were played against various clubs of the town. Frequent assemblies for dancing took place both at the asylum and Elmhill House; and the patients were much gratified by the performance of the Aberdeen Amateur Opera Company, the Kean Dramatic Society, and others.

THE HOSPITAL FOR CONSUMPTION, BROMPTON.

THE NEW EXTENSION BUILDING.



IN our last we noticed briefly the intended opening of the new extension, which has since been formally accomplished by the President of its Corporation, the Right Hon. the Earl of Derby, and we now propose giving our readers a brief description, with illustration, of the important building thus inaugurated. The new extension can hardly be called a wing, inasmuch as it is not attached to the old hospital, but is on the opposite side of the road, the connection being maintained by a subway, a telephone, and electric bells.

The new building is from designs by the late Mr. T. H. Wyatt, and completed by his son Mr. Matthew Wyatt, and has accommodation for 137 additional in-patients, and an extensive out-patient department. Built of red brick, with terra-cotta and Ancaster stone, it takes the form of the letter E, the two end wings looking south, the main body of the building facing north; it is 200 feet long and 100 feet high.

The basement contains compressed air and Turkish baths, rooms and stores for steward and house-keeper, &c. The first, second, and third floors are devoted to in-patients; each floor consisting of a corridor (10 feet in width) which runs round the north and east sides of the building, in the centre of which is a large dining-room, ten wards (13½ feet high), holding from one to eight beds, forty-six in all; two nurses' rooms, and two inhaling rooms. The average floor space per bed is 115 feet, the cubic space being 1,400 cubic feet. The top floor contains the kitchen, with rooms for the night nurses and servants.

The ventilation is maintained independently of the windows and fire-places, and supplies 4,000 cubic feet of air per hour to each patient. The air is admitted by numerous openings placed on a level with different floors; on the east and north into the galleries, on the west and south into the wards; the greater portion being heated by passing over coils of hot water-pipe; part is admitted directly, the quantity of hot and cold air being modified at will, and the temperature capable of being evenly maintained. The foul air is drawn off from the corridors, wards, &c., through extracting flues built in the walls, and furnished with openings at floor and ceiling. These flues run into large air-ducts beneath the roof, which communicate with four towers heated by steam coils, forming the exhausting chambers. In fact, it may be said that the ventilation, warming, &c., are as perfect as modern appliances could ensure or modern skill suggest.

Now comes the important question, What will the governing body do with it? Such an establishment will need the addition of at least £10,000 to its annual receipts. Will they get it? That the victims of this, our national scourge, need all the sympathy and support we can afford is undoubted, and that the Brompton Consumption Hospital is one of the best institutions of its kind, and with a medical staff capable of the most enlightened treatment will also be admitted; but the sum required for its annual maintenance is so huge, that nothing less than special and continued efforts on the part of its governing body and officials can be expected to ensue. Unfortunately a notion has got abroad, which is shared even by some members of the profession not fully cognisant of the circumstances—viz., that it is a rich hospital, and that there is more money in hand than its corporation knows what to do with, owing to a recent legacy. But the fact is that the whole of that legacy has been spent and more. It will, perhaps, be in the recollection of some that an eccentric old lady left the whole of her fortune to this hospital some few years since. Gossip had it that at least a quarter of a million had fallen into the capacious box of the Treasurer of Brompton Hospital. But the actual sum was about £125,000, which was reduced to about £110,000 by legacy duty and legal expenses, and this has been expended upon the new buildings and upon the support of the old hospital, in consequence of the falling off in donations and subscriptions which this erroneous idea entailed. For the sake of the suffering poor, and in justice to the hospital authorities, it affords us much pleasure to endeavour to remove this impression.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

INSANITY AND DIVORCE.—At the Académie de Médecine M. Luys mounted the tribune to pronounce in favour of the dissolution of marriage where mental alienation was duly proved as existing on either side. He was quite opposed to the views of his colleagues who lately pronounced against divorce in these cases, in a committee formed at the instigation

of the Government for the examination of the question. Without ceasing to be the natural defenders of patients committed to their care, medical men should not forget to take into consideration the position of a family with one of its members to all intents and purposes completely lost to it. In a family so afflicted all our sympathy should not be lavished on the patient, there are others who suffer and demand from the law some alleviation to their pain. He would propose the formation of a committee composed of some experts attached to public or private asylums. This committee as soon as the question of divorce was raised would visit once a month during a year the patient and examine him with care. If, at the end of a year, there had been no change the members would pronounce on the prognosis of the case. If the affection were already of the dangerous type with abolition more or less complete of all the faculties, judgment would be pronounced without delay. In conclusion, M. Luys expressed a wish that in the bill now before the Chambers this amendment should be introduced. Lunacy in certain cases would be a sufficient cause of divorce.

BRIGHT'S DISEASE.—At the Socié Médicale des Hopitaux M. Dieulafoy called the attention of his colleagues to some little known symptoms observable in Bright's disease. The first he would mention was the excessive frequency of micturition. Patients have been known to get up ten or fifteen times in the night, but this frequency is not necessarily associated with an increase in the secretion of urine, just as there is often polyuria without the frequent desire to pass water. They are two independent symptoms. This distinction has been well recognised by authors, but hitherto both were described under the term polyuria. This was why M. Dieulafoy proposed to leave the name polyuria to the troubles of the secretion, and to give to the troubles of the excretion the name *pollakiuria*. He distinguishes three varieties of *pollakiuria*, that which appears at the commencement of the malady, that which only shows itself when the affection is far advanced, and that which is extremely painful. Another symptom observed in the *début* of Bright's disease consists in an itching resembling the burning sensation produced by the sting of ants over the whole body. He has observed it in a third of the cases. A third symptom very little known in this disease was what he called the sensation of the dead finger. The patients commenced to feel cramps and creeping sensations in the fingers, never in the toes. Sometimes there is only one finger affected, sometimes none, and other times the corresponding fingers of both hands. The extremity of these fingers become pale and bloodless, these phenomena appear and disappear. The *début* of Bright's disease is thus surrounded with a good deal of obscurity. Bright based his diagnosis on the presence of albumen in the urine and oedema of the face, and afterwards in the lower extremities. To-day it was impossible to confine oneself only to the presence or absence of these two symptoms to form a diagnosis, for oedema is not observed in every case, and in some patients there is very little albumen, and often but intermittent. Thus it behoves us to make a correct diagnosis at the beginning, and often the disease will only manifest itself at that stage by one of the symptoms to which M. Dieulafoy called particular attention. It should not be forgotten, however, that besides those symptoms, *pollakiuria*, itching, numbness in the fingers, many headaches, noises in the ears, flying pains, &c., are often nothing else than the prodromes of the malady.

TREATMENT OF DIPHtheria.—Dr. Deuker who, during twenty-four years of very extensive practice in the Children's Hospital, St. Petersburg, has treated upwards of two

thousand cases of diphtheria, and tried all the remedies, both internal and external, employed in this affection, has obtained the best results from the following method, which he has employed for the last ten years. As soon as the white spots appear on the tonsils he gives a laxative mainly composed of senna, which produces an abundant evacuation. When the purgative effect has ceased he gives cold drinks acidulated with hydro-chloric acid, and every two hours a gargle composed of lime water and hot milk in equal parts. Dr. Deuker affirms that when this treatment is commenced early it is generally and rapidly successful.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, JUNE 21, 1882.

THE UNQUALIFIED ASSISTANT SYSTEM.

No. XI.

THE importance of the subject to which consideration was directed in the last article of this series, viz., that of the “dispensary” sham, is sufficient to justify some further remarks concerning it. From the point of view of the unqualified assistant himself, there are certain statements to be made which, though they can in no way tend to lessen the evil produced by the system as now carried on, yet help to throw some light on the peculiar working of such institutions. Thus the typical “dispensary” assistant replies, when charged with the sin he is committing, that he is in every respect as good and as safe a practitioner as nine-tenths of the newly-fledged members turned out of the Royal College of Surgeons; and that, on account of the experience he has gained, he may even be a much more desirable attendant on the sick poor. To this the answer is plain, and

will admit of no rebutting. The only experience that can be accepted in this connection is that which is guaranteed by the license of a medical corporation, and which confers on its possessor a right to practise. It may even be said, without hesitation, that men whose training has been amid associations surrounding dispensary practice, and who have not been educated in the wards of a hospital, are absolutely unfitted to be entrusted with the most ordinary case of illness. In hospitals students learn what they can never gather under any other circumstances—the habit of observing symptoms in relation to principles; a habit taught them through constantly witnessing its importance as reflected in the proceedings of the physicians and surgeons whom they accompany during their daily examination of cases. Such habits are never acquired by unqualified assistants, for the reason that they never are placed in situations where they unconsciously learn to imitate the procedure of eminent masters of the art and science of diagnosis. Consequently, such bunglers attack the examination of the cases submitted to them in a manner the reverse of satisfactory; their method is absolutely empirical; experience is the only guide they have to lead them to conclusions regarding the nature and extent of the diseases they meet with, and their whole treatment consequently is an (often fatal) experiment. The educated student, deficient though he may be in knowledge of small practical matters, such as rolling pills or sealing paper parcels, possesses, at any rate, this incalculable advantage over his unqualified competitor, that he has something more real and reliable to direct his efforts than a collection of empirical data. Among employers of unqualified assistants the commonest reason urged for the practice they indulge in is, that even highly-qualified men often enough show sheer ignorance concerning what are called “practical” matters, such matters almost always resolving themselves into petty details of counter work, to dwell on which at all would be beneath contempt in a person of ordinary intelligence. And yet, because an M.B. of London University was found unequal to the task of folding a bottle of physic neatly into a sheet of white paper, his employer, who had engaged a qualified assistant as “an experiment,” forthwith refuses to risk any further disappointments of a like kind, and reverts to the system of having unqualified deputies to assist him in conducting an extensive practice. This, though it may seem an exaggerated instance, is really not so at all; it exactly represents what occurs in numerous cases for no more serious reason than that such assistants do not possess mechanical dexterity enabling them to wrap parcels, or accomplish any similar labour with ease and speed; men otherwise excellently equipped with knowledge to enable them to do admirable service as practitioners, are rejected in favour of unqualified, but more dexterous, candidates for assistants’ situations.

In some part it may be the system of education adopted in this country that is to blame for this result. Formerly, when every hospital student had been previously a doctor’s pupil, he commenced at an early age to learn the mechanical details which everyone at that time acquired ere passing on to higher and more

technical studies. It is probably through being accustomed all their life to this association of the wrapping and grinding processes as part of the medical curriculum that the “older school” of to-day insists to such an extent on proficiency in the arts that were their own earliest exercises. It would not otherwise happen that so much insistence is placed on really immaterial qualities, at the expense of scientific attainments of the highest professional importance. Another suggestion, however, can be made, on which it would be ungenerous to dwell, but which must nevertheless be kept in mind in this connection. We refer to the probability that, failing to maintain themselves abreast of the ever-advancing wave of knowledge, and unwilling to expose the depth of ignorance of modern medicine which they must necessarily display in the presence of a highly educated student of the present time, a vast number of easy-going country practitioners—and town ones, too, for that matter—choose unqualified men to assist them, in order that their own errors may pass unobserved. Much as we hear of the ability and experience of unqualified assistants, it always happens that, when suddenly tested on the knowledge he possesses of his assumed profession, he cuts the sorriest imaginable figure; and apart from vague and worthless ideas on a few radical matters, he is proved to be absolutely ignorant of everything but empirical information concerning remedies. Such persons can never put employers to the blush by asking inquisitive, but unwelcome, questions on the *rationale* of treatment, or the data of diagnosis, for the simple reason that they entertain no conception of medicine as a thing apart from and beyond everyday experience. To them the discussion of temperaments, diatheses, idiosyncrasies, or inherited tendencies, is so much meaningless nonsense, and the last thing they would dream of would be modification of settled lines of treatment to meet individual cases.

All this is doubtless intensely humiliating to the profession as a body; but, be this as it may, it is mainly to the profession as a body that it is due; and until the profession bestirs itself to bring about amendment of the abuse, it will continue to be disgraced by the existence of a scandal of which the proportions are inordinately large.

A good sign of the increasing interest which the public is taking in the subject of unqualified medical practice is afforded by the frequency with which delinquents are being dragged into notoriety. It is very unlikely that any greater number of unqualified men are engaged in the practice of medicine now than have been at any time recently; and yet scarcely a week ever passes without the record of one or more exposures of quackery. The most recent example is that of a chemist at Camberwell, who, having visited and prescribed for a patient who soon after died, was unable to sign the necessary death certificate, being without any legal qualification for the purpose. Here, again, the irregular practitioner, when examined as a witness at the unavoidable inquest, defended his conduct on the ground that, though *sine diploma*, he had passed all the examinations but the final, and was, therefore (by inference, of course), competent to undertake duties not

recognised as proper for him to perform by law. The reality of this explanation, however, was a good deal modified by a statement made by the surgeon who had performed the post-mortem examination, to the effect that he had cautioned Mr. Oldfield to desist from practice *two years ago*. It is difficult to reconcile this with the account given by the chemist himself; but we can hardly be surprised at the discrepancies between the two statements if we accept the suggestion that irregular practitioners must of necessity be demoralised. Perhaps the worst feature of this last case was the fact testified by the wife of the deceased, that the latter and his friends fully believed that Oldfield was a duly qualified medical man, the deception practised on them being discovered only when application for a death certificate was made. The occurrence is one more example of the injury done to the public by unqualified men.

CAESAREAN SECTION.

PROFESSOR SPATH, who was the first to perform Caesarean section in Vienna, again performed this important operation on March 9th, the patient recovering. According to the *Allgem. Wien. Med. Zeitung*, she was a woman, *æt.* 21, pregnant for the first time. She had slight scoliosis of the dorsal vertebræ to the right, and simple inspection showed some abnormality of the pelvis. Internal examination revealed a laterally contracted pelvis, with extremely narrow outlet. The uterus was small, the head of the fœtus at the pelvic inlet; she was two weeks off her time, but slight pains were already being experienced. The patient was isolated some days, well fed, and the operation of hystero-laparotomy was performed, of course under narcosis, after the method of Porro; *i.e.*, after the removal of the fœtus the uterus was extirpated. In this case also the modification of Müller of Bern was made use of. This consists in drawing the uterus through the abdominal incision before the former is opened. By this method of procedure the abdominal cavity is more easily kept clean, and the protrusion of intestine prevented, both being factors likely to assist in bringing about an uninterrupted recovery. The uterine wound was made large in order that the fœtus might be readily extracted. In earlier times, when from over-care to avoid excessive hæmorrhage, only a small opening was made in the uterine walls, it happened to one, that whilst extracting by the feet, the uterus contracted spasmodically round the head of the child, and it became impossible to extract it. The child, a girl which was not in a state of asphyxia, weighed 2,140 gms. and was 42 cm. long. An *écraseur* was now applied to the cervix uteri to check the bleeding. The placental site was behind. In cases in which it is in front, the incision causes a copious hæmorrhage, which may be dangerous to both mother and child. The uterus was cut across about 2 cm. above the internal os, and, together with both ovaries, removed. After forming the stump, which was done by reducing its size with scissors and cauterising with Paquelin's cautery, the abdominal wound was closed by six deep and numerous superficial sutures. The stump, as being subject to cer-

tain alterations, was not returned into the abdominal cavity, but retained at the surface by two strong needles, and in addition was stitched to the posterior surface of the abdominal wound, in order to secure freer exit to the secretions. (a) The dressing was not Listerian, but iodoform. The temperature before the operation was 37·8° C, after it, 37°. Pu'se 54, strong and regular. Subjective condition contented. The operation lasted one hour. As specially dangerous circumstances that often render the operation a failure are mentioned by Professor Späth—1. Hæmorrhages during and after the operation, that are not to be restrained by applications of ice nor by numerous catgut sutures, which usually eat their way through. 2. Shock (especially before the use of narcosis), which has been the cause of death in many cases. 3. Sepsis: In regard to this, the utmost possible has been done in the most recent times. 4. Danger of peritonitis, to guard against which, symptoms are to be watched. There is no object gained by leaving behind the uterus, for the individuals, who are mostly rachitic, or sufferers from malacosteon, would only give birth to unhealthy progeny, who would be a burden to both themselves and the State.

THE LONDON FEVER HOSPITAL.

A MORE auspicious era in the chequered history of the London Fever Hospital than the present could scarcely be hoped for or expected by its most sanguine supporters. Although it claims an ancestry of eighty years, and did good work single handed in the great metropolis half a century before such an institution as the Local Government Board existed, or hospitals for contagious diseases were dreamed of, yet it has of late been sadly off for want of public sympathy and support, selling its invested funds in order to meet urgent demands upon its slender resources, and dragging on in a state of impecuniosity which threatened to culminate shortly in extinction. But a brighter day has now dawned, and we sincerely trust that a future of unchecked usefulness is in store for an institution which in times past has been the means of arresting epidemics, and rendering London habitable by its resources. Dr. Cayley very felicitously put the matter in his speech in reply to the Prince of Wales, when he likened the operations of the London Fever Hospital to the extinction of a spark in order to prevent a great conflagration. We are aware that it is pleaded by some that the time for the London Fever Hospital has passed, and that as its place has been taken by the rate-supported Government hospitals, it should be buried with the honoured dead. But those who argue thus are probably unaware that it now holds a position quite distinct from its past history, and from the working of the State fever hospitals. In its monetary straight it had to cast about for funds, and the pauper class are no longer admissible, except when paid for by parochial authorities. Hither are taken fever patients whose friends can afford to pay something towards maintenance, and who would other-

(a) In a later, but more unfavourable case, in which the stump was returned into the abdominal cavity, the termination was fatal.

wise keep them at home, and thus become a focus of infection, were there no other alternative between the ordinary small-pox and fever hospitals and their own houses. Even in the residences of the wealthy the difficulties of isolation are at times found to be almost insurmountable. How much more in those of the great middle class, and in places of business where hundreds are daily employed, and where immediate isolation is imperatively demanded in the public interest? Beyond this, also, the London Fever Hospital affords an unique training ground, both for the profession and for nurses, and the institution now proposes sending out trained nurses wherever the demand exists. Under these circumstances, we are strongly of opinion that it is one of the most necessary institutions in the metropolis, and we trust that the efforts which have been recently put forth by the governing body, the medical staff, and friends, and which culminated in the great festival dinner, under the chairmanship of His Royal Highness the Prince of Wales, on Wednesday last, may be the means of calling public attention thereto, and placing its resources upon a solid foundation. The proceedings were certainly of a most enthusiastic character, and when we mention that the subscriptions announced in the room were between four and five thousand pounds, it will be readily understood what enormous energy had been expended to produce such a result. Little need be added of the details of the festival; a numerous and distinguished company, both lay and professional, assembled to meet and to greet with enthusiasm the royal chairman, to whose earnestness in the cause of medical charities we have had occasion more than once to refer; and his kindly and reiterated acknowledgements of indebtedness to the medical profession, and his eloquent appeal for funds, will not soon be forgotten by those whose privilege it was to be present.

Notes on Current Topics.

The Abolition of Second Year Courses of Anatomy.

It might have been thought that every person who is really interested in placing some restrictions on the wholesale way in which the study of anatomy is, in this country, rendered subservient to the study of examinations would have hailed with satisfaction the recent decision of the College of Surgeons of England to the effect "that henceforth candidates for either diploma of the College should be required to attend only one winter course of lectures on anatomy" instead of the two courses hitherto demanded. Strangely enough, however, a prominent contemporary fails to see that the improvement about to be initiated is as real as it is. Indeed, it accuses the College of Surgeons of undoing the work accomplished by means of a late resolution by which compulsory examinations of first year students at the various medical schools are to be instituted. On the wisdom of this latter plan we now make no comment; it is soon to be discussed at a conference of teachers at the invitation of the College. As to the expediency of

abolishing the second course of compulsory lectures, however, we are thoroughly in accord with the Council of the College, and it is very difficult to understand on what grounds a defence of them can possibly be maintained. No sane observer of the attitude of students who are driven to listen to lectures on anatomy as they are usually delivered can for a moment fail to note the absolute want of interest with which the lectures are listened to. No one either dreams of associating any idea of benefit to the wearied hearers with the delivery of such lectures, and there are but a few teachers who will not hail the action of the College as a most salutary innovation. One course of anatomical lectures pure and simple is of service to men unaccustomed to the nomenclature of the subject they are engaged in studying for the first time; they are useful, also, as indicating something of the method best to be pursued by learners; but further than this, they do little good, if any. That, however, students are not averse to attending demonstrations and lectures on anatomy into which some degree of interest is infused, and from which they are enabled to gather valuable information in a way that text-books do not convey it, is shown by the gratifying success attending the holding of certain *voluntary* classes on regional anatomy for junior students at the London Hospital. These classes are at all times readily, even eagerly, attended by students who regard with little favour the regular anatomical examinations necessitated in the regular lectures the College of Surgeons alone recognise. The difference thus shown is due, not to any change in the lectures, but to change in the style of the lectures delivered, and it would be well if henceforth the whole system of lectures so-called was hustled away to make room for *demonstrations* in their stead. However much the representatives of an older school may deplore the radical changes being gradually introduced into educational systems, they will—reluctantly, it may be, but none the less certainly—be compelled to witness many revolutionary improvements in the not very distant future. As the tests imposed on candidates for diplomas increase in severity, it becomes essential that men who seek to come creditably through them must acquire a fund of knowledge which would have seemed appalling to the respectable representatives of an older time when Membership of the College of Surgeons entailed little more than an hour's pleasant conversation, and Fellowship not that much exertion. Lectures have, perhaps, served a useful purpose, but the time has well nigh come when they must give place to direct material teaching; when, in place of talking to a hundred students, teachers must *instruct* a dozen or twenty at a time; when, in fine, demonstrations must replace lectures. Inability to perceive the fast approaching change can only be due to mental blindness of the worst kind.

THE Bill recently introduced by Mr. W. Findlater "to amend the law with reference to the removal and detention of criminal lunatics" is not directly of interest to the medical profession. It provides simply for the formal committal of lunatics who are already in restraint under due certification without the necessity for bringing them personally to the court.

Coming Medical Reform.

AT length we are informed that the report of the Royal Commission on the Medical Acts has been completed, and that it will be immediately presented to Parliament. Our statement, made some months ago, is confirmed—that it recommends conjoint examination, direct representation, and wholesale reduction in the number of representatives of licensing bodies in the General Medical Council. That body is to be reconstructed by cutting down the corporate and University representatives to eight, by adding two direct elected representatives for England, one for Scotland, and one for Ireland, the six Crown nominees being retained. This will make a Council of eighteen, of whom only eight will be the delegates of licensing bodies, which institutions will thus have a little over one-third of the seats, whereas they now have two-thirds. We have not heard how far the report goes towards an abatement of the grievances of quack practice, but without something decided in this direction the report will not be acceptable to the profession. As might be expected, a minority of the members of the Commission dissent, and make a report of their own. They are the Scotchmen, who do not want conjoint examination to spoil the Northern diploma trade, and the Medical Council champions, who do battle for that cumbrous conclave. The first section of the minority are to be feared; the second may be safely ignored, inasmuch as the Council is already practically deceased.

The Royal Irish University.

THE first medical examination of the Royal Irish University commenced on Monday last, the 19th, the practical part of it being held in the school of Trinity College, and the other portions in the Exhibition Palace, which the University has purchased with the intention of converting into a building suitable for its purposes. As we stated last week, this examination is intended chiefly for students who were, at the time of the dissolution of the Queen's University, going forward for the M.D. of that institution. There will be no honour examination until November. At the present examination there are 130 candidates, and for the second 110.

The London Hospital.

ARRANGEMENTS are being made by which the annual prize-giving at the London Hospital will this year assume an unusual interest and importance. The date fixed for the ceremony is July 18th, and H.R.H. the Duke of Cambridge has consented to take on himself the task of distributing the prizes and addressing the students on the occasion. Advantage of this is to be taken also by inviting a large company of visitors to the ceremony, which will be held in a large marquée specially erected in the grounds of the hospital. At the conclusion of the proceedings connected with the distribution a garden party will be held, and the wards of the hospital will be thrown open to inspection. One feature, moreover, of unusual interest will be the presentation of prizes to those probation-sisters who have been successful in obtaining them; and the whole affair is likely to be attended with considerable *éclat*. A more complete programme of the arrangements will be announced at an early date.

The Irish Poor-law Traffic in Diseased Meat.

WITH unfeigned satisfaction we learn that one of the officials employed by the guardians of the South Dublin Union to sell to low-class butchers the diseased cattle slaughtered under the provisions of the Contagious Diseases (Animals) Act has absconded, carrying with him the proceeds of this disgraceful traffic. If the lives of the poor are to be imperilled, their scanty supply of meat food depreciated, and their miserable earnings wasted by the secret sale to them of pleuro-pneumonic meat, saturated with typhoid poison, it is at least satisfactory that the guardians (!) whose greed induces them to engage in such a trade have no benefit from it.

These vendors of foul food are the persons to whom the law entrusts the protection of the poor against the imposition upon them of noisome food of this sort, and they are the very persons who ought themselves to be prosecuted for encouraging and engaging in the diseased meat traffic. It is perfectly false to state that pleuro-pneumonic or any other fevered meat can be eaten without injury by anyone, and we shall always be delighted when we hear that a public board which trades in this line is cheated of its dirty gains.

Unqualified Practice.

DURING the past week several events of interest in connection with our articles on the unqualified assistant system have happened. At Camberwell a chemist has been censured for visiting and prescribing for a patient on whom, in consequence of his attendant being unable to provide the necessary death certificate, an inquest was required to be held. At this inquiry the fact that much unqualified practice is done in the neighbourhood was made apparent, and it was proved that the chemist in question had been warned as long ago as two years against continuing his irregular proceedings. Within the same period, also, two letters have appeared in contemporaries—one from Dr. Murdoch, denying that he ever sanctioned the use of his signature by the man Griffin, who was employed by him to take charge of a dispensary; and another from a country practitioner, which, as being of practical interest, will be found in another column of our present issue. References also have been made to the subject in Parliament, and a general feeling seems to be growing in the public mind that it is time to put a stop to the scandal. We cannot but feel gratified at such speedy and satisfactory results to our action in the matter.

Infectious Diseases.

THE Corporation of Dublin (save the mark!) have approved of the Bill for the Notification of Infectious Diseases introduced by Mr. E. D. Gray, M.P., which proposes that the physician shall serve the notification certificate under penalty. Of course they have. Probably not two of the number ever saw the Bill, and it is doubtful whether one out of the two had education to understand it. The next act of this precious Corporation was to pass a *rigmarole* of resolutions encouraging outrage and condemning the efforts of Government to counteract sedition and violence.

The Council of the Royal College of Surgeons of England.

THERE will be three vacancies on the Council, owing to the retirement of three members—Messrs. Marshall, Power, and Baker, all of whom are eligible for re-election, and are again candidates for the vacancies. Three other candidates have presented themselves—Messrs. Croft, Geo. Lawson, and Macnamara. Messrs. Marshall and Power will, without doubt, be returned; and it becomes a question whether the provincial Fellows will be desirous of returning Mr. Baker, who from press of work will, we understand, not be able to take office. Should he not be elected, Mr. Croft would have the first claim on the Fellows, he having stood upon the last occasion and failed in being returned by only a few votes.

The Fee for the L.K.Q.C.P.I.

THE Irish College of Physicians has altered its bye-laws so as to allow graduates in Arts and Medicine of any of the Universities of Great Britain and Ireland to come in for the licence of the College at a fee of £5 5s. instead of the £15 15s. heretofore charged.

THE College used, up to 1878, to make the Fellowship fee less for graduates in medicine, but the fee was made the same for all candidates in that year. While no change is likely to be made in the Fellowship fee, the fee is reduced for the licence, as we have indicated, and it is likely that in similar cases the Membership fee will be reduced.

Co-operative Trading in London.

THE five largest co-operative stores in London sold goods in 1881 to the amount of £4,484,526, distributed as follows:—The Army and Navy, £2,009,467; the Civil Service Supply, £1,496,573; the Civil Service Co-operative, £520,155; the Junior Army and Navy, £323,312; and the New Civil Service, £135,019. All but the last-named show an increase over the sales of 1880, the total increase on the sales of the five associations being £212,000. The total working expenses vary from 6.80 per cent. in the Army and Navy to 11.16 per cent. in the Junior Army and Navy. The Army and Navy Stores, with such an immense business, report figures of very handsome magnitude. Their stock is valued at £275,000. They pay £96,000 in salaries, £5,000 to directors and auditors, over £7,000 for printing and stationery, and £6,000 for rents, rates, &c.

Lead-Poisoning.

MR. BURT has given notice of two questions to the Home Secretary—first, whether he would instruct the inspectors of factories and workshops to attend the inquests on cases of lead-poisoning? and next, whether the promised inquiry into the subject was completed, and if so, with what result?

WE much regret to record the untimely death of Dr. Robert Stirling, of Kilkenny, from pyæmic pneumonia, believed to have been brought about by the post-mortem examination of the body of James Dunne. The subject of the examination, the late James Dunne, had the face nearly shot off. Dr. Stirling was in his 34th year.

Professor Huxley on Medical Education for Women.

ON Wednesday last Professor Huxley distributed the prizes at the School of Medicine for Women. In the course of his address he said it was now a good many years ago since he ventured to make public his opinion on that subject. If he repeated it now, he was not quite sure that it would be considered orthodox, but this he would say, that age had not altered his opinions. Whether in the future women might take the lead in science or not, for his part he had never been able to see why women should not do all they can to make themselves useful members of the community, why they should not take up any branch of science, and do the best they can in any career open to them. He could not understand why there should not be free trade in this matter. For the last few years he had been a member of a Royal Commission on the subject, and it might interest them if he just gave them the result as far as it affected them. He must, however, be guarded in what he said, as the result had not yet been laid before her Majesty, but he might go so far as to say that the Commission were extremely impressed with the importance of medical education for women. They were also struck with the very moderate statement made by Mrs. Garrett Anderson, to whom all of them were much indebted, and therefore he might say that, whether there was to be one portal or many to the entrance to the medical profession, there would be no barriers against women. In the Dean's report of the school it was stated that during the five years' existence of the institution exactly 100 students had been admitted, of whom 39 were still engaged in study, and eighteen had studied medicine for the purpose of applying it in mission work.

Lunatic Asylums in New Zealand.

APPLICATIONS have been invited for the appointment of Inspector of Lunatic Asylums in New Zealand. Candidates must have had experience in asylum management, and a knowledge of cerebral pathology. The inspector will be required to devote his whole time to the duties of his office. The salary is £800 per annum. The Government do not grant pensions or superannuation allowances, or free quarters; but a liberal travelling allowance is made when the inspector is travelling on duty. The salary will commence from date of arrival in the colony. The Government do not guarantee more than three years continuous employment, but if the officer proves suitable, the engagement will probably be permanent. The passages of the inspector and his family (if any) to the colony are defrayed by the Government; and if the engagement is terminated by the Government at the end of three years the return passage to England will also be paid.

IT is announced that the examinations of candidates for commissions in the Medical Department of the Army, Naval, and Indian services will be held at the University of London on Monday, 21st of August, 1882, and following days, at ten o'clock. The number of vacancies is— for the Home Army, five—for India, eight—for the Navy, ten.

Conversazione at the Royal College of Physicians of London.

ON Wednesday last the annual *conversazione*, held at the College, was honoured by the presence of their Royal Highnesses the Prince of Wales and the Duke of Albany, and was as successful as usual. Among the interesting objects lent by the Fellows of the College was a handsome Wedgewood casket, which once belonged to a former Prince of Wales. An insectivorous plant of great delicacy and beauty was exhibited by Dr. Crisp, and so arranged that it could be readily made to grow under a glass, as a drawing-room, or an attractive waiting-room ornament; bronzes, by Dr. Quain; pictures, by the President, Sir Wm. Jenner, Mr. Bowman, F.R.S., Messrs. Agnew, Messrs. Baillière, Tindall, & Cox (Portrait Picture of the International Medical Congress), and others. The chief attractions among the microscopical objects were specimens of tubercle bacilli, exhibited by Dr. Heron, and specimens of bacilli by Messrs. Watson Cheyne and E. M. Nelson. Professor Tyndall also showed some instructive and interesting scientific experiments on Acoustical Interference and Reflection, and on Some Phenomena of Colour. Altogether the evening was rendered particularly attractive, so much so that one of the Royal Princes was almost the last to quit the building.

Unqualified Assistants.

IN reply to a series of questions by Mr. H. B. Samuelson with regard to the recent scandals at dispensaries in the East-end of London, connected with the employment of unqualified medical practitioners, Sir W. Harcourt said the proper course would be to call the attention of the Medical Council to these cases. The Council had power to deal with them under the 21st and 22nd Victoria. Obviously the Home Secretary has but a slight knowledge of the General Medical Council, and we anticipate for the unqualified assistants a long and prosperous career if their suppression depends on that effete conclave.

American Cheese.

IN reply to an inquiry, Mr. Chamberlain has stated in the House of Commons that the Custom House authorities are making investigations, by means of a Select Committee, into the questionable practice of shipping to this country cheese made from skim-milk and lard. He further stated that under the Sale of Food and Drugs Act no article could be sold to the detriment of the purchaser unless specifically labelled as adulterated or containing some mixture. It may be doubtful whether such a mixture is detrimental to health, and on economical grounds it may be, he alleged, desirable that our farmers should become acquainted with a method of utilising their skimmed milk.

OUR profession ought to feel flattered by its exclusion from the honour (?) of baronetcy. A Mr. Lawes—an estimable gentleman who deals in manure—has just been decorated by Her Majesty. Probably the next *Gazette* will contain the names of the proprietors of Thorley's cattle food—hop bitters—and of the immortal "Cockle." Surely Col. Burnaby might be induced to do something with the Premier for his *protégé*.

Poisonous Pigments.

THE Society of Arts' committee, formed some twelve months or more ago, for the purpose of devising means of dealing with the dangers arising out of the sale of poisonous pigments, before bringing its labours to a close and issuing a report, has, we hear, appointed a deputation to wait upon the President of the Local Government Board, and urge upon him the necessity for initiating legislative action in this important matter. In the meantime, we learn that in Germany an Imperial decree has already been published, and is to come into force on the 1st of April, 1883, forbidding the use of poisonous pigments in the preparation of articles of food intended for sale, or the enclosing of such articles in wrappers or in vessels which are coloured by means of poisonous pigments. In the same decree all pigment containing antimony, arsenic, barium (except sulphate), lead, chromium (except oxide), cadmium, copper, mercury (except sulphide), tin, zinc, gamboge and picric acid are defined as poisonous. The same pigments, with the exception of zinc white and chrome yellow, are forbidden to be used in the preparation of paints and varnishes intended for children's toys. Further, the decree interdicts the use of pigments prepared with arsenic in the manufacture of paper and the use of arsenical compounds of copper and similar pigments in the manufacture of wearing materials.

Resection of Lungs.

AT the session of the Verein für innere Medizin, held on June 5th, Herr Block, of Danzig, communicated the result of a number of experiments on resection of lung that he had made on both sound and tuberculous animals, rabbits, dogs, sheep, swine, and cows. The animals were all completely recovered in health in a few days, and the resected lung again filled the thoracic cavity. Herr Block throws out the not unnatural suggestion that possibly the operation could be carried out on the human species in cases of pulmonary tuberculosis, gangrene of lung, copious hæmoptysis, and tumours of the lungs.

Medical Charities in Liverpool.

WE regret to learn that the closing of the two departments of hospital and dispensary relief to cases of disease of females that have been carried on in connection with the Liverpool Ladies' Charity and Lying-in-Hospital for over a quarter of a century, for want of funds has become a serious probability. Surely Liverpool, which has shown its capability of founding both a bishopric and a university, will never allow one of its established and valuable medical charities to pass out of existence thus!

DR. MICHAEL A. BOYD, F.R.C.S.I., Surgeon to St. Michael's Hospital, Kingstown, has been appointed to succeed Dr. John Hughes as Physician to the Mater Misericordiarum Hospital, Dublin.

THE summer dinner of the Brussels Medical Graduates' Association will take place at the Crystal Palace on Thursday next, June 22nd, at 7 p.m. precisely.

Improved Underclothing for Ladies.

WE are glad to notice the tendency now existing among manufacturers to produce goods which shall not only answer the requirements of utility and taste, but those of a hygienic nature likewise. This is more particularly seen in the case of woollen goods, which the bold initiative of the Countess of Bective some two or three years ago evoked. Unfortunately, the "shoddy" manufacturers have, by the grinding up of old rags and the consequent sale of bad, and in some known instances of infectious material, brought home produce into disrepute, so that medical men should be among the first to appreciate and welcome attempts to provide better and healthier clothing for the million. We are led to these remarks by having had shown us some knitted wool undershirts for ladies and children by a well-known firm of Yorkshire manufacturers (Scarborough Bros., Halifax), which are exceedingly light, soft, and warm, the open fretwork allowing thorough ventilation and evaporation from the body. There is, of course, no novelty in woollen under-garments for ladies, as many knit their own; but to the mass these cheaply manufactured articles from pure wool will be an immense boon, as they are much healthier, and necessarily more comfortable for wear, and should in time supersede those heavy cloth materials, which, besides being oftentimes more expensive, are always the most unwholesome for use.

Adulteration.

A REPORT of the work of English public analysts has been published during the month. As far as this report shows, there were 487 specimens of drugs analysed, of which 93 were found adulterated. The general total shows that 2,960 adulterated specimens of food and drugs were found out of 17,808 examined. The general proportion is rather more than 16 per cent., and that of drugs is nearly 20 per cent.

A. HERON, M.D., of Greenfield House, Rathfriland, has been appointed to the Commission of the Peace for the county Down.

DR. LIONEL A. WEATHERLY has been appointed Deputy Coroner for the North-East Division of Somerset, in the place of Mr. Robert Biggs, of Bath, deceased.

THE eighth ordinary meeting of the Statistical Society was held on the 20th inst., when a paper was read on "Two Hundred and Fifty Years of Small-pox in London," by William A. Guy, M.B., F.R.C.P., F.R.S.

WE are requested to state that the distribution of prizes at St. Thomas's Hospital medical school by the Duke of Connaught announced in our last, is unavoidably postponed in consequence of the illness of his Royal Highness.

A GENERAL meeting of the members of the Medical Defence Association, for the election of officers, &c., will be held at the rooms of the Medical Society of London, this day (Wednesday), at 4 o'clock, p.m. The President will deliver an address, and the report of the Council will be read.

WE are requested to state that Dr. Dennis Eubleton has accepted the presidency of Section 1, "Sanitary Science and Preventive Medicine;" Henry Law, Esq., M.Inst. C.E., Section 2, "Engineering and Sanitary Construction;" and Dr. Arthur Mitchell, F.R.S., that of Section 3, "Meteorology and Geology," at the Congress of the Sanitary Institute of Great Britain, to be held at Newcastle-upon-Tyne.

WE regret to learn that Dr. Orange, the able Medical Superintendent to the Broadmoor Criminal Lunatic Asylum, has been the subject of a terrible assault by a patient, who struck him a violent blow on the head with a large stone slung in a pocket-handkerchief. Dr. Orange is still confined to his bed, from shock to the system, but it is hoped that no serious complications will arise. The patient is the same who fired a pistol at the Master of the Rolls.

WE are glad to notice that at the meeting of the Medical Defence Association, to be held this afternoon (Wednesday) in the rooms of the Medical Society of London, the subject of "Provident Dispensaries and Unqualified Assistants" will be fully discussed. The series of articles in our columns on the "unqualified assistant system" will have fully prepared our readers for such meetings, which we trust will be held in every important town in the kingdom where the evil is known to prevail.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Norwich 13; Cardiff 14; Plymouth 16; Derby, Bristol 17; Sheffield, Hull, London, Sunderland, Blackburn, Leeds 18; Birmingham, Newcastle-upon-Tyne, Leicester, Birkenhead 19; Brighton, Nottingham 20; Bradford, Oldham, Edinburgh, Salford, Wolverhampton 21; Halifax 22; Bolton, Liverpool 23; Glasgow 24; Dublin, Preston, Portsmouth, Huddersfield 25; and Manchester 28.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Calcutta 32, Bombay 23, Madras 29; Paris 25; Geneva 20; Brussels 22; Amsterdam 23, Rotterdam 21, The Hague 17; Copenhagen 26; Stockholm 22; Christiania 14; St. Petersburg 52; Berlin 22; Hamburg 26; Dresden 23, Breslau 22, Munich 35, Vienna 34, Prague 37, Budapest 33, Trieste 19; Rome 30, Naples 29, Turin 31, New York 33, Brooklyn 26, Philadelphia 20, and Baltimore 24.

THE death-rates from diseases of the zymotic class in the large towns last week were exceedingly high—from whooping-cough the mortality was nil in many cities, and very low in all. From measles it was 3·4 in Bradford, 2·7 in Preston, and 2·4 both in Brighton and Portsmouth; from scarlet fever, 1·3 both in Sunderland and Derby; and from fever, 2·1 in Preston, and 1·3 both in Hull and Derby. Of the 33 deaths from diphtheria, 18 occurred in London, 4 in Glasgow, and 2 in Oldham. Small-pox caused 13 deaths in London and its outer ring

of suburban districts, 2 in Nottingham, 2 in Hull, one in Birmingham, one in Manchester, and one in Leeds.

THE Irish probate of the will of Hans Irvine, M.D., of the University Club House, Dublin, who died on March 1st last, granted to Captain William Henry Irvine, the nephew and sole executor, was sealed in London on the 1st ult., the aggregate value of the personal estate in England and Ireland amounting to more than £16,000. The testator gives legacies to his brother, nephews, nieces, and other relatives; £100 to the Medical Benevolent Fund, if existing at his death; and the residue of his property upon trust for his brother Henry for life, and then for his said nephew William Henry.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

SICK CHILDREN'S HOSPITAL, GLASGOW.—We understand that canvassing has already begun for the medical appointments to the Sick Children's Hospital, Glasgow, and that on the part of individuals whose time, one would have thought, was already fully occupied with the performance of hospital duties. The inference on the part of a stranger would be almost pardonable that the medical talent in Glasgow is confined to some half-dozen of the members of the profession, whose voracity for appointments is truly astounding. We hope the directors of the Children's Hospital will recognise that this is *not* the case, and that, other things being equal, a present connection with a large hospital will be regarded in the light rather of a disqualification, more especially if the scientific fruits of such connection are next to nil. The manner in which a few members of the profession in Glasgow are petted, in the matter of public appointments, is positively disgraceful, and somewhat disheartening to modest merit.

SCOTTISH BRANCH OF THE BRITISH DENTAL ASSOCIATION.—On the 13th inst. a meeting of members of the British Dental Association was held in the Dental Hospital, Edinburgh, to consider the propriety and expediency of securing the establishment of a branch of the Association in Scotland. Dr. J. Smith, Edinburgh, was called to the chair, and, in opening the proceedings, referred to the requisition calling the meeting, which stated that, as there at present existed in Scotland two societies devoted to the scientific and literary interests of their profession, it would not be necessary for the branch, if instituted, to embrace those sections of the general Association's objects. It would thus be left free to devote its energies to (1) the conservation of the profession's political rights and privileges, and to secure others which might from time to time be considered desirable; (2) the establishment of a Dental Benefit Fund for the relief of decayed and necessitous members of the profession; and (3) the granting of sums of money out of the branch funds for the promotion of dental education in such a manner as from time to time might be determined on. It was unanimously agreed to establish a branch of the Association in Scotland, and the meeting resolved itself into a committee for the appointment of office-bearers and the adoption of bye-laws. The office-bearers were unanimously elected as follows:—President, Dr. J. Smith; vice-president, Mr. Campbell, Dundee; treasurer, Mr. Brownlie, Glasgow; secretary, Mr. McLeod, Edinburgh. Members of council were also elected.

A vote of thanks to the Chairman brought the proceedings to a close.

AMATEUR DOCTORING IN GREENOCK.—In the Debtors' Court, Greenock, on the 14th inst.—Sheriff Smith presiding—Robert Aitken, blacksmith, 21 Dempster Street, sued William Cunningham, pansman, 3 Mearns Street, for £3, for "time, trouble, and expenses incurred by him in buying stuff and making up a lotion for defender's use." Thirty bottles had been bought, and 2s. each was charged for them. The Sheriff said it was rather unusual for blacksmiths to operate as doctors on human beings. Mr. Tallach, who appeared for pursuer, stated that Aitken was in possession of a recipe for a lotion which was very popular as a cure for burns and sores. The defender had got 30 bottles of the lotion for application to a burn from which he was suffering. Mr. Stronach, who represented the defender, said that the lotion did him more harm than good, for he had been confined to the house for six weeks with the burn. The charge was excessive, and he had offered the pursuer 10s. in payment, but the offer had been refused. That was valuing each bottle at fourpence. The city analyst had examined the stuff, and, stating that its principal ingredient was carbolic acid, fixed its value at 2d. per bottle. The Sheriff advised the pursuer to settle with the defender without going any further with the case. If it were proceeded with the lotion would have to be analysed. Pursuer preferred to go on with the case. The Sheriff said he would not decide the case without analysis; it seemed a very dear compound. The pursuer said the ingredients were carbolic acid and sulphate of zinc. These were both cheap, the Sheriff remarked. In getting the lotion analysed, his Lordship continued, the pursuer ran considerable risk. It would in all probability be reported to the Court that these were exceedingly cheap and easily combined ingredients, and the Court would probably find out that this was a dangerous remedy and of a poisonous character, and he (the Sheriff) might think it his duty to give no facilities for its sale. The pursuer had no business to practise. He had much better take the 10s. offered. If the case proceeded he might get nothing. The pursuer accepted the 10s. and the case was taken out of Court. The Sheriff recommended the defender next time he was suffering from injuries to go to a medical practitioner for relief.

THE CHAIR OF SURGERY, EDINBURGH.—Dr. Patrick Heron Watson has, since our last notice, issued his application to the curators. At present it is impossible to say who will be appointed, the qualifications of the candidates being so various. Dr. Watson has the largest general practice in Edinburgh; Dr. Duncan has a large private income, which, he informs the curators would enable him to do nothing; Dr. Bell was the assistant of the late Professor Syme, and is the editor of the *Edinburgh Medical Journal*; and Mr. Chiene, whose only claim to the chair is that he has persistently devoted himself to pure surgery, is a most successful lecturer on, and teacher of, surgery in the Extra-Mural School. There is a very general feeling among the heads of the profession here that Mr. Chiene deserves the chair. He has persistently refused the more lucrative allurements of general practice in his devotedness to pure surgery, and has not relinquished the one when inherited wealth rendered him independent of work. All, of course, depends upon the curators, who will, it is hoped, be able to weigh fairly the relative merits of the candidates.

THE MORISON LECTURE, EDINBURGH.—The first of the course of Lectures on "Insanity" at the College of Physicians

was delivered by Professor Hamilton, on June 16th, before a very large audience.

THE REGISTRAR-GENERAL'S RETURN.—The weekly return of births, deaths, and marriages in the eight principal towns of Scotland for the week ending Saturday, June 10, states that the death-rate was 23·2 per 1000 of estimated population. This rate is 4·5 above that for the corresponding week of last year, and 0·3 above that for the previous week of the present year. The lowest mortality was recorded in Dundee—viz., 18·2 per 1000; and the highest in Greenock—viz., 29·7 per 1000. The mortality from the seven most familiar zymotic diseases was at the rate of 3·5 per 1000, or slightly below the rate for the previous week. Whooping-cough, diarrhoea, and other bowel complaints were the most fatal miasmatic diseases in Glasgow. Six deaths from whooping-cough were registered in Edinburgh. Acute diseases of the chest caused 107 deaths, or 18 less than the number registered during the previous week.

HEALTH OF EDINBURGH.—The mortality of Edinburgh for the week ending with Saturday, the 10th inst., was 93, and the death-rate 21 per 1,000. Diseases of the chest accounted for at least 50 deaths, zymotic causes for 12, of which 2 were due to measles, and 1 to fever, the intimations of these diseases being respectively 68 and 12.

DEATH-RATE OF GLASGOW.—The Glasgow death-rate for the week ending with Saturday, the 10th inst., was at the rate of 24 per 1,000 of the population, as against 25 in the preceding week. For the corresponding week last year the rate was 21 per 1,000.

Literature.

ON CONCUSSION OF THE SPINE, &c. (a)

THE call for a new edition of Mr. Erichsen's book on Concussion of the Spine and Nervous Shock has enabled him to make various additions to the text, and to revise the work, which will henceforth advance in professional favour beyond the high point which it has hitherto held. The marvellous facilities of locomotion now offered, and the restless spirit of the age, have led to an enormous increase of travelling in these days, in the course of which accidents must occasionally happen; and as long as accidents by road or rail continue to occur concussion of the spine and nervous shock must occasionally solicit professional attention. It has been argued that in the course of evolution the nerve centres of man become not only more highly organised, but more susceptible to injury from external violence. The comparatively simple and unguarded encephalic organs of savage tribes, it is said, can bear without detriment jars and shocks which would be fatal or crippling to the delicate and intense cerebral and spinal ganglia of the most highly civilized races. The impunity with which artificial deformities have been produced in the heads of infants of some North American Indian tribes, and the fatality attending any pressure on the crania of European infants give some sanction to this view, which is also supported by statistics showing a gradual increase in the prevalence of diseases of the nervous system. But whether owing to a heightened sensibility coincident with evolution, or attributable to the greater frequency and severity of accidents in the era of railways, with increased accuracy in diagnosing their pathological consequences, it is certain that we hear much more of concussion of the spine than we formerly did, and that it is therefore incumbent on us to familiarise ourselves with the symptoms characterising the many varieties of that condition, with their prognostic significance, and appropriate treatment. And in order that we may do this we must turn

to Mr. Erichsen's book, for in other works professing to deal with diseases of the spinal cord concussion is scarcely mentioned. The narrow materialism which pathological studies sometimes engender disdains to take notice of anything but gross lesions, and so that immense group of so-called functional disorders, upon which so much of the misery of life depends, are ignored, because the changes on which they depend are still hyper-microscopic, and cannot be exhibited in carmine and dammer. Mr. Erichsen, however, approaching his subject from the clinical side, falls into no error of this kind, but considers functional derangements as well as degenerative alterations in tissue. He generalises from a large and unique experience, and arrives at conclusions which are quite as trustworthy, if not as neat and precise, as those founded on anatomical and histological observations. In the record of his experience and statement of his conclusions in the book which lies before us medical practitioners will find the solution of many perplexities and warnings against many blunders in dealing with cases of spinal shock and concussion. And it is peculiarly desirable that blunders should be avoided and doubts cleared up in connection with such cases, for not rarely they come before courts of law, where mistakes are apt to be very disastrous, either to him who makes them or to him concerning whom they are made.

Hippocrates said that no injury to the head is too trifling to be despised, and so Mr. Erichsen starts with the proposition that no injuries to the spine are too slight to be unworthy of notice—a proposition which he amply establishes by an array of cases with luminous critical remarks, in which apparently insignificant shocks to the body generally or vertebral column, or to the head, have, after a long and insidious advance, ended in grave organic changes in the spinal cord and its membranes. And in doing this he supplies a missing chapter in medical jurisprudence, and does much to remove the obscurity that has heretofore surrounded the subject, and led to many deplorable contests of professional opinion. He does not confine his attention to the shocks arising out of railway accidents, but insists that there is no such thing as "railway spine" injuries sustained in this way standing in the same category with injuries occurring from other causes in civil life. At the same time he justly observes that in no ordinary accident can the shock, physical and mental, be so great as in those that happen on railways. The rapidity of the movement, the momentum of the persons injured, and of the vehicle that carries them, the suddenness of its arrest, the helplessness of the sufferers, and the natural perturbation of mind that must agitate the bravest, are all circumstances which necessarily greatly enhance the severity of the resulting injury to the nervous system, and which have led surgeons to consider these cases as somewhat exceptional and different from ordinary accidents. There is, in fact, much the same difference between these and the more ordinary injuries of the nervous system that there is between a gunshot wound and other contused and lacerated wounds of the limbs.

Having quoted the opinions of the older surgeons on the subject of spinal injuries, Mr. Erichsen proceeds to examine in order the effects of direct and severe blows on the spine. The symptoms of severe concussion from direct violence, concussion from indirect and slight injury, concussion from general shock, sprains, twists, and wrenches of the spine, and the mode of occurrence of shock and the pathology of concussion. Thereafter he investigates spinal anaemia and hysteria, the influence of injury of peripheral nerves on the central portions of the nervous system, impairment of vision complicating injuries of the nervous system, and certain forms of paralysis of the limbs from local injuries which may complicate concussion of the spine. A masterly summary of the medico-legal aspects of concussion of the spine, under which the tests for imposture and exaggeration are set forth, is followed by a chapter on prognosis, which has also, of course, medico-legal relations; and the volume concludes with a chapter on treatment, in which the effects of rest, sleep, posture, local applications, and medicine are adequately discussed. The work is one of great practical utility, indispensable to railway surgeons and those called on to treat cases of spinal concussion, and interesting to all medical men. It is clearly and forcibly written, and is eminently readable.

(a) "On Concussion of the Spine, Nervous Shock, and other Obscure Injuries of the Nervous System, in their Clinical and Medico-legal Aspects." By John Eric Erichsen, F.R.S., &c., London. Longmans, Green, and Co., 1882.

Correspondence.

ADVERTISING IN THE LAY PRESS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Having read your leader on advertising in the lay press of this week, I must confess my inability to come to a definite conclusion as to your opinion of “the morality of employing such means of attracting public attention to individual worth by advertisement in the lay press.” Turning to page 475, *Medical Press and Circular* of May 31st, I find a sub-editorial note from your Scotch correspondent on the same subject, which seems to me to take a very different view of the question. At all events, I am sorely puzzled on the question, especially as this week your argument is almost wholly confined to the action taken by the London College of Physicians. The profession would be glad to have an unbiased opinion upon this matter, which it cannot expect to get from the *Lancet*. Indeed, I have come to the conclusion that what that journal condemns is the right thing to do. That the Editor of the *Lancet* should endeavour to put down all advertising, except in his own columns, would surprise no one, for does he not reap a princely income from advertisements rather than from reporting and discussing medical matters? His object is plainly that of filling a larger number of his pages. In the current number there are 44 pages of advertisements to 30 of readable matter, and I have noticed as many as 60 pages of advertisements in that journal to about 30 of reading matter. The staple commodity of things advertised are articles of general rather than professional interest, ranging from money-lenders, furniture-dealers, whisky, tobacco, boots, pickles, and secret remedies of all kinds, whilst medical books occupy only a very small space. I observe also, week after week, questionable puffs of “New Preparations,” which are evidently written with a view to catch advertisements, again to be used for advertising purposes of the said articles in the lay press, and blazoned forth in large placards in the streets as “Opinions of the Editor of the *Lancet*.” This I give you as a specimen of the humbug of the “leading medical journal.”

Yours, &c.,

June 17th, 1882.

JUSTITIA.

CASE OF SUPRA-PURIC DISLOCATION OF THE HIP-JOINT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In twenty dislocations of the hip this variety is said to occur once. The injury being a rare one, and the manipulation adopted in this case differing from the standard instructions, the details may be found interesting.

Erichsen's instructions are as follows :—

“The reduction by manipulation should be effected by (1) *drawing the limb downwards*, and (2) *at the same time raising it up so as to flex it gradually on the abdomen*, as the head of the femur becomes disentangled from its position. It may then be rotated inwards and directed towards the acetabulum.

Now the first two of these manœuvres were faithfully tried in this case without success; because the head of the bone was caught on the ramus. In fact, it is with great diffidence submitted that it must be so in a large proportion of cases. The head of the femur is, according to Harrison “resting on the ramus below Poupert's ligament,” and the tension of the Y ligament restrains the head from slipping inwards and downwards along the ramus.

In this case by rotation outwards and abduction the head of the femur was disengaged, and by circumduction and rotation inwards was guided into the acetabulum.

On March 25, P. C., a labourer, tall and thin, fell out of a cart, impinging probably on the trochanter. After an unsuccessful attempt at reduction by a bone-setter Mr. Cahill was called in, and found the following condition of the right limb.

Great eversion, slight abduction and inclination forward, knee semi-flexed, shortening one inch, right buttock flattened and distorted, great trochanter could not be felt, head of femur felt bordering on the artery where it passes under Poupert's ligament, utter helplessness and sensory paralysis of the limb. Special attention is directed to this last symptom, as it is plain that the injury cannot exist without causing more or less pressure on the anterior crural nerve.

Next day Mr. Hourigan confirmed the diagnosis. March

28, three days after the accident, reduction was effected under chloroform as described. The manipulative method at first seemed hopeless, and preparations were made for forcible extension, but reduction was effected with very little trouble in about sixty seconds. For six weeks he suffered from, at first, parasthenia, afterwards intense neuralgia of the ramifications of the anterior crural nerve extending down to the ankle. Some disquietude was at first caused by a symptom which soon disappeared, namely, a want of correspondence between the points of the two limbs, which could hardly be described as lengthening.

Kilkenny.

I am, &c.,

J. E. CAHILL.

PASS LISTS.

King and Queen's College of Physicians.—At the June examinations the following obtained the Licences in Medicine and Midwifery of the College :—

MEDICINE.—Morris Asher, Joseph Lievesley Beeston, Joseph Henry Bond, Matthew Maria Louis Hutchinson, Fitz James Molony, Edmund Rundle, Macnamara Morgan Williamson.

MIDWIFERY.—Morris Asher, Joseph L. Beeston, Joseph Henry Bond, Matthew M. L. Hutchinson, Alan Montgomery Irwin, Fitz James Molony, Edmund Rundle, Macnamara M. Williamson.

The under-mentioned Licentiates were admitted Members :—
John F. Knott, L. J. O'Neill, Patrick Matthias Poett.

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.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

MR. FRANK CONSTANTINE.—The difficulty you complain of is a serious obstacle to the working of the Act, and it is almost impossible to see how it can be overcome. Up to the present time it has been productive of the very smallest advantage; until it becomes compulsory there is no prospect that any considerable number of confirmed inebriates will be subjected to its provisions.

T. E. C. asks: Is there any means of avoiding the bad effects of nitrate of silver on the eye alluded to by Dr. Sunter in his paper on “Jacob's Ulcer,” or rather what suggestions would you make for the treatment of a case of severe ulcerative ophthalmia with a view of avoiding them?

[Once the stains of nitrate of silver or lead acetate have been produced, they are indelible. The nitrate stain only results from prolonged use of the astringent, and need not be feared within any reasonable period.—ED.]

A CANDIDATE.—You will see by an announcement under the heading “Appointments” that you were unsuccessful. Probably there were so many candidates that the official announcement of name selected was considered sufficient. We agree with you that “post-cards are cheap enough” for each candidate to have received one.

CANDIDATES FOR THE INDIAN MEDICAL SERVICE are informed in our advertisement columns that the next examination for appointments will be held in London on the 21st August and following days. Copies of the regulations may be obtained on written application to the Military Secretary, India Office, London.

ALPHA asks: What are the functions discharged by the “Visitors of the King and Queen's College of Physicians”? Are they supposed to hear and decide matters between members of the College? Where might a copy of the Charter be seen or obtained?

[The Visitors are to consider questions of legal competency of the College when convoked, and would not enter on matters of dispute between individual members. If, however, a member believed he was illegally debarred from his privileges, he could appeal to the Visitors. The Charters of the College are not purchasable, but may—we presume—be seen by any Member or Fellow on application to the Registrar.—ED.]

FELLOW OF THE COLLEGE.—Up to the present no provincial Fellow has indicated his intention of competing for one of the vacant seats. There are three new candidates in the field, all metropolitan.

H. MOH. asks:—1. Can the holder of the licence of the Apothecaries' Society, London, practise as a physician in any part of the British dominions? If not, please define his limits? Does the Local Government Board for Ireland recognise this qualification as a physician's? And 2. Is the holder of this licence recognised as an apothecary by the Local Government Board for Ireland?

[The holder of any registrable licence, including the L.S.A., may practise, the Medical Act says, "according to his qualifications," and without limit as to place. It has never been decided at law what the practice of physic is, "according to the qualification" of an L.S.A., but it has been always assumed to be so. In fact, all the prosecutions of quacks for illegal practice of medicine are instituted on the ground that they are not medical practitioners as defined by the English Apothecaries' Act of 1815, and the holders of the L.S.A. have never been challenged, though hundreds of them have practised as physicians on the licence. 2. Yes. 3. It is not recognised as an *apothecary's* licence in Ireland, inasmuch as the Irish Company has the monopoly.—ED.]

A. F. F.—A second edition is now ready, and may be obtained through any bookseller.

LE PROFESSEUR GERMAIN SÉE (Paris) will please receive our best thanks.

F. R. C.S.—We have no personal knowledge of the drug in question, and shall be glad to receive the results of your investigations.

MR. W. G. T.—We have duly received Mr. Lawson Tait's pamphlet on "The Uselessness of Vivisection upon Animals as a Method of Scientific Research," but have been unable to look into the same. We intend reading the same without prejudice at our leisure, and will then give you our opinion.

A MEMBER.—There was foundation for the report, but subsequent circumstances induced its withdrawal.

IRIDECTOMY AND ASTIGMATISM.—E. D. asks:—1. At what age should iridectomy be performed in children who suffer from non-staphylococcal leucomata involving part of the cornea, the result of purulent ophthalmia after birth? 2. In compound myopic astigmatism it is sometimes desirable to order simple cylindrical glasses for reading and spherico-cylindrical glasses for distance. Will there be any difference in the direction of the axes of the two kinds of spectacles?

[1. There will be nothing gained by the iridectomy at an earlier age than five or six years if there be any useful sight at all; if not, it should be done as soon as the child and the eye are in good condition, or else its mental and physical conditions will be retarded. 2. There should be no difference in the direction of axes except in very rare cases.—ED.]

REVACCINATION.—INQUIRER asks: 1. In revaccinations is it essential that you should see them again, and that they should be successful? 2. Is an official in receipt of superannuation eligible to become a guardian?

[1. Under sec. 6 of Vaccination Amend. Act (1879), see "Irish Med. Directory," page 621, the medical officer is to be paid for "every person revaccinated." Inspection on eighth day is not essential, but ought always to be managed if possible; nor is the production of a vesicle at all necessary. In the case of *Duncan v the Fintona Guardians*, the Court of Queen's Bench recently decided these points. 2. No.—ED.]

THE UNQUALIFIED ASSISTANT SYSTEM.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I have read with satisfaction and interest your uncompromising attacks on the unqualified assistant system, and have admired the daring way in which you have exposed the abuses it encourages. I cannot but think, however, that the articles would prove of yet greater service in stamping out this disgrace to the profession if they could be distributed in a collected form among its members. Many men who act in the way so vigorously censured would, I am sure, at once desist from a practice so harmful to the true interests of medicine, were they but even to appreciate the damaging effects they are producing. It is in many cases carelessness rather than intention which leads employers of unqualified assistants to pursue the course they do, and by reading your excellent series of articles on the subject they would be at once enlightened on, and ashamed of, the injury they are inflicting on the profession. I trust, therefore, that the series of papers will be republished for general circulation, and if not so decided, I would request permission to make the suggestion.

Yours faithfully,

A LATE EMPLOYER OF UNQUALIFIED ASSISTANTS.

[The question raised in the above letter is under consideration; no decision has, however, been as yet definitely arrived at.—ED.]

ANXIOUS AUTHOR.—As soon as it can possibly be done the review shall appear. Much to our regret we are frequently compelled to omit literary notices in order to give place to articles of immediate interest and importance; but, as far as pressure on our space permits, we always endeavour to give speedy publication to critiques as they are received from reviewers.

ILLEGAL PRACTICE.

THE following letter exactly illustrates the iniquity of the system which our articles have sought to expose:—

SIR,—The question asked of the Home Secretary last week did not elicit a very satisfactory answer. In the present state of the law any person is subject to a penalty of £20 for illegally describing himself as a medical practitioner, but the penalty is seldom enforced for want of a prosecutor. Some cases have been successfully prosecuted by associations of medical men; but it would be affectation to pretend that men act in such matters solely and primarily for the public good; and in provincial towns public opinion would generally credit a prosecution initiated by medical men with the legitimate, but lower, motive of professional interest.

When the Medical Act (1858) was passed to protect the public and the profession, it would seem to be the duty of some public official to enforce its provisions. In many provincial towns hundreds

of the poor are attended by persons whom they believe to be qualified men, and I am now in possession of evidence of several deaths which I believe to have been accelerated or even caused by their improper treatment; but since both the Registrar of Deaths and the Medical Council decline to move in the matter, and as I have no inclination to incur the expense and trouble of doing so myself, this wholesale manslaughter goes on unchecked.

June 16.

I am, Sir, your obedient servant,

A PROVINCIAL SURGEON.

MR. W. ROGER WILLIAMS (Middlesex Hospital) is thanked for the Notes of Mr. Hulke's interesting case of "Tetanus with Facial Paralysis," which shall appear in an early number.

Vacancies.

Bradford Infirmary.—House Surgeon. Salary, £150, with board and residence. Applications to the Secretary before July 3rd.

Brompton Consumption Hospital.—Assistant Physician on the Staff. Two Clinical Assistants. Applications to the Secretary. (See Advt.)

Wolverhampton and Staffordshire General Hospital.—Resident Assistant. Board and lodging provided. Applications to be addressed to the Chairman of the Medical Committee, at the Hospital, before June 26th.

Appointments.

BOYD, M. A., L.K.Q.C.P.I., L.R.C.S.I., Surgeon to the Mater Misericordiae Hospital, Dublin.

BRAY, DA J. F., Medical Attendant to the Royal Irish Constabulary at Rathangan from the 1st inst.

CLAY, A. F., House Surgeon to the Queen's Hospital, Birmingham.

DAY, E. O., M.R.C.S., Assistant Surgeon and Administrator of Anesthetics to the Royal Hospital for Children and Women, London, S.E.

FOX, A. E. W., M.B., Physician to the Royal Bath United Hospital.

JACOBSON, W. H. A., M.B., F.R.C.S. Eng., Surgeon to the Royal Hospital for Children and Women, London, S.E.

JONES, V. D. W. B., L.R.C.P. Ed., M.R.C.S., Medical Officer for the Llanwinio District of the Carmarthen Union.

FETT, J., L.R.C.S.I., L.K.Q.C.P.I., Resident Medical Superintendent to the Sligo District Lunatic Asylum.

THURSFIELD, T. W., M.D., M.B.C.P. Lond., Honorary Physician to the Warnford Hospital, Leamington.

WIGAN, C. A., House Physician to Charing Cross Hospital.

WILLIAMS, J. A., M.B., C.M., House Surgeon to the Royal Portsmouth, Portsea, and Gosport Hospital.

WOOLLETT, B. W., M.R.C.S., Junior Assistant Medical Officer to the Banstead Asylum.

Births.

BENHAM.—June 13, at 22 Museum Street, Ipswich, the wife of Hy J. Benham, M.D., of a daughter.

JENNINGS.—June 13, at 91 Lower Baggot Street, Dublin, the wife of Surgeon-Major C. B. Jennings, A.M.D., of a daughter.

MOORE.—June 13, at 40 Fitzwilliam Square, Dublin, the wife of John Wm. Moore, of a son.

SYKES.—June 17, at 7 Thayer Street, London, W., the wife of John F. J. Sykes, M.B., B.Sc., of a son.

THOMSON.—June 13, at Riversdale, Belturbet, the wife of H. Willis Thomson, M.D., of a son.

Marriages.

CANE—BARRELL.—June 8th, at St. Mary's, Bootle, Liverpool, Howard Cane, M.D., L.R.C.P. Lond., of Belvidere, Kent, to Alice Jane, eldest daughter of John Barrrell, J.P., of Bootle, Liverpool.

COCHRANE—O'BRIEN.—June 1, at Dublin, Robert Cochrane, L.R.C.S.I., &c., of Coleraine, to Maggie Patterson O'Brien, niece of William Thompson, M.A., M.D., F.R.C.S.I., of Dublin.

EDWARDS—BROMLEY.—June 7th, at Chester, James Edwards, M.R.C.S., of Anfield, Liverpool, to Ellen, second daughter of Urias Bromley, of the Old Hall, Liverpool.

HEYGATE—WALLER.—June 1st, at Holy Trinity Church, London, F. N. Heygate, M.R.C.S., of Wellington, to Emily, daughter of the late Chas. Waller, M.D.

MARTIN—WHITE.—June 8th, at Limerick, John Wise Martin, M.D., of Sheffield, to Louise Helen, daughter of William H. White, Richmond, Limerick.

PALMER—BROWNE.—June 1st, at Dublin, Benjamin Armstrong Palmer, M.B., L.R.C.S.E., L.M., Crossmaglen, County Armagh, to Susan Georgina, youngest daughter of James Browne, Esq., Parturlington, King's County.

WILSON—CLIFTON.—June 2nd, at St. Andrew's Church, London, Jas. Wilson, A.M.D., of Westbury, co. Dublin, to Frances, daughter of E. N. Clifton, Esq., of London.

Deaths.

ANDERSON.—June 7th, at Stonegate, York, W. C. Anderson, M.R.C.S., J.P. for York, aged 75.

ANTHONY.—June 9th, at his residence, Squala, Dungarvan, County Waterford, Dr. Henry Anthony, over thirty years District Medical Officer.

CURRAN.—May 26th, at Tavistock, E. J. Curran, L.K.Q.C.P.I., late of Ennistymon, co. Clare, Ireland.

DUKE.—June 6th, at his son's residence, High Street, Clapham, Thomas Oliver Duke, M.R.C.S., L.S.A., aged 64.

PRATT.—June 12th, at Swansea, Edward Pratt, M.R.C.S., L.S.A. Lond., aged 53.

STERLING.—June 14th, at Kilkenny, Dr. Robert Sterling, of Stonyford.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 28, 1882.

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A Course of Lectures

ON

TEMPERAMENT, IDIOSYNCRASY, AND DIATHESIS IN RELATION TO SURGICAL DISEASE.

Delivered at the Royal College of Surgeons of England, June, 1882.

By JONATHAN HUTCHINSON, F.R.C.S.,

Senior Surgeon to the London Hospital; Professor of Pathology and Surgery, Royal College of Surgeons, England.

(Continued from page 52A.)

LECTURE II.

MR. PRESIDENT AND GENTLEMEN,—We concern ourselves to-day with some of the most remarkable facts in respect to what is known as idiosyncrasy. In the definitions which were attempted in the previous lecture it was fully admitted, nay insisted on, that this word is intended to denote our ignorance of causes, but in no degree to express disbelief in their existence. Probably this ignorance will have to be, in most instances, only temporary, and the results which we need assign to idiosyncrasy and leave thus unexplained will, one by one, be transferred to the domain of the several diatheses concerning the causes of which something at any rate, if not all, is known. Idiosyncrasy is, indeed, to a large extent, nothing but diathesis brought to a point. It is peculiarity of constitution in some one particular feature developed to a height, which at first sight seems inexplicable and possibly almost absurd. It is individuality run mad. In seeking to understand the real name of that with which under this name we have to deal, we must keep in mind that it is by no means always the isolated phenomenon which at first sight it appears. For one man who rises to the height of peculiarity which deserves the name *miser*, there are a thousand in whom the quality of thriftiness is developed in various degrees beyond what is praiseworthy. The miser is only the thrifty man developed in great excess. So it is with the relations between diathesis and idiosyncrasy; for one person who

cannot take the smallest possible dose of quinine there are thousands who betray unusual susceptibility to the drug, and many of them in high degrees. Here, I think, we gain an insight into the way in which idiosyncrasies possibly take their origin. They are diatheses, or parts of diatheses, developed, intensified, and specialised in hereditary transmission. That they depend upon structural peculiarities we cannot doubt, although we may be quite unable to demonstrate their physical cause. The man who is poisoned by a drop of atropine solution applied to his conjunctiva is as certainly the subject of some peculiarity in his nervous organisation as are those who cannot distinguish red from green, or those who are born without the sense of hearing. It may here be remarked that the term idiosyncrasy is not, I think, ever applied to acquired peculiarities, but solely to those that are congenital. Some, perhaps, may be overcome; many, as age advances, undergo modification, but, as a rule, all are present at birth, and persist through the whole of life. It is probable that all, when once developed, are hereditarily transmissible, and I am obliged to believe strongly that if inquiry were made we should, in almost all instances, find that all strongly-marked idiosyncrasies had been present in some degree in former generations. I suggested in last year's lectures, and with, I think, much plausibility, that the hæmorrhagic diathesis so strongly hereditary when once produced, unknown in the lower animals, frequently coincided in the individual with gout, has its origin in the peculiarities of vascular structure which are developed by gout, and become modified and specialised by transmission through many generations. So I would venture now to ask considerations for similar hypotheses in reference to the other forms of idiosyncrasy of most, or of all, of which every fragment of genealogy has been lost. We have defined idiosyncrasy to be a peculiarity of the individual, usually a rare and exceptional one, which does not necessarily entail any degree of proclivity to disease, but which may become obvious under a variety of exciting causes. It is often much as if by the introduction of some test solution, a chemist should discover the presence of chloride of sodium, or some other salt in water which he had had no reason previously to suspect. The various

incidents of life in connection with diet, drugs, and the exposure to the ordinary causes of disease apply these tests for us, and most unexpected revelations do they sometimes make. Now we find that an individual apparently in no respect different from those around him, is poisoned by the smallest quantity of some ordinary drug, or that he cannot digest some one article of diet which is daily food to his companions; or, again, that the virus of some specific fever either produces on him no apparent effect, or may be attended by symptoms of tenfold their usual violence. Sometimes it is an extraordinary immunity which is revealed, and sometimes an almost incredible degree of susceptibility. We can never predicate anything as regards idiosyncrasies of function until the trial has been made. There are, however, a certain class of individual peculiarities of the same nature which do not always remain concealed. I allude to those in which the structure of some external and visible organ is affected. The peculiarities which we have hitherto classed as idiosyncrasies concern function only. But a moment's consideration will make it evident that they must depend on structure, and that they have really exact parallels in certain congenital defects or peculiarities in external organisation, which may or may not entail inconvenience to the individual. A coloboma of the iris is a structural idiosyncrasy, so also is the persistence of the nerve sheath in the retinal nerve fibres in the human eye, which the ophthalmoscope occasionally reveals unexpectedly. And each of these peculiarities may, indeed, must, entail some degree of deviation from the normal condition of vision. It is true that some congenital defects of structure occur in such an irregular manner that we prefer rather to class them, at any rate for the present, as mere accidents of development, or freaks of nature, than as idiosyncrasies, such are, for instance, moles, nævi, and the like. In the idiosyncrasies, however marvellous some of them may be, there is usually a certain reference to law and order to be noticed. They do not occur absolutely by chance, and they often appear to be correlated with other less startling peculiarities, and they often occur to several members of the same family, or are distinctly hereditary. I have instanced coloboma of the iris as an example of congenital idiosyncrasy of structure, and by its side I might put hare-lip, clefts in the eyelid, absence of the levator palpebræ and many similar defects. These congenital peculiarities of structure which do not entail any tendency to advancing disease of the whole organisation, but remain permanently local, and must, therefore, rank as idiosyncrasies rather than diatheses are not always apparent at the time of birth. Thus, a child may be born with its skin as far as can be observed in a healthy condition, but in whom within a few months of birth a harshness will be observed which will steadily develop itself into the typical condition of ichthyosis. If this happened to but a single child in a family we might search about for some cause of disease to which the infant had been subjected. But, if it happens to child after child in the same family, we cease our quest in this direction, and begin to feel certain that it must depend upon some congenital peculiarity in the structure of the skin itself.

Permit me next to ask your attention in some little detail to two groups of facts recently brought under my notice which will illustrate my argument. Mr. Balmanno Squire was kind enough last autumn to bring for my inspection a series of cases of most unusual interest. Very briefly the facts were these. Three children from the country, two sisters and a brother, of apparently healthy parentage, and having several other brothers and sisters who ailed nothing, were themselves the subjects of a malady the precise counterpart of which I had never seen before. It was exactly alike with some minor differences of degree in the children. Had it been a congenital deformity or arrest of development, its occurrence in several members of the same family would have been nothing remarkable, and we should have been able

to place it without any fresh wonderment at the marvels of pathogenesis by the side of ichthyosis, colour blindness, deaf-mutism, and other well-recognised family diseases. But the disease in question by no means fitted closely with these. It had not been congenital in any one instance, but had developed in each child some years after birth. It consisted in an inflammation of the skin of the face and upper extremities which had covered them with crusts and scabs, and which, on some parts of the face, the nose especially, had caused ulcerations exactly like lupus. In fact, anyone seeing the nose only would have had no hesitation in naming the disease lupus. But on the arms it was different. Here there was no evidence of new growth and very little of ulceration, but simply a diffuse more or less pustular inflammation. From the occurrence of the disease on those parts most exposed to the air it was to be assumed that such exposure was the exciting cause. As it had not materially varied with season, and as the feet had not suffered from chilblains, we may conjecture that the irritating influences were wind and sun rather than direct cold. Let it be noted that in each of these three cases the disease had persisted for several years, and, allow me to repeat, that in all three children it was essentially alike. What a lesson have we here as to the possibilities of hereditary diathetic proclivity! I doubt whether in the whole population of the British Isles, at the present moment, another case could be found which should offer anything approaching at all closely the disease I have described; and yet it had been possible, in the cases of these children, for the influence of parental combination of tendencies, to be so definite and so peculiar, that they all developed it in precisely the same form. I have already mentioned ichthyosis as affording us an example of a disease which is often met with unexpectedly in many members of the same family, and probably, after all, it affords us the nearest parallel which we can find to these cases. It, however, in greater or less degree, is tolerably common, and generally there is some history of its having happened in former generations. It, too, is very often congenital, or if not actually present at the time of birth, it develops so soon afterwards that we can easily believe that at any rate the peculiarity of skin giving tendency to it was congenital, and was of the nature of an arrest in the perfection of development. In the cases which I have described, however, the mind less easily grasps such an hypothesis, the disease being distinctly of an inflammatory kind, not affecting the whole surface, and not beginning until a considerable period after birth. Ichthyosis, for the most part, appears to be independent of local exciting causes, but it is by no means wholly so; and we must remember that in Mr. Squire's cases, although the local causes are clearly influential, they have been so trivial in amount that we are obliged to place the inherited proclivities of the tissue in by far the foremost position. Inherited proclivity of tissue of a similar kind, that is giving tendency at a certain age, under very insignificant exciting causes to definite and peculiar forms of inflammation is probably a thing which we very frequently encounter in practice, but it is not often that we can demonstrate its reality in such a striking manner as Mr. Squire's series of cases enables us to do. It is chiefly on this account, although in itself an extreme rarity, yet teaching us a wide lesson, that I have thought it worth your attention. When we see tubercular disease of the lungs manifest itself in one after the other of a number of brothers and sisters without obvious cause and run its course in each unchecked by treatment, we probably witness an illustration of the same pathological law. It is to be remembered further that, although it is only when several members of the same family show tendency under the same circumstances to disease of the same part, that the doctrine of inherited proclivity of tissue is strongly enforced, that there is yet every reason to believe that the same cause is operative in countless examples of disease occurring only in single individuals. During the winter session just past two series of remarkable examples

of xanthasma in children, and in several members of the same family at the same age, have been brought before the Pathological Society. In one of these two brothers and a sister, now adults, were shown by Dr. Stephen McKenzie, all three the subjects of xanthasma in a slight but definite form, and all with the history that it had been noticed at birth. Mr. James Startin showed a brother and sister, still young children, in whom similar conditions were present in much more conspicuous forms, and in whom they had been noticed within a few years of birth, but were believed not to be congenital. In all these cases the changes are symmetrical, and occur in the limbs, neck, and trunk, omitting that part most usually affected when the disease develops, *de novo*, in adults—namely, the eyelids. In none is the affection attended by any derangement of general health, or tendency to liver disorder, and it seems probable from Dr. McKenzie's cases that there is no tendency to increase, the three patients, now adults, having been in their present condition from early childhood. Thus, the general features of the malady differ exceedingly from those of the more common form as we see it in adults and approach those of some other form of skin disease—psoriasis and ichthyosis, for example. Histologically, however, the local changes in those cases are those of xanthasma, and as such we must class them. In Mr. Startin's case the resemblance to psoriasis, as regards symmetry and location of patches on the tips of the elbows, &c., was very marked. If speculation respecting such rare conditions may be permitted, I think it should proceed somewhat on these lines. We know, respecting psoriasis, that it is very hereditary, persisting through many generations, but rarely showing itself in more than a single member of the same family, and not infrequently undergoing apparent transmutation into other forms of skin disease, as, for instance, nummular eczema, lichen rubra, pemphigus, and ichthyosis. Of its connection with the latter malady, parents the subject of psoriasis having ichthyotic children, I adduced some evidence in my last year's course of lectures. Of ichthyosis itself we know that it usually occurs in several members of the same family, is hereditary, but often omits a generation, or fails to descend in the direct line. Xanthasma we have as yet known only as a disease which occurs chiefly in the eyelids of adults who have suffered from liver disorder, and which hardly ever in adults develops on other parts of the skin, excepting in connection with jaundice. It is in part a new growth, and in part fatty degeneration, and its peculiarities as regards colour, &c., clearly have a close connection with the presence of bile pigments in the blood. I do not think that there can be much dispute as to the possibility of inheritance of any tendency to tissue change which has existed for a long time in the individual who was its first subject, and in whom it had showed itself a considerable time before the birth of offspring. Nor is it in the least certain, perhaps not even probable, that much hereditary tendency would be manifested in the first generation. If we apply these facts to the explanation of the occurrence of xanthasma as a family, and almost as a congenital disease, apparently of no diathetic significance, I think we should conjecture that it is probably derived from some progenitor who had acquired the ordinary hepatic form of adults. And further, I cannot help the suggestion that it is possible that this inheritance has met and combined with a degree of proclivity to the group of skin diseases of which psoriasis is the best type.

Let me recapitulate: If a child shows within a year or two of birth yellow tubercles on its elbows and delicate yellow streaks and spots in the flexures of the hips and popliteal spaces, exactly such as we are familiar with in connection with jaundice in the adult, and with jaundice alone, we at first seek for more evidence of disease of the liver. But if we find similar conditions produced at about the same age in two or three members of the same family, and the same series of events happening in more than one family, we again, as in the case of ichthyosis, cease our search for any of the ordinary causes of disease, and fall back upon

the hypothesis of what I have ventured to term structural idiosyncrasy. We feel sure that the skin of the parts affected must have been at birth in a state of peculiarity, although we failed to be able to prove it. It is, of course, possible that the congenital peculiarity was not in the skin alone. It may have been in the blood also; but if we observe in the subsequent life of the patient that the peculiar conditions remain restricted to the parts first affected, that they have no aggressive power, and that the general health of the individual does not suffer in the least, our first impression as to the idiosyncrasy being purely one of local structure becomes revived and strengthened. I am very anxious to make clear the argument that congenital structural peculiarity may entail liability to local disease, and that that disease may be locally aggressive—at any rate, for a certain time, perhaps indefinitely—because I think it is one which may, perhaps, explain a large class of pathological facts, which are of a far less definite character than those to which we have just referred. Let us use ichthyosis and xanthasma of young children as definite and palpable illustrations of what is possible, although admittedly very rare, and guided by the light which we obtain from their investigation, let us examine the facts as to some other much less definite maladies. In the condition known as molluscum fibrosum, little tumours—possibly fibro-cellular, possibly glandular—develop in or under the skin. Usually there are very few of them, and examples of the malady, when only two, three, or half-a-dozen are present, are very common. In rare cases, however, the surface is affected, and the tumours may be counted by hundreds, or even thousands. The tendency to their production may be noticed for the first time at almost any period of life, but if they are to be numerous, it begins almost invariably in early childhood. Whether there be many, or whether there be few, the general health remains good, and there is no evidence whatever of any correlative tendency to general disease. Is it not very probable that the liability to molluscum fibrosum is inbred in the original development of the integument, that we are witnessing the results of an idiosyncrasy of structure? Let us see how the matter stands as regards common psoriasis. In this instance we have no new growth of tumours, but only a tendency on the part of special regions of the skin, possibly of almost the whole of it, to take in a certain peculiar type of chronic inflammation. This tendency occurs in its best marked forms, and most frequently to young persons, although, let us note, it is never congenital, and never even infantile. It is never associated with anything that we can appreciate, as ill-health, and the facts with which we are acquainted as regards the conditions which may influence it for the worse, are few and insignificant. Excepting so far as it may be supposed to act by interfering with the functions of the skin, it does not produce any derangement of the patient's health. It is hereditary, but not prone to prevail in single families. Is it not probable that a disease, of which these statements are true, is one not originally or wholly due either to the blood or to the nervous system, but in large, and chief part, to an idiosyncrasy in the structure of the skin? In proportion as the disease is late in its development—in other words, in proportion as we find it apparently waiting for the exciting influence to assert its birth—may we assume the probability that the idiosyncrasy is less strong. The explanation of the entire absence of psoriasis in infancy and early childhood may possibly be found in the suggestion that when the structural idiosyncrasy is very strong it manifests itself in a different form. Thus I think it not improbable that ichthyosis of infants may be in this way the representative of the psoriasis tendency in its intensest form. I must not weary you in arguing the case in reference to other diseases of the skin, or of other parts, but simply state that whenever we find a strictly local malady which develops itself in all instances with little or no apparent cause, is hereditary, is but little aggressive, and, only in a sort of accidental, way influences the health of its subject, we are entitled to suspect

structural idiosyncrasy. Steatomata on the scalp, lipomata, adenomatous tumours in the breast, multiple uterine fibroids, milium, whether on the face or elsewhere, and a host of others, are probably examples of what I have tried to describe. From these it needs but little ingenuity to perceive that it is only a matter of degree if we should pass to the development of new growths, in general both malignant and innocent, and to many disorders which do not fit at all exactly with the description which I have given and concerning which we can say a good deal as to our knowledge of their exciting causes. In a multitude of these, hereditary but wholly latent peculiarity of structure may not improbably take its share in the production of the special result. They are examples of what may be termed complicated or conditional idiosyncrasy.

(To be continued.)

Original Communications.

THE ACTION OF JABORANDI IN TYPHOID FEVER.

By RICHARD RYDER, M.D., L.R.C.P.Ed., L.R.C.S.I.

In the *British Medical Journal* of the 6th of May last I published a short report of the success attending sudorific treatment in the early stages of typhoid fever, and since then I have had further opportunities of testing the efficacy of this plan of treatment by the administration of jaborandi, which I believe to be one of the most valuable remedies we possess in the early stages, not only of febrile but in acute and inflammatory affections, whether arising from cold, blood poisoning, or other causes.

I believe jaborandi to possess the power of eliminating from the human system almost any specific poison, by means of the skin, if resorted to at once, and before that poison has had time to set up its peculiar action.

My attention was first called to this plan of treatment many years ago, by hearing of a gentleman who held the position of resident physician to a large fever hospital. His belief was that he had frequently contracted both typhus and typhoid fever in the discharge of his duties, and his novel mode of arresting it was to mount his horse and ride for ten or fifteen miles, regaling himself on the road with sundry glasses of whisky-punch. He would then return in a bath of perspiration, and feel no more of his dreaded enemy.

A short time after hearing this account I saw a lady who had been suddenly taken ill with all the premonitory symptoms of typhoid, and as she had suffered but a short time before from that disease, she was convinced in her own mind of the nature of the attack, and on being questioned said: "I feel exactly as I did when I was sickening for typhoid fever."

I immediately resorted to active sudorific treatment, assisted by numerous blankets, covering all with a mackintosh sheet to prevent the least evaporation. I then kept up the action of the skin till all the abnormal symptoms had subsided. In less than ten hours from the time of commencing the treatment the patient was convalescent, only complaining of weakness. That is more than twelve years ago, and since then I believe I have been the means of arresting a very large number of similar cases.

The great difficulty I found in most cases was to procure a free action of the skin; if I could only produce that I had little fear for the result. The introduction, therefore, of jaborandi as a therapeutic agent was hailed by me as one of the most valuable additions to our materia medica. I look on it in the early stages of fever in the same light as salicylate of soda in acute rheumatism. I have found it reduce the

temperature to its normal standard within a few hours, removing at the same time all abnormal symptoms.

The preparation of jaborandi which I find the most convenient and reliable is a fluid extract made by Messrs. Ferris and Co., of Bristol. The dose being small, it is not likely to produce nausea or sickness. Some patients are more impervious to its effects than others. So I begin with the minim dose, gradually increasing it every hour till the full action is obtained. The effects are more readily induced by putting the patient into bed between the blankets.

The sweating usually commences in from three to five minutes if the dose is sufficiently large and the preparation a reliable one. If there is no action of the skin from the first dose within the hour I repeat it, giving double the quantity for the next. In conclusion, I must say that I have the most implicit confidence in this plan of treatment, and believe that jaborandi will effectually stop an attack of fever if taken in its first stage. But it frequently occurs that the medical man does not see the case till it is too far advanced to derive benefit from it.

Nailsworth, Gloucestershire.

THE CHINESE MATERIA MEDICA.

By FREDERICK NEWCOME, F.S.S.

(Continued from page 521.)

CH'UANH'SIUM demands next attention, not on account of its commercial or medicinal value, but because of its similarity to the above. It is supposed to belong to the order Levisticum, the roots both in shape and scent strongly resembling those of the Tangkuei, except that whereas the latter are covered with rough excrescences, this plant has its nearly smooth. Medicinally, both are used for the same purposes, but this medicine is held in little repute. The roots, supposed generally to belong to a wild specimen of *Aralia*, are found in Szechwan. They are tough and fibrous, and when freshly cut emit a pungent, penetrating odour, somewhat similar to that of ginger, and quite as agreeable.

PAICHU (*Atractylodes nova spec*) is another favourite remedy. Within the last few years it has grown into quite an important staple at Ningpo, no less than 13,477 piculs, valued at 102,611 taels, being exported the year before last. Four varieties are known there, first Yüchu cultivated at Yüchien in the Hang-chow prefecture, whence its name. This variety of "chu" is deemed the finest, and is worth 40 Hk. tls. in the market. Somewhat curiously Anhwei also produces Yüchu, which at Wuhu the last opened Treaty Port is worth one-tenth only of that sum. Accordingly we assume this to be an inferior quality root, or else some entirely different article sold under a fashionable name, a system of robbery with which the "black-haired race of Han" are thoroughly familiar. All the larger roots are classed at Ningpo under the common name of Paichu, the residue being technically known as Liaochu, or cake Chu, and sold at half price, or less. The other commercial articles are Chung chu, which fetches about 14 Hk. tls. the picul, or double that of ordinary paichu, and Hsien, or fresh chu. Another kind of wild paichu is occasionally found upon the mountains, it is exceedingly scarce, terrifically expensive, and like Manchurian ginseng, accredited by the natives with the most miraculous properties; worth its weight in silver and more, this nostrum falls properly under the category of "fancies," not under that of medicines. Only the wealthier classes, mandarins or rich merchants can afford the luxury, and they very infrequently obtain it. The price is too high, and the chances of profit too great not to be taken advantage of by Chinese rogues, hence those "insanes" who pay the price are supplied, not with Yehpaichu, but with an imitation, so closely resembling the genuine article as to occasionally escape detection from experts. Other kinds of "chu" are grown elsewhere. Ts'angohu (*Atractylodes rubra*), Maots

'anchu, and N'gochu are common in the province of Hupeh, appearing regularly among the exports from Hankow. The former is also an important product of Yingtzu, Shêngking, and many other districts. Maochu and Hsiao-paichu are the other varieties best known, but all resemble one another in this general character, and serve for much the same purposes.

Paichu is the forked roots of a species of distaff thistle. The roots are collected during the autumn, and are then of a yellowish colour, but after undergoing the requisite drying process the outer surface darkens to a deep brown. Cut and squeezed they yield an oily substance, at the same time emitting a powerful aromatic fragrance; while to the taste they are sweet and aromatic. This medicine is seldom used by itself, but in combination with other ingredients is prescribed for numberless complaints, and is said to be one of the most effective stimulants and tonics in the extensive field of Chinese therapeutics. One word more. The Yüchu exported from the north is asserted to be the rhizomes of a species of bamboo, and if so, is a distinctly different medicine to Paichu, or any other kind of "chu." Perhaps, however, there are two drugs of the same name. The distaff thistle has long been and still is in repute with many. One sort (the *atractyles gunmifera*), of Southern Europe, was formerly used as a warm diaphoretic and alexipharmic, although it never came much into fashion in this country. In China, on the other hand, the thistle is simply sworn by, several orders being employed as physics.

TANGSHEN (*Campanula*) is another drug in general request on account of its avouched fine tonic properties. It is commonly, though erroneously, supposed to be a species of ginseng, and is frequently used as a cheap succedaneum therefore. There is, however, no resemblance, Ginseng is a root, whereas Tangshên is apparently the shoots of a herb cut close off at the roots, nevertheless it is called by the name convolvulus root. To the external view these shoots, gathered yearly, and ranging in length from six to eighteen inches and upwards, are described as of a pale yellowish brown "deeply corrugated and transversely wrinkled." When broken, a thin yellow pith is disclosed. Like paichu they are first dried; then sold in bundles of thirty shoots each. At least twenty varieties are known, and these range in price from about £2 to £6 the picul wholesale. Several other kinds of "shên" are known; among the more important being, Kushên, Tant-shên Yüanshên, and Sha Shên, the latter being recognised as *Adenophora*.

Yüangshên alluded to above is popularly known as black ginseng. Although there is not the smallest similarity between the roots of ginseng and those of this plant, both are scientifically asserted to be affined. Like the genuine article, this medicine is commonly ordered as a tonic and stimulant in cases of fever, debility, and many diseases affecting the heart, liver, and kidneys. As a physic it stands well with the native "profession," and is extensively used by the lower order as a substitute for the great panacea. Enormous quantities are annually produced in the northern part of the province of Chêhkiang where it is chiefly cultivated; over 600,000 lbs. weight having been exported from Ningpo in foreign-owned vessels in the course of a single year. Making allowance for the several modes of distribution and consumption heretofore indicated, we shall probably be well within the mark in estimating the total crop of this one district at a thousand tons! That of paichu, a medicine alluded to before, is probably several times as great; the foreign exportations alone amounting in round figures to nearly two million pounds. At a very moderate computation then, the gross production of "chu" throughout the Empire will amount to five thousand tons. Quite possibly it is double or treble that astonishing figure.

MAITUNG, or Maimên-tung, demands next notice, in conjunction with Ch'uangtung, both being the tubers of a liliaceous plant distinguished by botanists as *Ophiopogon*

Japanicus, but grown in different parts of the country. Maitung is regularly cultivated upon a gigantic scale in the region around Hang-chow, from whence the chief supply comes, smaller quantities, however, being produced in the district of Yüchu. Ch'uangtang, on the contrary, is a product of Honan, Shensi, and the Peishêng district of Szechwan, especially of the latter. Of this medicine likewise an enormous quantity is grown. Both are in general use as tonics and refrigerants, and given in small doses only as a remedy against vomiting, blood spitting, dry cough, and lung diseases generally. Some care has to be taken in prescribing these drugs, more particularly Ch'uangtung (which, incidentally it may be remarked, is about half as dear again as Such'ing, the best quality of Maitung), as an over-dose stupefies the patient and seriously lowers the system. They are seldom prescribed alone, being generally mixed with other drugs, especially with Huaishwan (*Dioscorea-satira*), a species of yam possessing medicinal properties, mention of which will be made later on. The tubers of the ophiopogon are small, varying in length from half an inch to an inch and a half, are semi-opaque and of a pale yellow colour, flexible and soft, cylindrical in form, and tapering towards both ends. To the taste they are insipid, slightly sweet, and emit comparatively little fragrance. They are gathered, we understand, once in three years only. Ch'uangtung fetches from 10 to 20 taels the picul at Hankow, according to quality; while Maitung realises considerably less at Ningpo. Several kinds are recognised, distinguished by the size of the tubers. Suching is considered the best, then Su'mien, then Kung'nuen, and lastly, Pao'mien, the latter being worth about one-sixth the price of the former.

The virtues of this plant have frequently been called attention to by travellers, and were known, it appears, to the Chinese so early as the T'gin, or Hewhan dynasties (about B.C. 248), when it was found growing in a wild state near many streams. Now, as mentioned, it is studiously cultivated, immense tracts of land being occupied by the lovely plant. According to Mr. Moorhead, of Ningpo, it is used there as a border for flower beds, with a most pleasing effect.

PEIMU is, perhaps, the next most valued medicine. There are at least two or more distinct kinds, the chief being Tu'pei (*Liliacea revularia*), a herb most extensively grown in the province of Chêhkiang, and only valued there at about 4 taels the picul; and Ch'uampêi (*Uvularia grandiflora*), a native of Tachien-lu, and other places in Szealwan. The latter is some twenty to thirty times as expensive as Tu'pei, costing from 5s. to 6s. a pound. A decoction of Peimu, in combination with other drugs, is deemed a safe cure for fevers, dysentery, internal hæmorrhages, calculus, and other bladder complaints, diseases of the chest, &c. It is also turned to account as a liniment in curing sores and cutaneous eruptions, in ophthalmoscopy, and, further, it is given to native women after confinement as a stimulant to the mammary glands. The high price of Ch'uampeï, 6s. a lb. wholesale, sufficiently indicates the value attributed to it by the Chinese. In appearance the bulbs closely resemble small heads of garlic.

SHENGTI (*Repinannia Chinensis*) is used by the druggists of Canton as a blood purifier and alterative. The roots, which are the only parts reckoned medically valuable, are first dried, and then present a shapeless, lumpy appearance, soft and flexible to the touch, and dark in colour. Cut open, they exhibit a tenacious texture and deep black interior, emitting at the same time a slightly aromatic odour. They are produced principally in Shensi. The roots vary in value from as low as 8s. 6d. to over £5 the cwt., according to their size and freshness. Very few medicines are more largely employed than this.

YUJOU, or CHENYUJOU (*Cornus officinalis*), is another established drug, employed by druggists in a vast number of disorders, notably for fevers, worms, de-

rangements of the sexual parts of both sexes, and other diseases requiring tonic and stimulating treatment. Even in cases of deafness this medicine is said to afford speedy relief, but as to the truth or falsity of the statement it is impossible to offer an opinion. Somewhat singularly, the Chinese use the berries, and not the bark, as is more customary. For a very long while past, herbalists have prescribed the bark of the Dogwood (*Cornus Florida*) as a substitute for Peruvian bark, and it seems the small date-like fruit of this species of cornel tree inherit much the same astringent, tonic, and stimulating properties. The plant is frequently met with upon the hills in the Yinchow and Shaoshing prefectures, where its pretty white flowers, somewhat similar to the plum blossoms, will not fail to strike attention. It is also grown in many other parts of China. Like Paichu, Peimu, Tang Kueil, and Yuan-shên, its cultivation is conducted upon a colossal scale, over 300,000lbs. weight being exported yearly in foreign bottoms. What the total produce amounts to, it is, of course, impracticable to state, though it cannot well be less than 400 tons, and might very well be 1,000 or more, seeing in how many districts it is grown.

T'UCHUNG (*Euonymus Japonicus*) is likewise greatly esteemed. Large quantities of bark from this tree are sent down from the interior to Hankow and other ports on the Yangtze-Kiang. This medicine is expensive, the larger sheets of bark running to about 4s. the lb., while small pieces and chips even fetch half that price at least. According to Mr. White, Commissioner of Customs at Hankow, to whose able report on Chinese medicines we are greatly indebted, "the bark exhibits a beautiful silky, elastic fibre, the threads of which are sufficiently tough to demand a vigorous effort to separate them." When being prepared as a medicine the bark is simply broken into small pieces in its natural state, and dried in iron pans over a charcoal fire. It is afterwards boiled down in water, and the resulting decoction is given as a tonic for physical debility, and for several disorders of a similar character. More than one kind of *Euonymus*, or Spindle tree, is found in China, and these equally possess curative virtues. The berries of one description are equally used with the bark as a medicine, but for what purpose we are unaware.

HUANGCHIH (*Sphoro tomentosa*) is another remedy in excellent repute as a tonic. It consists of the long straight roots of the above plant, which is grown extensively in various parts of Shansi. The following description of them may not be out of place:—"If fresh," says Mr. White, "they are pliable, and, when cut into, yield a faint aromatic fragrance. The bark is pale yellowish brown, streaked with a darker tint of the same colour. The texture of the root is porous, and the inner skin pale yellow, deepening into a brighter shade in the centre. When dried they lose all fragrance, the colours, externally and internally, fade perceptibly, and their flexibility disappears. They generally appear in pieces of about two feet in length. The best quality is valued at 40 taels, the commoner at 10 taels a picul." Decocted Huangchih is taken as a remedy for the numerous complaints educed by debility or low living, but, like most Chinese drugs, is usually amalgamated with others.

YUAN'HU, or YEN'HUSO, is a blood purifier, astringent, alterative and sedative, of supposed special value in female disorders generally. Occasionally, it is prescribed by itself, but is much more frequently taken in combination with other powerful drugs. The two prefectures of Shashang and Chin'hwa, in the province of Chênkiang, are acknowledged as the chief seats of its culture, although it is to be found growing plentifully in many other parts of the world. The tubers, the first used, are scarcely as large as beans, very firm and hard, of brownish colour, and have been identified by botanists as those of the *Corydalis ambigua*—a plant of the pentandria order. From what one can gather, the action

and effects of this root are almost precisely similar with those exercised by the *Corydalis formosa*, the active principle of which is the alkaloid *Corydalis*. Many other species of *fumaria* are recognised as containing curative properties; but, as a rule, we believe the leaves are the part most generally found serviceable. The Chinese have discovered virtue in several fumeworts, but in all cases we have looked into we find the tubers only are used. Three qualities of Yuan'hu, determined in value according to size, are known in trade—those of a larger size fetching the most, about 8 taels per picul, while the second and third qualities fetch 6 and 5 taels respectively, taking an average one year with another.

As instancing the peculiar susceptibility of the Chinese race, and the jealousy with which their Emperor's interests and rights are watched, it may not be out of place to re-tell a curious old story told in connection with this medicine. Years ago it was styled Shaiian'hu, and might have continued to bear the same name until now, or, perhaps, till a Iliad hence, had not one of the Chinese characters forming that word formed also a portion of the Emperor K'ang'hi's title. Truly, of course, a new name had to be found for the unfortunate medicine! They arrange these matters better abroad. Imagine the look upon English countenances supposing an order of the Court was promulgated ordaining that all medicines containing the letters "Vic," "V.R.," or "Reg." were to have their names changed! As to the truth of the story we should be sorry to vouch, but any way it is officially certified as correct.

(To be continued.)

Clinical Records.

NEWCASTLE-ON-TYNE GENERAL INFIRMARY.
Osteolytic Cancer of the Lumbar Vertebrae—Death—Post-mortem.

Under the care of DR. DRUMMOND.

Reported by JAMES LIMONT, M.B., Senior House-Surgeon.

J. B., æt. 48, a chemical labourer, was admitted into hospital for severe pain across the small of the back and along the course of the left sciatic nerve. He stated that his illness commenced three months before admission with pain in the right lumbar region. Soon the pain extended across the back to the left-side, and ran down the left leg, with occasional twinges along the crest of the ilium, on the same side.

At first the case was simply regarded as an ordinary example of lumbago with left-sided sciatica, for the patient, when he presented himself, was an exceedingly robust and muscular man, and he could walk about, although exercise intensified his sufferings. He was consequently treated as a rheumatic case, but all the measures adopted failed to relieve his pain. Hypodermic injections of morphia, he stated, made him worse. Pressure over the lumbar spine made him scream out with pain; nor could he bear to be touched at either side of the spinal column in the same region. Soon a painful girdle round the lower part of the abdomen was complained of, and every movement in bed was attended by pain. He was now confined entirely to bed, being unable to walk on account of the extreme pain the effort caused him. Loss of flesh, dry tongue, and a temperature constantly above 100°, with the persistent pain, made it tolerably clear that the patient was really suffering from some form of malignant disease of the lumbar vertebrae. There were no symptoms of cord lesion, the urine was normal, no enlarged glands could be discovered, the vertebral column was normal on inspection, and the abdominal and thoracic viscera were healthy. A grating (crepitus) could be detected on forcibly moving the left ilium, which evidently originated in the left sacro-iliac synchondrosis. The poor fellow's sufferings increased in intensity, and constipation and vomiting were added to his troubles. He died six months subsequent to the commencement of the symptoms, and three months after admission to hospital.

Post-mortem.—On exposing the front of the spinal column it presented a normal appearance, except that the bodies of the lumbar vertebrae were riddled with small cavities which

were filled with soft matter like spleen-pulp. These vertebrae were cut with ease with a strong knife, they were so soft. The inter-vertebral cartilages were much thickened, and very spongy. The left ilium was a mere shell, and contained the same red spleen-pulp matter. The sacrum was but slightly affected, except at its iliac surface, the synchondrosis being loose. The spinal canal was not at all encroached upon, and the cord was perfectly healthy.

Special.

THE MEDICAL DEFENCE ASSOCIATION.

THE annual general meeting of this association was held on Wednesday last, June 21st, in the rooms of the Medical Society of London; Dr. B. W. Richardson, F.R.S., presiding.

After the re-election of the president, vice-president, hon. treasurer, and hon. secretary,

The CHAIRMAN thanked his associates for having re-elected him and his colleague, and said that the report would show that the Association had not been inactive since the last general meeting. Considering that the funds of the Association were very limited, it was remarkable that even a part of the work which had been effected had been carried out by the Council. At first it was assumed that its objects were to support the professional interests as apart from those interests which were due from the profession to the people at large, and the name of the Association tended to keep up a misunderstanding. The "Medical Defence" was as much a defence of the public as of the faculty, it being understood, of course, that the profession worked for the public good. He lamented that there was less strict etiquette now with regard to consultants than formerly; in fact, he said he found the rules much opposed and much relaxed, though they were altogether necessary in the interests of the sick man, and he did not consider that the practitioner who "sold" his professional brother would be a safe adviser of a patient, for such a trader in the issues of life and death could not fail to trade on the advantage he had achieved. In his experience he had never met with an instance in which a practitioner who ignored medical etiquette was an honest practitioner, such a man as one would endow with any responsibility bearing upon his own interests or those of his intimate friends. Billroth had said he had come to the conclusion that it was the safest and best rule of practice to treat every sick person as if the person treating were the person treated. This rule was not new but it was golden, and it was the principle laboured for in the Association, which was striving to make sure that the sick might be treated in their sickness as medical men would be treated. It was the duty of the skilled in every profession to warn the public against the dangers of employing the unskilled, and it was urgently necessary that those who in times of sickness and anxiety were least of all able to exercise a calm judgment, should have protection against the false promises of the false-hearted and treacherous who lay in wait for them. The Association had discharged this anxious duty in the public service, and the proof that this was so was to be seen in the fact that the Registrar-General and the authorities at Scotland Yard had voluntarily referred to the Association in relation to important irregularities which had come before their departments. The profession and the public had referred to the Association for advice, and the Royal Commission on Medical Legislation had solicited the views of the Association. The Association was much hampered by the lack of resources, for it had had to consider £100 a year, a handsome revenue so far, and of necessity it was often obliged to let important cases go by, and it was harassed by the perplexities which impeded it in carrying out the simplest legal procedures against the most flagrant offenders. Little assistance was given by the legally constituted medical authorities—the Apothecaries' Company being slow and hesitating in the exercise of its powers, the College of Surgeons seeming to possess no power, and the Medical Council claiming to have no ready means of enforcing law. He spoke warmly of the services given by Mr. Pridham, their solicitor, and concluded by expressing the hope that the promised legislation would make unnecessary the work of the Association, which might then with honour cease to exist, its part played, and its labours no longer a necessity.

The HON. SEC. (Mr. George Brown), then read the report, which gave in detail the matters upon which the President had spoken in general terms. It dealt with the great amount of work the Association had to cope with upon its foundation—with the unqualified practitioners who had assumed medical titles, the men who were practising under the names of qualified practitioners, the "provident dispensary" practice, this being a system by which one qualified man held three or four places, carried on miles from his house by unqualified and often ignorant persons. The report further showed the steps which had been taken against some of these people, and spoke cordially of the assistance given by the coroners in exposing the evils to which the public were exposed by the action of these unqualified persons.

Dr. DANFORD THOMAS moved the adoption of the report. While of opinion that "counter-practice" had not increased, he was of opinion that the sale of patent medicines had increased. He had held many inquests on persons who had died from their use.

Dr. STEVENSON seconded the motion, and suggested that the address by Dr. Richardson should, as well as the report, be printed and circulated. An animated discussion then ensued upon the evils of the sham dispensary system, unqualified assistants, the do-nothingness, of the General Medical Council, &c., in which Dr. Rogers, Dr. Glover, Mr. Brown, Mr. Pridham, Surgeon-General Gordon, and others took part.

The report was adopted, the chairman's address ordered to be printed, and the name of Surgeon-General Gordon was added to the Council.

Dr. DANFORD THOMAS moved: "That in the opinion of this Association, in any new legislation, it should be provided that the public prosecutor should be required to undertake prosecutions under the Act."

Mr. HEMMING seconded the motion, which was carried.

After passing votes of thanks to the Hon. Secretary, and the Hon. Solicitor, the proceedings terminated.

THE GOLD COAST.

Two very interesting lectures were recently delivered before the Society of Arts. The object expressed by the lecturers was to point out to their audiences the extreme richness in gold of that portion of the west coast of Africa which obtains its name from that metal, and at the same time to indicate the eligibility of the Gold Coast as a field for British energy in connection with mining industries. It is true no doubt, as described by the lecturers, that the greater part of labour connected with the extraction of gold from the rock or soil will be performed by native Africans, or, as is contemplated, by Chinese immigrants. If, however, mines held by British companies are to be supervised, as doubtless they must be, the persons to be appointed to such posts will, for the most part, at least, be British. Let us see then, from the printed reports of the papers read, and of the discussions that took place on them, how far the experience of the past justifies sanguine hopes as regards health and life of persons of British birth employed, or to be employed, on the coast.

Although the visit of Captains Cameron and Burton to the mines on the river Encobra was what may be called a "flying visit," and performed during the "healthy" period, Captain Cameron stated that both he and Captain Burton were stricken down by fever. Statistically, therefore, we have the rate of sickness in these two experienced travellers equal to 100 per cent. for the very short time they were on shore; that ratio multiplied by the proportion the time they were on shore bears to twelve months, giving the ratio per annum, 300, 600, to 1,200 per cent. as the case may be,—at all events, showing that both got ill, and fatter, that one of them, equal to 50 per cent. was thereby rendered incapable of continuing at his work. We are next informed, and very correctly so, that "the great bugbear to contend against is the climate," that drainage of swamps and clearing away the vegetation will improve, to some extent, the climate. But is it not a

fact, that as compared to other portions of the West Coast, that known as the Gold Coast is comparatively free from swamps, and notwithstanding that this is the case, it is noted for the deadliness of its climate! Also, that so rapid is the growth of underwood that portions that are "cleared" one year can only be kept in that state at an expense of labour and money which speculators would not care to undertake; and further, that as pointed out by Montgomery Martin many years ago, the fact of disturbing the surface soil or rock increases the prevalence of endemic fever for the time being.

One piece of information communicated by a speaker will by no means support theories entertained in this country as to what habits ought to be on the coast of Africa. It is that teetotallers die first, the hard drinking men second, and that the temperate man has the best chance. As showing that "Europeans" may live and work on the coast the statement occurred that "of the four English managers of mines three have retained vigorous health after years of residence on the coast." But against this circumstance it is fair to place the cases of the two travellers themselves, both of whom broke down during the months when sickness is least prevalent on the coast generally.

The remark having been made by one of the speakers that "those who worked hard on the West Coast of Africa did not die, also that the most unhealthy men were the officers of the West India regiments, because they had nothing to do," we naturally refer to what is said on that subject in the latest Blue Book of the Army Medical Department in our possession. According to the volume for 1879 the "strength" of European non-commissioned officers and men was 12, of that number there were 23 admissions, equal to nearly 200 per cent.; 17 were on account of paroxysmal fevers, but only one death was recorded, and it self-inflicted. The number invalided was only 2, namely, one for ague, and one for phthisis. Turning to the commissioned officers we find that in a "strength" of 25, there occurred 76 cases of illness, equal to 304 per cent., the bulk of illness from paroxysmal fevers, no death occurred among them during the year, but 5 were invalided to England, and 5 to Madeira. Thus, so far the remark regarding officers is borne out. It must, however, be recollected, that as regards the West Coast of Africa generally 1879 was a peculiarly healthy year. But having regard to the statistics of the past, those who take upon themselves to demonstrate that the climate generally of the coast of Guinea is other than inimical to health of British residents set before themselves a task of no little difficulty.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

TREATMENT OF ASPHYXIA.—At the Académie de Médecine a member read a report on a new method of restoring the asphyxiated, which consisted in converting the thorax into a sort of bellows, by means of which the false ribs would constitute the handles. To obtain this result it suffices that the operator—the patient lying on his back—should insert the four fingers of each hand as high up as possible underneath the false ribs on each side, holding them tightly. Then the operator imitates the movements of respiration by alternately raising and lowering the thoracic walls. The author brought forward one case in which, after an hour's work, he succeeded in resuscitating a patient asphyxiated from charcoal. However, as the

author remarked, this method is not applicable to all cases, as, for instance, it can afford very little service in persons of great corpulency, and where the contrary prevails there is risk of wounding the liver.

ABSORPTION OF SEQUESTRUM.—At the Société de Chirurgie M. Launelougue related the experiments he had made upon the question as to whether a sequestrum can be absorbed or not. Several foreign surgeons, Billroth, Virchow, Stanley, &c., introduced pegs of ivory into the human living bone to maintain the fragments in place, and they came to the conclusion that ivory is susceptible of absorption. M. Launelougue took a piece of a humerus that had for ten years served for demonstrations in the Anatomy School, and having made a peg of the bit of bone, he introduced it into the tibia of a rabbit; into the other tibia he introduced a peg of ivory. Antiseptic precautions were used. At the end of three months the animal was killed, when he found that almost all the bone-peg had disappeared, and what remained of it was proved to have Haversian canals filled with embryonic cells and vessels. The bone had all the appearance of being inflamed. As to the ivory pin, there was but a little of it absorbed, and the appearances were not the same. Consequently, bone should be preferred to ivory in practising resections to secure the apposition of the fragments.

SPONTANEOUS RUPTURE OF THE RECTUM.—M. Quéme, in the *Revue de Chirurgie*, publishes interesting details on spontaneous rupture of the rectum. The author cites seven cases of this kind of accident, of which one came directly under his own notice. M. Quéme reserves the term spontaneous rupture of the rectum to the division of all the tunics of the intestine under the influence of a simple effort. Up to the present nine observations only have been published of which five are complete, and in these last prolapsus of the rectum was noticed in four cases. The rupture was produced at the moment of an effort, and in no instance was mention made of the presence of hæmorrhoids or inflammation of the rectum. The patients had prolapsus, but otherwise were well. Rupture of the rectum takes place suddenly. Without any previous warning, the patient is seized with sharp pain in the abdomen, and immediately afterwards he perceives that a voluminous mass is being expelled from the anus. Soon, by the efforts that he makes, other portions of the intestines follow. The visceral mass is composed of the small intestine, with the mesentery adherent. It is difficult to reduce such a considerable mass, distended as it generally is by gas and faecal matter. To obtain the reduction the author recommends to place the patient upon the side, the upper leg bent at a right angle, and the other slightly extended. In this position the operation will be rendered comparatively easy. The seat of the rupture is very variable, and the wound is generally in the longitudinal sense.

ACNE FILARIS AND ACNE OF THE FACE.—M. Lallier, of the Skin Hospital (St. Louis) thus treats acne filaris, which develops itself on the forehead, near the hair, slightly resembling eczema:—1st. The following lotion to be applied every night:—Sulphur (flowers), ʒvj.; alcohol, ʒiiss.; water, ʒj. 2nd. Alkaline baths. 3rd. Take at each meal half a teaspoonful of bicarbonate of soda in a little sugared water. As to acne of the face, he applies every night, with a hair pencil, the following preparation:—Water, ʒiv.; camphorated spirits, ʒj.; washed sulphur, ʒss.; glycerine, ʒiiss.; which is carefully washed off in the morning. When sulphur does not succeed in the treatment of acne, recourse may be had to black soap, which can be employed for four

consecutive days, after which abstinence is enjoined, when the treatment can be recommenced; and so on until the patient is cured. But as the general health generally requires looking after, M. Lallier orders tartrate of iron, ℥ss.; aloes, eight grains, for 100 pills; two to be taken at each repast.

PHENIC ACID IN WHOOPING-COUGH.—Dr. Aymerich recommends in the treatment of whooping-cough the employment of phenic acid with bromide of potassium—bromide of potassium, ℥j.; phenic acid, three to four grains; syrup of lemons, q. s.; vehicle, ℥vj. A large or a small spoonful, according to the age of the patient, every two hours. He has never seen any accident to follow from the antiseptic agent.

The Mineral Waters of Europe.

THE "MEDICAL PRESS" ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.
President of the Pharmaceutical Society of Ireland, Lecturer
on Chemistry, Carmichael College of Medicine, &c.

WITH

NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P. Lond.
Lecturer on Materia Medica and Therapeutics at the London
Hospital, Physician to the Hospital for Diseases of the
Throat, &c.

(Continued from page 529.)

ARTIFICIAL MINERAL WATERS.

THE second class of artificial waters are those in which an attempt is made to imitate the natural springs. When we consider mineral waters from a medical aspect we cannot too strongly condemn such an attempt. Our opinion has been throughout these articles pretty broadly expressed. There are two very good reasons why mineral waters cannot be copied artificially. The ultimate analytical result does not represent the actual grouping of the elements as they originally existed in the water; at the best it is but a scientific, or theoretical grouping, which in a few of the elements may be very wide of the mark. Under these circumstances the estimate, is only an approximation. This does not, however, deteriorate from the value of a reliable analysis for the purposes of general classification and knowledge of the waters' position amongst its congeners. The analysis of a mineral water means a study, our intimate knowledge of which increases with each examination. On the most modest computation it should be at least yearly. How is an artificial mineral-water maker able to follow this study, or is he likely to do so? Let us take a look at some of Fresenius and Bunsen's analyses performed on large quantities of the waters and on the spot to realise the absurdity of such an idea.

How much more likely that the imitation of mineral springs will degenerate into preparations which go by the same name but have not the slightest connection in composition. The Seidlitz water—an aperient water entirely inorganic, or mineral in its origin—owes its activity to sulphates of magnesia and soda, with an antacid reaction due to alkaline earths, iron, and many other ingredients. The "seidlitz" powders consist of tartrate of soda and potash.

The Seltzer spring consists of at least seventeen com-

pound bodies, is a mild saline of a complicated nature, and chiefly consisting of sodium carbonate, magnesium chloride, and magnesium carbonate. It is generally represented by a beverage made with salt and aerated water. Sometimes Epsom salts are substituted for the common salt. To such results would all come if the public had sufficient confidence in artificial mineral waters to induce a demand. Let us hope that we shall never arrive at such a stage; rather let us not use them at all, than foster a trade which could never be conscientiously carried out.

The third class of mineral aerated waters constitute an important number of pharmacopœial remedies, and the first of them is perhaps the most important.

LIQUOR LITHIÆ EFFERVERSCENS (Lithia Water).

This preparation should be made, according to the Pharmacopœia, by dissolving five grains of carbonate of lithia in the half-pint of water, using carbonic acid gas at a pressure of seven atmospheres (about 105° to the square inch). Now, although this pressure may be rather superfluous, it is evident that the amount of lithium should be present in the water. We are sorry to say that, from our examination of the lithium waters in commerce that they are sadly deficient in this respect; in fact, in one case no lithium whatever was present. As the lithium salts are now comparatively cheap, owing to the large finds of lepidolite and petalite, there is no excuse for this fraud. A curious observation made is the fact that lithium is often introduced into lithia waters by employing the chloride of that base—in other words, that it is a chloride of lithium plus aerated water. Now, as carbonate of lithium is soluble in water itself to the extent of three or four grains per ounce without the intervention of carbonic acid, this is passing strange. It probably crept in from the use, in the first instance, of lithium of an impure character. Impure carbonate of lithium is largely adulterated with calcium carbonate even to the present day. The latter is often found as a commercial impurity of the salt, and the author also found barium carbonates present in one sample. There should be no difficulty presented to the intelligent manufacturer in making lithium water according to the Pharmacopœia, and as it is never used except in failing health, we should particularly recommend this article to the consideration of the inspectors under the Adulteration Act.

It is probable that the list of medicated aerated waters in this direction might with advantage be extended; thus, preparations of benzoate and guaiacate of lithium might with advantage be added to the list.

THE highest annual death-rates per 1,000 in large towns last week were, from whooping-cough 2·4 in Birk-enhead, and 2·0 in Bristol and Bolton; from measles, 2·8 in Portsmouth, and 1·8 in Bradford; from scarlet fever, 1·9 in Derby, and 1·4 in Brighton; and from fever (principally enteric), 1·6 in Portsmouth, and 1·0 in Liverpool. Of the 32 deaths from diphtheria, no fewer than 20 occurred in London, 6 in Glasgow, 2 in Edinburgh, and but 4 in the twenty other large towns. Small-pox caused 17 deaths in London and its outer ring of suburban districts, 3 in Birmingham, 3 in Nottingham, one in Preston, and one in Bradford.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 28, 1882.

THE HARVEIAN ORATION, 1882.

ON Saturday last Dr. George Johnson delivered the Harveian Oration for 1882 before the Royal College of Physicians of London, and in the introductory words with which the address opened explained that it had originally been his intention to take for its subject "the additions to our knowledge of the vascular system, with its nerve supply, which have been made within the last thirty years." This good idea, however, he abandoned for the purpose of criticising and rebutting the systematic attempts recently made in Italy to rob Harvey of the honour of discovering the circulation; and consequently the oration consists of a defence of the oft-raised question of the illustrious Englishman's claim in this connection.

The address is undoubtedly an able, learned, and scholarly vindication of Harvey; it may even be accepted as a most elaborate and convincing reply to the arguments on which Cesalpino's advocates base their assertion that the Italian naturalist deserves to rank as the real discoverer of the systemic circulation, and is consequently a valuable addition to our literature on this subject. Nevertheless, it will be felt that Dr. Johnson might have been at least equally fortunate had he adhered to his original determination to deal with the accessions to our knowledge of the vascular system and its nervous mechanism, since so many recent events have lent the highest importance to consideration of that question. It is, of course, to be

understood that Harveian orators must more or less confine themselves to the discussion of topics bearing on the work of the great anatomist in commemoration of whom these annual addresses are delivered; and it might very well be assumed that no more faithful fulfilment of the duty to be discharged by an orator could be achieved than when it was made to comprise at once denunciation of Harvey's detractors and confirmation of his supporters. Still the thought suggests itself that abundant opportunities for such an undertaking exist apart from that afforded by the yearly commemorative oration, whereas this is at once the most appropriate and the most forcible occasion on which to expound the latest developments of the immortal discovery of which it is impossible that Harvey can ever be successfully deprived. At the present time there is abundant reason why the question of the relation of vascular changes to nerve supply should be dealt with by some authoritative hand; and there are also other equally important and pressing problems connected with the blood itself, in regard to which a clear and comprehensive account would have been invaluable.

However, in the exercise of his discretion, Dr. Johnson has chosen to devote himself to criticism and defence, and it remains to be said that he has discharged his office with a success which leaves nothing to be desired. The burden of his discourse was the attempt made by Professor Ceradini to transfer the credit of the discovery of the circulation from Harvey to the Italian Cesalpino, and numerous quotations from the work in which the theory that Cesalpino was the actual discoverer is expounded were read by Dr. Johnson. This volume is generally accepted as containing the important extracts from the writings of Cesalpino which bear on his views of the circulation, and which are treated by its author as supporting his contention. Accepting the extracts given in the address of Saturday at their fullest meaning, none probably will be found to disagree with Dr. Johnson's conclusion that they lamentably fail to demonstrate the truth they are intended to establish. Cesalpino was undoubtedly an acute observer of Nature, and, for the times, even a fair anatomist, but his dissertations by no means show him to have been in any way ahead of his contemporaries in his views of the construction of the human body. It would seem indeed that the principal support to be found for the charge brought against Harvey by Italian physiologists lies in the fact that Harvey was for some time the pupil of Fabricius, from whom it is contended he might have obtained a knowledge of Cesalpino's doctrine. This suggestion, however, is remarkably weak, and needs but little refutation, inasmuch as Fabricius shows himself absolutely ignorant of any conception of the kind, even thirty year after Cesalpino's famous "Questiones" appeared.

Probably the most interesting, as it is certainly the most crucial test that can be applied in order to determine to what extent Cesalpino had any idea of a systemic circulation, is that of examining the meanings he attached to the real and supposed vascular organs. In following out this question, Dr. Johnson has been highly successful; and that part of his address which

will attract chief attention is probably the portion dealing with Cesalpino's notions regarding the functions of the cerebro-spinal centres and the nerves, and the meaning properly to be given to his frequently-uttered name, "capillamenta." That part of the oration also which deals with the gradual development of Harvey's grand conception of the circulation is deeply interesting; but so, indeed, is the whole essay. Regarded as a commemorative lecture, it is in all respects an admirable address. It is an eloquent, unanswerable, and convincing vindication of the claims of Harvey to be considered the real discoverer of the circulation, while it effectually disposes of the pretensions on behalf of Cesalpino symbolised in the statue erected to his memory at Rome in 1877.

We cannot refrain, however, from obtruding the thought that honour would equally be done to the illustrious father of physiology, and at the same time the science he virtually founded be greatly advanced, if the Harveian orations were in future directed to somewhat more practical questions than formerly. We do not, of course, forget how many previous orations have breathed forth the very spirit of research, and how their authors have signalised in their addresses progress in physiological science; but remembering all this, it strikes us only the more forcibly that an additional stimulus to investigation is lost while the distinction of Harveian orator is not regarded as a possible reward for successful prosecution of inquiries in the science Harvey so lavishly enriched. The tendency of the age is in the direction of utilising every means that will serve to stimulate men to higher and better work. It is surely right that the most coveted distinctions should be conferred for the most beneficent labours.

THE AGENDA OF THE GENERAL MEDICAL COUNCIL.

THE Council met yesterday (Tuesday, 27th) at 2 o'clock. The first business was to receive the notification of the appointment of the following members:—

Mr. Marshall, for the London College of Surgeons, *vice* Sir James Paget, resigned.

Dr. Collins, for the Irish Apothecaries' Hall.

Dr. Lyons, M.P., as Crown nominee for Ireland, *vice* Dr. Hudson, deceased, and

Dr. Chambers, for Oxford University, *vice* Dr. Rolleston, deceased.

The President then delivered his usual inaugural address, and the Council proceeded to appoint committees. The returns of the army and naval medical examinations were then received. For the Army Service 64 candidates had offered themselves for 15 vacancies. Forty-eight were passed, but did not succeed in getting one of the vacant surgeoncies. Only one candidate was rejected, and he held the Edinburgh double diploma, and is gazetted as deficient in all subjects. Of the qualifications held by these 64 candidates (each of them holding 2 diplomas) 41 were granted in England, 53 in Ireland, and 37 in Scotland. Eleven out of the 15 vacancies were won by London College of Surgeons men, 2 by Edin-

burgh surgeons, and only 1 by a Licentiate of the Irish College.

For the Naval Service 31 candidates offered themselves, and only 6 were successful in getting an appointment, though 15 were passed as qualified. The majority of the competitors were from Scotland, but in consequence of the stupid form in which the return is framed, it is impossible to derive any reliable information from it. With reference to contemplated changes in the standing orders with reference to the removal of names from the Medical Register, the solicitor of the Council reports as follows:—

"The jurisdiction of the Council under the 29th section is peculiar. The Council has no power to take evidence on oath, nor has it power to compel the attendance of witnesses, and if the Council is to act only on what the law courts would decide to be legal evidence there might in most cases be difficulty in acting effectually under the section.

"The Council is constituted a kind of 'forum domesticum' to decide on professional misconduct which they may consider infamous, and they must satisfy their consciences as best they can on the truth of the cases brought before them on such evidence as amounts to a reasonable conviction.

"I am of opinion that the Council ought not by by-laws to abridge the liberty which the Act gives them."

A communication was read from the Irish College of Physicians intimating that Dr. Gray, of Armagh, had surrendered to the College his diplomas. We understand that Dr. Gray, being engaged in business as an apothecary, is disentitled to retain these diplomas under the regulations of the College. Another communication was read, pointing out that a gentleman who had registered as a student in 1879 received the L.K.Q.C.P.I. in 1881. It is quite likely that the gentleman in question was a student long before 1879, though he was not registered, for it is notorious that the Medical Council has never taken the least trouble to ensure that students shall register as such before they commence medical study, and, in fact, very many Irish students never thought of registering until the eve of their examination.

The Agenda paper for this meeting of the Council contains a complete statement of the case of a practitioner who, having practised without qualification for seven years in Australia, was obliged to return to Great Britain to obtain a licence to practise. It appears that he then studied 5 months in Edinburgh and 5 months in Dublin, and, on the strength of this amount of education, he was admitted to examination by the Irish Apothecaries' Hall and granted the L.A.H. This communication is, therefore, addressed to the Medical Council by 31 Australian practitioners, who naturally want to know how these things can be, considering that the Irish Apothecaries' Hall professes to require 4 years of professional study. The signatories also want to know whether it was usual or correct that this gentleman should obtain credit for attendance on a course of anatomy, he having only put in a prelection of some sort delivered at the Carmichael School, *at which he was himself the only student.*

The Irish Apothecaries' Company justifies itself as best it may by stating that the candidate *informed* them that he had commenced his medical education twelve years previously, and produced documentary evidence which satisfied them. The Apothecaries' Hall does not remem-

ber what the documents were, and has no record of their nature, nor do they pretend to say the papers were proper formal proofs of medical study; but they examined the gentleman nevertheless, and gave him their licence. It will be instructive to learn what the General Medical Council's opinion on the transaction may be. If they should convict the Irish Apothecaries' Hall of educational malpraxis, we can tell them that, in Ireland, proceedings of this sort have not been rare, and will remind them that the Medical Council took not the least notice of them.

The Report on Visitation of Examinations, with remarks thereon by bodies visited, was then laid on the table.

The Agenda also contained a notice of motion by Dr. Pitman, "That it would be desirable that, in any amendment of the Medical Acts, provision be made as regards persons whose names may be struck off the Medical Register, that every such person shall *ipso facto* forfeit any medical title which he may at the time hold from any of the medical authorities, subject, however, to the further provision that any authority, if it sees fit, may afterwards renew to such person the forfeited title on condition of its not being again registrable under the Medical Acts, except with consent of the General Medical Council;" a further notice of motion by Dr. Storrar, "That a committee be appointed to consider and report to the Council on the list of bodies whose examinations in general education are at present recognised by the Council;" and another important notice by Mr. MacNamara, to move a resolution in reference to "personation."

THE UNQUALIFIED ASSISTANT SYSTEM.

No. XII.

THE object held in view in the preparation of these articles has been more particularly to demonstrate the facts (1) that the unqualified assistant system is a source of infinite danger to the medical profession from the scandals constantly arising in connection with it; (2) that it is the means of defrauding young qualified men of an annual aggregate sum of money amounting to over a quarter of a million sterling; (3) that it is an unwarrantable and immoral imposition on the public, who suffer incalculable injury through it; and (4) that it demoralises the profession by inculcating dishonesty and deception towards the ignorant and uninquiring.

There is ample evidence to show that even now the consequences following from our action in publishing this series of papers have been of the utmost importance. We cannot fail to be gratified at the activity displayed by Defence and other associations in pursuing the duty we have pointed out as peculiarly their own, by exposing the proceedings of some of the worst offenders under the system; but satisfactory as the results thereby obtained have so far been, there remains a vast amount of labour to be performed ere any approach to complete suppression of a vicious system will be attained. To a considerable extent, it must be said, what has hitherto been accomplished is due to a growing feeling of uneasiness in the profession itself, the truth being plainly apparent that it is regarded with suspicion which can

only be dispelled by bold and outspoken condemnation of an evil that no longer exists unseen. So long, indeed, as medical men refrain from condemning at all times and places the employment of unqualified assistants, so long will it be impossible to regard them as inimical to the system; and it is, perhaps, wiser to admit that the awakening just now witnessed in respect to the enormity of the offences which have received faint recognition for so many years, is traceable to fears engendered by the arousing of popular indignation. Certain it is that all who value the very necessary good opinion of their neighbours will henceforth be compelled to disavow all sympathy with employers of unqualified assistants; and in those cases where such employment has long been customary it will, in deference to universal disapproval, be abandoned. It cannot be necessary to dwell further on the irreparable injury medicine has sustained through the miserable errors committed by men without qualifications to practise. Sufficient of them have been reported in every newspaper in the kingdom within the past three months to cast deep disgrace on the body of men who are in reality responsible for them. For, disguise it as one may, the fact remains that whatever mistake is perpetrated by an unqualified assistant, and whatever mischief follows from the mistake, it is his principal who is primarily at fault, inasmuch as the error has occurred through his personal neglect in delegating his offices to an unlicensed deputy. The sin of the servant is the sin of the master, by whose shortcomings is the profession to which he is attached irretrievably disgraced. Moreover, by multiplying the number of wrongdoers in this direction, we do but intensify the enormity of the crime; and diligent as the attempt may now be to undo the ill done in the past, it will require all the force of good conduct and constant effort to eradicate the evil impressions left by former irregularities.

With the question of the pecuniary and professional losses suffered by them through usurpation of their proper position by unqualified men, junior practitioners ought to deal themselves. It is they who are the principal sufferers under the system—after the public—and they, therefore, should be earnest in their endeavours to remove the bar offered to their advance by its continuance. With an ever-increasing number of young men each year entering the profession of medicine, it is fast becoming a problem how the majority are to obtain means of living. Hence it is a matter of vital importance that every avenue of remunerative employment should be freely opened to them; and when it is understood that as many as three thousand assistantships are at this moment held by unqualified persons, while there are from four to five thousand young men with qualifications of under two years' standing awaiting employment, it becomes abundantly clear that the latter are virtually defrauded by the former. To recognise the grievance, however, and to remedy it, are two entirely different things; but much advantage would accrue if the body of unemployed qualified members of the profession would unite together, and give unanimous expression to the sense of the injustice which they feel to be done to them

under the unqualified assistant system. They will undoubtedly be supported in their outcry by all honourable practitioners, and the very fact of their union in any considerable number would be the best expression of the evil against which we are contending.

Unfortunately, there is no necessity to look far for proof of the fact that the unqualified assistant system is a source of very real injury to the general public. We cannot, however, form any just estimate of the extent to which suffering is thus caused, because we can only be acquainted with such isolated cases of malpractice as chance, from some circumstance or other, to excite inquiry in a public court of law. Employers of unqualified assistants are, as has been shown again and again, craftily alive to the dangers they run, and exercise unusual care to avoid the exposures entailed by non-compliance with legal regulations. Hence it is that the issue of false death-certificates is one of the most common deceits practised by such persons; wherever the chances of detection are not too certain, we know that sheaves of these papers are retained, ready signed by his principal, in the hands of the unqualified assistant, to whose ignorance, therefore, the unreliable nature of the Registrar-General's returns is mainly attributable. But it is not by improperly recording the cause of death that the unqualified assistant commits his worst blunders; too often, alas! he is chiefly instrumental in bringing the death about. No case, however delicate or complicated, is too serious for him to assume charge of; and, untrained in the elements of diagnosis and of treatment, he will rarely fail to accelerate a fatal termination in cases which a little timely care and skilled treatment might succeed in curing. Recent instances to this effect are too convincing to need instance, but they are only examples of a very large class of cases. It is, indeed, intolerable that such a state of affairs should continue to be, and we may well be rejoiced that the signs of coming change are plainly apparent.

The effect on the profession is a bad one in every sense of the word. By constantly assenting to his assistant's fraudulent pretensions, the conscience of the principal is gradually blunted in its finest susceptibilities, and there is little to wonder at in the fact that the worst offenders in this respect are sometimes convicted of acts which no person with any sense of right and justice could be guilty of. It is repugnant to one's better principles to discuss this subject at all, but it is necessary to do so in order to completely review the whole question. Moreover, by it we are enabled to throw light on the proceedings of those enemies of humanity who ply the pestiferous calling of quacks, many of whom owe their first introduction to the trade they follow to service as an unqualified assistant. Ignorant themselves, and accredited with knowledge to their master's patients by the action of their master himself, the worse side of their nature rapidly develops under such favouring influences, and nothing loth, they assume greater responsibilities than even their employers cultivate. Finding, then, how readily their pretensions are accepted, it is easy to see how the idea of practice on their own account should present itself,

and from this stage to that of the fully-established quack the passage is simple and rapid. In fact, every unqualified assistant is an incipient and potential quack, who helps to degrade the good name of the profession he prostitutes in his employer's service; and every employer of unqualified assistants equally assists, by his own degradation, in demoralising the whole profession of medicine. He is dishonest to his profession, to his patients, and to himself; and too often does his dishonesty find tenfold reflection in the action of the men he encourages to extend the influence of his own base principles through the range of his practice.

Almost at once we may expect the report of the Royal Commission on the Medical Acts. Will it, or will it not, help us to deal with the question we have been considering in these articles? It would be almost too much to hope that it will at once and for ever sweep away the great blot on the profession caused by the unqualified assistant system. It is even possible that the whole work of abolishing it will have to be accomplished by the profession itself; but in that case even it ought to be none the less certain that, both by individual action and by united effort, a stop shall finally be put to what is perhaps the worst abuse of the time, for to it are unquestionably to be traced all the other disgraceful surroundings that detract from the honour and dignity and greatness of the profession of medicine.

Notes on Current Topics.

A New Light.

THE competition between gas and electricity as illuminating agents has been very generally regarded as a foregone conclusion; but it would appear that the decision thus arrived at has been altogether too hastily formed. For some time Londoners have been familiar with the improved gas lamps on the Sugg principle, with which certain thoroughfares have from time to time been lighted. It is, however, no secret that the increased cost of such lights is such that they cannot possibly compete in the long run with electricity; but now there is about to be tried a new gas lamp, for which the advantage of economy seems with justice to be claimed. The new lamp contains an arrangement by which a current of compressed air is carried by a tapered cone into the gas supply pipe, from which a stream of mixed air under pressure and gas is directed into a cage of platinum wire. The light thus produced resembles in appearance somewhat the incandescent electric lights now familiar to most persons; it is intensely brilliant, and soft and grateful to the sight. With an expenditure of ten feet of gas per hour such a burner will yield illumination equivalent to that of fifty candles. An additional advantage, however, is found in the fact that the gas employed need not be of the costly kind now used for lighting purposes, since heat rather than light is required from it, and thus the coal employed to produce it can be more perfectly distilled, with a gain of at least fifty per cent. over the amount of gas now usually recovered. The new system is about to be experimented with by the Clerkenwell Vestry, who have decided to put lights of the

Lewis pattern at intervals between the Angel Hotel and Clerkenwell Green. The result will be watched with much interest, and should it be successful, we may expect many important applications of the principle, which is that of the Herepath blowpipe.

The Dignity of Baronetcy.

THE *Globe* takes us to task because we draw a comparison between the claims to the honour of baronetcy of Mr. Lawes, the well-known manure merchant, and of certain distinguished members of our profession, who have been entirely ignored in the recent distribution of baronetcies.

The *Globe* considers Mr. Lawes eminently entitled to be distinguished by Her Majesty because he "conducted at his own cost experiments which have been of inestimable value to the agricultural interest, and made over a princely fortune to carry on the experiments in perpetuity." If everyone is to be considered entitled to a baronetcy who carries on "at his own cost," and for the purpose of enriching himself, experiments which prove to be of value to some particular commercial interest, then Her Majesty should extend her favours to a multitude of successful commercial men who pine in obscurity.

The possession of money is an essential of baronetcy, but confers no claim whatever, and we should be very sorry that Her Majesty should distribute baronetcies amongst that numerous class of doctors who are nothing more than successful fee-getters.

The titular distinctions granted by Her Majesty ought, in our opinion, to be reserved for those who do something special for their generation by the exercise of genius, industry, or philanthropy. Therefore, so far as Mr. Lawes was an eminent agricultural chemist, and so far as he did public service by giving his money for public uses, we admit his claim, but we do not think that the accumulation of a fortune, or making himself useful to a government confers any rights whatever in this respect.

Health of Ireland.

THE average death-rate registered in the week ending Saturday, June 17, in the sixteen principal town districts of Ireland was 21·2 per 1,000 of the population, the respective rates for the several districts being as follow, ranging in order from the lowest to the highest:—London-derry 7, Drogheda 8, Kilkenny 12, Dundalk 13, Dublin 18, Queenstown 21, Belfast 23, Cork 23, Sligo 24, Waterford 27, Newry 28, Galway 28, Limerick 29, Lurgan 30, Wexford 34, Clonmel 34. The deaths from the seven principal zymotics in the 16 districts were equal to an annual rate of 1·8 per 1,000. In the Dublin district the deaths represent an annual rate of mortality of 10·5 in every 1,000 of the population estimated to the middle of the present year. Thirteen deaths from zymotics were registered, being 3 over the previous week, but 20 under the average for the twenty-fourth week of the last ten years; they comprise 2 from measles, 2 from typhus, 1 from simple fever, 3 from enteric fever, 1 from diarrhœa, 1 from dysentery, &c. Three cases of typhus were admitted to hospital during the week, and 20 remained under treatment on Saturday last, being 7 under the number in hospital at the close of the previous week.

An Automatic Reporter.

THE following particulars of a machine called the "glossograph," invented by Herr A. Gentili, have appeared in several newspapers:—"The instrument consists of an ingenious combination of delicate levers and blades, which, placed upon the tongue and lips, and under the nostrils of the speaker, are vibrated by the movements of the former and the breath flowing from the latter. The vibration is transmitted to pencils, which transcribe the several signs produced by the action of the tongue and lips and the breath from the nostrils, upon a strip of paper moved by a mechanical arrangement. As in shorthand, a special system of writing which may fitly be termed glossography, is produced, based upon the principle of syllabic construction and combination of consonants. It is said to be especially suitable for those languages the orthography of which differs least from the phonetic record of the apparatus. The instrument is self-acting in the fullest sense. Moreover, its application involves as little fatigue to the speaker as severe attention on the part of the person transcribing. In reporting proceedings in Parliament or courts of law it is not necessary that the speaker should use the apparatus himself. Anybody may articulate it by repeating in a low voice the words of the speaker, which is sufficient for recording the signs."

The Sale of Diseased Meat.

LAST week we again called attention to the fact that the guardians of the South Dublin Union are largely engaged in the diseased meat trade, as they make it a rule to sell the cattle which are seized by their inspectors and condemned to slaughter in consequence of their suffering from pleuro-pneumonia. While this traffic in fever-laden meat is carried on by the persons whose duty it is to prevent such traffic, and with the silent approval of the Irish Local Government Board, the London magistrates are sending to prison persons found guilty of the same offence in England.

A butcher of Cambridge was recently summoned at the Guildhall Police-court for sending four quarters of a cow to the Metropolitan Meat Market for sale, the same being unfit for human food. It was stated that the defendant had purchased the cow for £5, the animal being in a low and weak condition. It was killed and sent to London, and when it arrived in the market it was found that it had been suffering from lung disease. For the defence, the owner of the cow, who sold it to the defendant, stated that it was not diseased, but as it went off its milk, he sold it; he gave £25 for it four years ago. Sir Thomas Dakin said he looked upon an offence of this sort as very serious; and to his mind it was a case of constructive murder, for there was no telling how many lives might be sacrificed by the sale of such unwholesome food. He was determined to put a stop to this trade if he could, and as fines were ineffectual, he should take another course. He sentenced defendant to one month's imprisonment. The defendant's counsel pleaded that, as his client had carried on business for many years, and this was his first offence, a fine should be imposed instead of imprisonment; but Sir Thomas Dakin remarked that fines had no effect, and he should decline to alter his decision.

The unhappy butcher who is condemned to serve his month in gaol for the insignificant error of selling poison-stricken meat has cause to wish that he had lived in Ireland, where he could carry on his nice, innocent, money-making business under full sanction of the Poor-law guardians and the superintending Government department.

The old saw seems applicable—"One man may steal the horse, while the other may not look over the hedge."

Cheap Food.

THERE is good reason to hope that an end is about to be put to the unjust monopoly by which the maintenance of high prices for fish has been possible in the hands of a few merchants, and that before very long there will be placed within reach of poor persons a wholesome, nutritious, and palatable article of food. The abundance of fish is such that illimitable supplies can with little trouble be put upon the markets; the amount which now reaches Billingsgate is strictly limited by the jobbing arrangements of a few speculators, and by the cramped accommodation for its debarkation from the boats. It is sufficiently notorious that the whole fish trade of the metropolis is regulated by the decisions of those who possess the monopoly, and that the inordinately high prices which rule in London are mainly caused by a determination to prevent the poor from enjoying the blessings of cheap fish in order that greedy dealers may be enriched by undue profits. Now, however, a change is about to ensue, for the Shadwell Fish-market Bill has passed its worst stages, and is little likely to be wrecked on its way to becoming at an early date a legal enactment of Parliament. In its fate is bound up the interest of the populous East-end of London as well as that of the money-grubbing brokers of Billingsgate. For long enough these last have thriven on the deprivation suffered by the poor, and it cannot prove too gratifying a fact that cheap fish is likely to become a speedy realisation.

The Vice-Presidency of the Irish College of Surgeons.

DR. E. H. BENNETT has announced that he will seek the Vice-Presidency of the Royal College of Surgeons in Ireland in June, 1883. Dr. Bennett is already a member of the Council of the College, and is Professor of Surgery in the Dublin University School of Physic, as well as Surgeon to Sir Patrick Dun's Hospital.

Seaside Caution.

To the numerous holiday-seekers who are about to proceed to the various seaside resorts in search of health and renewed strength a word of caution may not be thrown away at this time, and medical men should not omit to impart the necessary warning to the heads of those families they are in the habit of visiting. We allude to the subject of sea-bathing; it is a popular delusion that no one ever takes cold in salt water, and that no matter how chilly the sea, or gloomy the day, no harm ever comes of a "morning dip." It cannot be too firmly insisted on, that only the strongest constitutions can safely indulge in regular bathing in a cold sea, and in the absence of a warm sun. Persons unaccustomed to cold "tubbing" at home should exercise

the greatest care when away from home, at the seaside, and observe the rules—(1) take some light refreshment before bathing, (2) do not remain in the water long enough to feel numbed, and (3) take a brisk walk immediately after dressing.

Unqualified Assistants.

PROFITING by the example set by the Medical Defence Association in prosecuting unqualified persons for giving false certificates of death, authorities in the provinces are taking similar action. At the Wolverhampton Police Court last week William Highley Wells, of Bradley, near Wolverhampton, was summoned by the local superintendent registrar of births and deaths for giving two false certificates of death. Wells, it appears, is an unqualified assistant of Dr. Freeman, of Wolverhampton, and had signed the certificates in Dr. Freeman's name, although this gentleman had not seen the patients during life. Defendant pleaded that he had been authorised by Dr. Freeman to sign certificates of death. However, the stipendiary magistrate would not accept the plea, and inflicted a fine of £5 in each case, and costs.

The Tenth German Medical Congress

Opens in Berlin, June 30th, and closes July 2nd. The following subjects will mainly be debated:—1. Civic regulations for physicians; 2. Feeding of infants; 3. Necessity of prolonging medical studies to five years; 4. Exhibition for hygiene, and of measures, &c., in cases of accident. The latter affair will have to be dropped, as the building of the exhibition, and a great deal of material which had been stored already in the building, were destroyed by fire, May 12th. The loss is said to reach a million dollars.

Death from Fright or Syncope.

THE *Philadelphia Medical Times* recounts that in that city a Mrs. Watson was taken sick, after retiring for the night, with symptoms of apoplexy, and shortly expired. Her sister, with whose family Mrs. Watson resided, swooned at the bedside, and died within ten minutes. A third sister being quickly summoned, saw her sisters dying, and likewise fell unconscious, and died of cardiac paralysis—all three deaths occurring within twenty minutes. At the coroner's inquest it was found that Mrs. Watson died from apoplexy, the two others of nervous prostration or shock. The sisters were aged respectively 52, 56, and 58 years, and were all quite stout.

The Boylston Prize Essays.

WE understand that one of the Boylston prizes of Harvard University, value 300 dollars (about £61), has been awarded to Mr. T. M. Dolan, F.R.C.S.I., of Halifax, Yorks, whose name is well known to our readers; and it will be in the memory of some that the same gentleman was a few months since the recipient of the Fothergillian gold medal of the Medical Society of London for an essay on "Whooping-cough." If we mistake not, this is the third time in less than twelve months that our esteemed contributor has come out first as a competitive essayist, and we have much pleasure in congratulating him upon the honour.

The Qualifying of Midwives.

LORD CARLINGFORD, Lord President, and Mr. Mundella, Vice-President, of the Privy Council, recently received a deputation from the Parliamentary Bills Committee of the British Medical Association, on the subject of the examination and registration of midwives. The deputation included Mr. Ernest Hart, Chairman of the Committee, Dr. Quain, F.R.S., Dr. Priestley, Dr. Barnes, Dr. J. H. Aveling, Dr. Farquharson, M.P., Dr. Grigg, and Mr. Nelson Hardy.

The deputation put in the hands of the Lord President a Bill drafted on the lines of the previous resolutions and reports of the Parliamentary Bills Committee, and on the bases of the regulations approved by the Obstetrical Society, and in accord with the spirit of the clauses of the Duke of Richmond's Bill. The Bill has been drafted for the Committee by Mr. Vesey Fitzgerald. After the introductory statement of the chairman, Dr. Priestley, Dr. Grigg, Dr. Quain, Mr. Nelson Hardy, and Dr. Aveling addressed the Lord President, explaining the importance of the subject in its various aspects.

The Lord President and Mr. Mundella expressed their warm sympathy with the objects, and approved of the proposals contained in the Bill in the main; and Lord Carlingford said that he would at once submit the Bill to the General Medical Council for their consideration and approval. He could only say that, personally, he thought the object a very useful one, and one which deserved all the support he could give it. The present session was peculiarly unfavourable to legislation; but he should be glad to give such assistance in the matter as the circumstances allowed after receiving the opinion of the General Medical Council on the Bill.

The Adulteration of Food.

MR. WYNTER BLYTH, analyst for Marylebone, in a letter to a morning contemporary, directs especial attention to the important difference of opinion existing between the body to which he belongs—Public Analysts—and the Inland Revenue Department. We have had occasion to call attention to a surprisingly culpable disregard of the public interests on the part of Government officials in this department as to the lax state of the rule with regard to the adulteration of articles of every-day consumption, no explanation of which has been vouchsafed. Mr. Blyth's complaint is that the chemists of the Inland Revenue Department adopt an untenable standard of purity with reference to an article of such importance to the public health as "milk," in which they allow an adulteration of from 10 to 20 per cent. of water without let or hindrance. Again, with regard to butter, he avers that the Inland Revenue chemists certify its genuineness with a perfect disregard of the quantity of water the sample may contain, and which to his knowledge often amounts to 20 per cent. Indeed, after a careful review of the facts, writes Mr. Blyth, "I have come to the conclusion that there never was a time when more adulteration was carried on, and with greater impunity, than at the present moment." This complaint has been reiterated by the press, and the *Pall Mall Gazette* pertinently asks, "Why, when we ask for coffee, are we to have given us stones of dates, pips of figs, and chicory? Why, when

we order butter, are we to have foisted on us lard dripping?" What consolation is it to be told that skim milk with a sufficiency of lard and oleomargarine is an excellent combination, and an innocuous imitation of American Cheddar cheese? So it may be said of other articles of daily consumption. Why is French Cognac distilled from potatoes, and not grapes? A leading firm of wine merchants assures us that "half-a-million sterling per annum is now being abstracted from British consumers' pockets by the French *fabricateurs* in the Cognac and surrounding districts, who foist their nasty compounds and base imitations on our market, filtered through the recognised Cognac port of shipment." It appears that, owing to the failure of the grape crop, only one million gallons of Cognac brandy were made in 1881, whilst six million gallons were exported. When and where is this unprincipled mode of trading to stop, if those at the head of so important a department as that of the Inland Revenue are lax and careless in their mode of dealing with adulterations?

Test Examinations.

THE London College of Surgeons has issued the following circular to the Deans of the English medical schools:—"Sir,—I am desired to acquaint you, for the information of the authorities of your medical school, that the Council of this College have adopted a resolution to the following effect, viz. :—'That it is desirable that an examination in elementary anatomy and physiology should be instituted at the several recognised schools of medicine after the end of the first year of professional study, and that any student commencing his professional education on or after the 1st of October, 1882, should not be admitted to the primary examination for the diploma of Member of the College without the production of a certificate from his teachers that he has satisfactorily passed the examination in question at his medical school.'—I am, Sir, your obedient servant, EDWARD TRIMMER, Secretary.

1. What is your opinion on the propriety of holding the proposed examination in elementary anatomy and physiology after the end of the first year of professional study?
2. If it be determined to hold such an examination, what should be its scope in regard both to the subjects involved and the mode of conducting it?
3. At what period after the end of the first year would you propose that the examination should be held?
4. Would you allow any variation, as regards time, to meet the cases of exceptional students at which such examination should be held, or would you fix a certain date after the completion of the first year at which all candidates should pass it?
5. If you would allow a variation, how long would you delay the right on the part of the candidate to pass the examination before presenting himself for the primary examination for the membership?
6. And, generally, will you kindly favour the committee with any suggestions and observations you may have to make with respect to the examination?"

H.R.H. THE PRINCESS OF WALES has sent a donation of £50 for the Scarlet Fever Convalescent Home recently established for the metropolis.

Soldiers and Indian Service.

THE military authorities of the Horse Guards have recently issued a code of rules bearing upon the relief of battalions in India that promise to have an important bearing upon the rates of sickness and mortality among the forces serving in our great eastern dependency. According to the rules alluded to, drafts of soldiers sent to that country are to include generally men in the second and third year of their service; men in the fourth, if willing to extend their service to ten years; men with over four years' service, provided six years of their first periods of engagement have yet to run; men in their first year, provided they are over twenty years of age, and have completed their drill. The above regulations are obviously framed with a view to meet the precise points which have been most dwelt upon by medical officers, and, indeed, by military officers also who have had Indian experience themselves. For many years back the former have urged upon the authorities the evils which attended the system whereby large numbers of young untrained lads were yearly sent to India; they pointed out the facts that those youths were especially liable to suffer from endemic fevers and bowel affections; that on active service they were utterly unable to withstand the fatigues and exposure incidental thereto; that, in fact, they were physically incapable of performing the necessary work in their position as soldiers. These considerations came prominently before the Royal Commission of 1860-61 on the sanitary state of the army in India. In the report of that Commission the views long previously urged by medical officers were adopted by the Commissioners; yet only now, after an interval of twenty years, is any real attempt being made to give effect to those views and recommendations. It is gratifying to know that something definite and practical is at last being done with the object of improving the *physique* and resisting power of our military material henceforward to be despatched to India.

MR. ASA LEES of the Soho Iron Works, Oldham, has bequeathed £10,000 each to Owens College, Manchester, and to the Oldham Infirmary.

H.R.H. THE DUKE OF CAMBRIDGE has kindly consented to distribute the prizes to the students of the London Hospital Medical College, on Tuesday, July 18, at 4 o'clock.

H.R.H. THE DUKE OF ALBANY has consented to open the new buildings of St. Peter's Hospital for Stone (Henrietta Street, Covent Garden), to-morrow, Thursday, at 2 p.m.

A PATIENT died in St. Bartholomew's Hospital last week whilst under the influence of chloroform for a cancer operation. A coroner's inquest was held, at which the jury returned an open verdict of death while under the anæsthetic.

It is stated that nearly 280 candidates have entered their names for the Anatomical and Physiological Examination for the diploma of Membership of the London

College of Surgeons, a number much in excess of the corresponding period last year.

SIR GREVILLE SMYTH has offered the Bristol Town Council, for the use of the citizens, a pleasure park of twenty-two acres on the borders of the populous parish of Bedminster, adjoining his estate, Ashton Court. The munificent gift has been accepted by the Corporation.

TYPHOID, diphtheria and croup are still very prevalent in Paris, in which city there were more deaths from these causes than in the whole of the United Kingdom. The mortality from diphtheria is also high in Berlin, and scarlet fever continues to be excessive in New York.

THE honorary degree of D.C.L. has been conferred by the University of Oxford on Sir William Muir, M.D., K.C.S.I., Member of the Council of the Secretary of State for India; and Dr. Allen Thomson, F.R.S., formerly Professor of Anatomy in the University of Glasgow.

WE regret to say that Mr. St. George Mivart, the well-known biologist, is seriously indisposed through an attack of bronchitis. A few days since he appeared to be advancing towards recovery, but a relapse has occurred, and he is now suffering from great prostration.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Norwich, Cardiff 11; Birkenhead Plymouth 14; Bristol 15; Leicester, Sheffield 16; Edinburgh, Brighton, London 17; Derby, Newcastle-on-Tyne, Birmingham, Halifax 18; Dublin, Bolton, Wolverhampton 19; Leeds, Bradford, Salford, Hull 20; Nottingham 21; Glasgow, Portsmouth, Huddersfield 22; Manchester, Liverpool Oldham, Blackburn 23; Sunderland 24; and Preston 26.

A QUESTION of considerable importance came before the Metropolitan Asylums Board on Saturday last, in which a man suffering from small-pox went to Guy's Hospital, and was told to walk to the Stockwell Fever Hospital. The man was weak and ill, and being unable to walk, got into an omnibus full of people, and went to the Stockwell Hospital, where he was admitted. The Board had written to the authorities at Guy's Hospital asking for an explanation, but no answer had been received, and further action in the matter was adjourned.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Calcutta 30, Bombay 23, Madras 34; Paris 23; Geneva 26; Brussels 21; Amsterdam 29, Rotterdam 24, The Hague 22; Copenhagen 25; Stockholm 19; Christiania 16; St. Petersburg 51; Berlin 25; Hamburg 26; Dresden 25, Breslau 30, Munich 34, Vienna 35, Prague 35, Trieste 30; Rome 28, Naples 44, Turin 27, New York 32, Brooklyn 24, Philadelphia 24, and Baltimore 23.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—At a meeting of the College, holden on June 21st, Dr. Patrick Heron Watson was proposed and elected to represent the College for three years in the General Medical Council, rendered vacant by the death of Professor Spence. We believe that there was another candidate started for this honour, but, as usual, the nominee of the Council was elected. All elections are conducted on much the same plan. The Council elects, and merely asks the Fellows to confirm its choice, the result being that progress is impossible, the younger Fellows contenting themselves with a private growl of discontent, and the hope that some day it will be their turn to put in practice the lessons they are being taught by their elders. About half-a-dozen men do all the work of the College with the nervous grasp which characterises men who dread the loss of that power which they feel they cannot long retain, but which they are determined to hold to the last, unmindful of present demands or future wants. Notwithstanding our objection to the method of election, we nevertheless sincerely congratulate Dr. Watson, who is eminently fitted for the post.

THE MORISON LECTURES ON INSANITY.—The second of the present course of Morison lectures was delivered on the 20th inst. by Professor D. J. Hamilton, in the hall of the Royal College of Physicians, Edinburgh. Dr. Peddie presided, and there was a good attendance. Commencing with an account of the structure of the human brain, the lecturer went on to describe the various stages of the development of brain in the embryo of vertebrate animals. He then proceeded to explain the comparative anatomy of brain convolutions in relation to intelligence, and remarked that in animals living at the present day a distinct series in the scale of nervous centres could be made out. The brain of man, the Professor went on to say, was closely allied to the brain of the ape and that of the elephant. The great difference between the three lay in the size of the frontal lobes. The elephant had these smallest, the ape came next, and man was far superior to either in the size of these lobes.

A WELL-MERITED REBUKE.—There is nothing more calculated to bring contempt on medical testimony and medical science, particularly among educated and scrupulous individuals, than the strange conflicts of opinion by medical men exhibited in our courts of law. This is particularly characteristic of railway cases. Indeed, it is believed in Scotland that in order to be ultimately employed in railway cases, a department from which large fees are derived, a man has only to exhibit a sufficient obstinacy and flexibility of judgment when employed against the Company. In a case of this nature which came before Lord Fraser, in the Court of Session, on 21st inst., his Lordship, in addressing the jury on the medical evidence, said it was unsatisfactory, and left on the mind a distressing impression that the science of medicine was a science simply of guessing and experts. They had had doctors examined, who, with equal confidence and dogmatism, expressed contrary opinions upon the same condition of things with no hesitation whatever, no scruple about expressing the clearest opinion of what was and what should be. The jury must, therefore, exercise their common sense, and throw overboard the medical opinions of those medical gentlemen if they thought the greater part of it was guessing, and come to the facts. On the facts, his Lordship pointed out that the pursuer was a young man continually on the road as a commercial traveller, and active, intelligent, and energetic before he met with this acci-

dent. After the accident he was able to go home, but every moment the injury he had received was displaying itself, and next morning the disease became pronounced. He was now unable to walk more than a hundred yards after seven months of suffering, and one of his legs had lost the sense of touch, and was dead to the electric test, and he did not feel even if they put hot irons on it. He could only push that foot forward and use it with great pain. On the part of the medical men they had two theories. One of them, supported by the three medical witnesses for the pursuer, was that the disease was meningitis; that there must have been a wrench given to the spinal cord, whereby, at the roots, the nerves of sensation had got inflamed, and that the inflammation prevented these nerves from fulfilling their functions. The other theory, supported by the two medical men for the defenders, was that the pursuer's symptoms were the result of a shock to the nervous system, from which he would recover before the end of twelve months. The jury must just take their choice between these theories, and pronounce between the rival doctors, equal in eminence, and equally dogmatic.

A WARNING TO MEDICAL STUDENTS.—In the Dumfries Sheriff Court, on the 22nd inst., Samuel Walter Wright, a medical student, lately assistant to Dr. John Smith, of Dumfries, was charged with culpable homicide, for having on the 9th April administered an overdose of morphia to a woman, who died within fourteen hours afterwards. Accused, who was not yet legally qualified, pleaded not guilty, and was committed for trial.

ANDERSON'S COLLEGE, GLASGOW.—The annual meeting of the trustees of Anderson's College was held in the College Buildings on the 22nd inst. From the report presented it appears that the attendance of students during the year was 2,478, but that included some classes which were not in existence last year. Taking the classes that were in force last year the numbers in attendance were 2,091, compared with 2,162 for 1882. During the early part of the session negotiations with the Town Council for the removal of the College Museum to a building to be erected by the city were renewed, and the managers were waiting a further communication from the Council. Negotiations with the managers of the Royal Infirmary were opened with a view to the amalgamation of the medical schools, but it had as yet been found impossible to arrange terms which would be acceptable to the Professors of both institutions, and the negotiations were for the present suspended. The Medical Faculty had under consideration the advisability of removing the medical school to the west end of the city, in close proximity to the University and Western Infirmary, and they hoped to be able soon to submit a definite plan for the removal.

THE REGISTRAR-GENERAL'S RETURNS.—From the weekly return of births, deaths, and marriages in the eight principal towns of Scotland for the week ending Saturday, June 17, we learn that the death-rate was 20·8 per 1,000 of estimated population. This rate is 0·8 below that for the corresponding week of last year, and 2·4 below that for the previous week of the present year. The lowest mortality was recorded in Leith—viz., 16·4 per 1,000; and the highest in Greenock—viz., 24·5 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 4·0 per 1,000, or 0·5 above the rate for the previous week. The most fatal miasmatic diseases were whooping-cough and measles, the incidents of the latter being felt in most of the principal towns. Acute diseases of the chest caused 105 deaths, or 2 less than the number registered during the previous week.

COMING MEDICAL REFORM.

THE Report of the Royal Commission on the Medical Acts—which, no doubt, will be the basis of Medical Reform legislation in the next Session of Parliament—was issued on Monday last, in order that it might be considered by the General Medical Council at its meeting, which commenced yesterday.

In form the report is very creditable to Lord Camperdown, the chairman of the Commission, and Mr. White, its secretary, for it is at once brief and explicit. It wastes no unnecessary words in redundant arguments or opinions, but states the facts elicited and the conclusions arrived at by the Commission in such form as to admit of no mistake, and to be perfectly comprehensible to the profession and to those who are to make use of the document as a framework for future legislation.

The recommendations of the report may be epitomised as follows:—

a. That the registrable qualification to practise be granted in future by a "Divisional Board" for each division of the kingdom, under control of the General Medical Council.

b. That it shall be granted by each Board on equal terms as to curriculum and examination, but *not* necessarily as regards examination fee.

c. That all licensing bodies shall henceforth cease to issue registrable licences, but may continue to grant higher degrees or *unregistrable* lower degrees on any terms they please.

d. That the examination fees shall be allocated by each "Divisional Board" *pro rata* amongst the licensing bodies of the division of the Kingdom in which the examination is held, after payment of expenses of examination.

e. That University students shall be asked to pass only the final practical examination, while non-University students shall pass all the examinations essential for the "Board's" licence.

f. That the "Divisional Board" shall stand in lieu of the existing Branch Medical Councils, and consist of "one or more delegates of each chartered University, or medical corporation, whether now existing or hereafter to be created"—the proportion of delegates on such "Board" being fixed at first by Parliament and revised every ten years by the Medical Council.

g. That every function connected with examination, curriculum, supervision of schools, and visitation of examinations, shall devolve upon the "Divisional Boards," subject to the sanction of the General Medical Council.

h. That, in addition, these Boards shall elect the members of the Council, and that the licensing bodies shall cease to have any direct voice in the matter.

i. That the Council shall consist of 18 persons (of whom one shall be President), viz., 6 Crown Nominees; 4 representatives directly elected by the members of the profession (2 for England, and one each for Scotland and Ireland); and 8 (4 for England and two each for Ireland and Scotland), nominated by the Divisional Board.

k. That the Quacks Clauses of the Medical Act should be made more comprehensive and binding; they shall not forbid practice, but only the assumption of registrable titles.

l. That prosecution of quacks should be the duty of the Public Prosecutor.

m. That women should be admitted to examination on same terms as men.

n. That foreign and colonial diplomas of good repute should qualify for practice in Great Britain.

The foregoing epitome expresses in a few words the proposals of this report, which, in most respects, merit the hearty approval of those who are interested in maintaining the social and educational status of our profession, but which are nevertheless open to very serious questions upon some points of detail. The voice of the Commission has decisively established the great principles which reformers have for years struggled for, *i.e.*,—a. that a sufficiently high minimum of education should be imperatively required from every recognised practitioner; and b. That the Medical Council shall be completely rebuilt and the old materials thrown aside.

These propositions being established, medical reformers

ought to concede all that may be possible for the sake of what promises to be a good measure of improvement. But there are some details of the report which it may not be possible to accept, and the most obvious fault which it displays is the omission to insist upon uniformity of education and diploma fee in the three divisions of the Kingdom.

Without such uniformity there can be no real educational reform, because, as it is quite certain that low-class licensing bodies will always be ready to give their diplomas on any terms that will pay, so there is no room for doubt that the Scotch "Divisional Board" will be ready to keep its examinations and fees below the level of the English and Irish boards in order to catch immigrant students. Indeed, the report bears evidence of the reality of our apprehension, for we find a note appended to it by Professor Turner, of Edinburgh, who considers that "uniformity should not be insisted on, but that due weight should be given to existing national characteristics.

The report has no less than seven supplementary reports by individual members, and, *pro tanto*, is much weakened in its influence upon Parliament by such regrettable want of unanimity. Mr. Simon, with good reason, objects to licensing bodies being allowed in future to issue *non-registrable* licences to practise. He and Professor Turner devote five folio pages to a conjoint disquisition against direct representation, but as they start with the statement of their opinion that the medical profession has no right to have a voice in the Medical Council, we presume their defence of the incapacity of that body to deal with medical interests may be passed over without further criticism. Mr. Selater-Booth expresses the same view in a still more exaggerated form.

Professor Huxley and the Bishop of Peterborough go for a "Staats Examen," and for death to the licensing bodies; and Professor Turner, as we have said, has his own views on the propriety of allowing the Scotch bodies to continue their lucrative underselling. We are unable to extend our analysis of the report in our present issue, but we shall refer to its details more fully in our next.

It is very welcome to us, not only because it confirms substantially the views which we have so long maintained, and which have been so persistently pooh-poohed by the Medical Council, but because it is, we hope, the last we shall hear of delays for further investigation.

The profession has before it the task of carrying the recommendations of the Commission through the House of Commons next Session against the opposition of the Medical Council and the Scotch bodies, and the tacit resistance of the licensing bodies generally, and we hope no time will be lost nor energy spared when the period arrives for that work.

If the report becomes law, even with all its faults unamended, it will undoubtedly raise the profession to the educational and social level which it ought to occupy, and from which the competition of the licensing bodies, the indifference of the Medical Council, and the prevalence of unrestrained quackery have done so much to drag it down.

LIGATURE OF THE INNOMINATE ARTERY.

MR. THOMSON'S case of ligature of the innominate artery, reported in our last, which was performed on the 9th June in the Richmond Hospital, Dublin, had reached the seventeenth day on Sunday. For the past two evenings there has been a rise of temperature, following considerable pain in the hand, but there is nothing about the wound to create uneasiness. There is a very slight discharge of healthy pus from the sinus which remains, and the tumour

has diminished in size. The pulse, which was always 100 before the operation, and had been at that rate for the past week, reached 108 on the sixteenth evening. In the morning temperature is normal.

THE MURDEROUS ATTACK ON DR. ORANGE.

It affords us much pleasure to announce that Dr. Orange, the Medical Superintendent of the Broadmoor Criminal Lunatic Asylum, who was murderously attacked by a patient, as reported in our last, is improving in health, although, from the nature of the injury, it will be some time before recovery is complete. At the time of going to press we received the following brief but cheering account from Broadmoor, which our readers will peruse with interest:—"The external injuries are healed, and the internal ones are steadily subsiding, although Dr. Orange is still unable to leave his room, or, indeed, to remove his head from the pillow for long at a time."

Literature.

ON CANCER OF THE BREAST. (a)

MR. NUNN very truly says in the introduction of the work that we have not yet worked out the problem "What is a Cancer?" We do not know the beginning though we can follow the intermediate stages and know that the end of a cancer is a gangrenous sloughing or slow atrophy. He says we follow development in its progress from the initial cell through embryonic tissue, alveolar tissue with expansion into fats, &c., intermixed with nerve and vessel structures, all of which are only complex arrangements of the same tissues composed of same elements with a process of decay and replacement in corresponding uniformity.

The growth of cancer, if not orderly and consecutive, starts from the same points and tends, though imperfectly and confusedly, to the production of the same tissues and combinations, even to the formation of vessels and pseudo-glandular organs, but the formative power being insufficient and ill-directed the result is a mixture of imperfect and deformed cells, tending to reproduce themselves instead of developing into tissues, and to be forming tissues more or less normal though with irregular arrangement and combinations little clearer than monstrosities.

Cancer may appear in any organ or tissue separately and may invade several simultaneously, simulating, diagnosing and exaggerating their forms, and is more a modification of the part where found than a something extraneous.

There is another fact bearing upon this point, though we do not gather it from the work, viz., that whatever variety of cancer is primarily found secondary deposits are almost invariably of the same variety, thus, if glandular organs develop the adenoid form of carcinoma which is truly a modification of the part, the deposits in other tissues will be adenoid even though the region of deposit be not a gland.

There is no such thing as a cancer cell. The cells to which cancer owes its origin are only the derivatives or analogues of precedent cells existing in a state of nature. After speaking of the cells in all shapes the author says there are everywhere scattered about, or in groups, the multitudinous derivations of the various cells, little spherical masses of protoplasm from 1-1800th to 1-3000th of an inch in diameter, indistinctly nucleated, which have been described as escaped nuclei and as granulation cells. These, though apparently the most insignificant among the products of cancerous scrapings, are really the most important objects of study, as to them may be referred the continuous growth and distant propagation of the disease. With regard to the development of cancer cells the author suggests, that though of the epithelial type, yet the epithelial cells may impose their own evil influence upon all other kinds of cells, and secondly that epithelium in certain forms, or call it endothelium, is a product of connective tissue germs, and if it could be proved that epithelium is necessary to the growth of cancer it is not necessary to go outside of the organism to seek it.

(a) "On Cancer of the Breast." By Thomas Nunn, F.R.C.S. Surgeon to the Middlesex Hospital. London: J. & A. Churchill.

In speaking of the stroma it is said that in some stroma vessels are not abundant, but in others vessels predominate, and injected specimens would lead one to suppose that there was but little space left for other tissues, so close is the disposition of the capillaries and so numerous the anastomoses, in some cases throwing out varicose tufts intimately connected with vessels and the lymphatics.

The end of cancer is it softens, decays and alongs, that is, it dies, and if all died at once the disease would be at an end, self-cured. But, unfortunately, except in rare instances, death of one part gives liberty to another and becomes the occasion of growth, and the mischief continues by repetition and extension of area with the result of a confused medley of sprouting epithelioma.

Entering upon the subject of the work, Cancer of the Breast, Mr. Nunn makes two great divisions—Part I., Clinical and Practical; Part II., Pathological and Speculative.

Part I., a leading clinical fact is, that among those suffering from cancer, cancer of the breast and uterus predominate.

Proportion of 1,000 cases treated in the Middlesex Hospital.—Breast 260, uterus 389, lymphatic glands 21, head and face 48, mouth and lips 48, eye and orbit 12, nose 2, tongue and parotid gland 62, pharynx and larynx, 7, arm and hand 7, rectum 42, penis, scrotum, and testis 24, ovary 1, vulva, vagina, and bladder 17, bones 29, brain and nerves 1, organs of thorax 1, organs of abdomen 4, leg and foot 17.

Under the head diagnosis, pain is said to frequently not occur before the tumour is discovered by the patient, and to materially alter in change of weather, the alteration being probably due to the same influence which gives rise to neuralgia in rheumatic patients, the pain differing from that of acute mastitis, in the latter being steady, and spreading backwards towards the shoulder-blade.

With regard to retraction, not only is the nipple retracted, but the whole organ is displaced, being drawn towards the unaffected side.

Coloured discharge from the nipple is to be looked upon as suspicious. Mobility of the tumour is often a deceptive sign. A very mobile tumour may be connected with the submammary tissue, and a scirrhous nodule is likely to be the more mobile, according to the increased quantity of adipose tissue about the breast.

General inclination of the whole mammary gland suggests a chronic inflammation connected with syphilis, but it occurs in the testicle rather than scirrhous. The coincidence of other forms of tumour may be a complication in the diagnosis of the disease, thus simple cystic disease in association with scirrhous, as reported by Mr. T. Smith.

Prognosis.—The author says we cannot too highly estimate the importance of the subject of prognosis, and we could only anticipate that Mr. Nunn's opportunity of observations upon so many cases in a special department at a hospital would result in a series of data which would enable a practitioner to form for himself and for his patient some tolerably clear idea of what would take place, and the time so occupied; but Mr. Nunn tells us that not only at first seeing the patient is it necessary to be cautious, but during the progress of the case symptoms appear which are likely to mislead. He does not tell us what those symptoms are likely to be, but narrates a case in which there was paralysis of both legs, extensive pleuro-pneumonia, &c., from all of which the patient recovered before dying from the direct effects of the cancer. We must express our opinion that there are several signs which, though each may be insignificant, yet, collectively, demonstrate pretty clearly what will take place in the large majority of cases.

Operation.—With regard to the question of operation in cancer of the breast, Mr. Nunn's view is one of which we wholly approve. It is the early removal and the complete removal, and we would add another suggestion—viz., careful watching, to detect the first sign of recurrence and the immediate removal of any recurrent growth as soon as detected, before it has assumed the size of a pea, at a time when the operation will be insignificant, and regardless of the number of times the operation has to be performed, unless there is a secondary deposit of the disease elsewhere.

A table of the post-mortem examinations of 21 cases of cancer of the breast, which had been under Mr. Nunn's care, and among which only four had been operated upon, shows in every instance a deposit of the disease in one or more of the internal organs.

Another table of the post-mortem examinations of 102 cases of cancer of the breast, and of which only five are post down

as recurrent, and therefore, having been operated upon, shows that all, except five, had secondary deposit in glands and one or more in internal organs.

The second part of the book, "Pathological and Speculative," takes up, in detail and in argument, many of the subjects referred to in the introduction. In this part is a curiously-mixed table, calculated to show the liability of each age to cancer of the breast. It consists of only 160 cases—a quite insufficient number for the purpose of deciding the point, although the result obtained is such as to coincide with the generally received opinion concerning the periods of life at which cancer is most common :—

25 to 29 ..	...	...	...	...	2
30 to 34 ..	...	...	...	...	9
35 to 39 ...	...	...	...	...	19
40 to 44 ..	...	...	...	...	25
45 to 49 ...	...	...	...	...	34
50 to 54 ...	...	...	...	...	28
55 to 59 ...	...	...	...	...	13
60 to 64 ...	...	...	...	...	13
65 to 69 ...	...	...	...	...	10
70 to 74 ..	...	...	...	...	4
75 to 79 ...	...	...	...	...	2
80 to 84 ...	...	...	...	...	1

By a glance at this table it is seen to agree with an almost established fact that at about 45 years of age most cancers of the breast commence, and that in every period of 5 years both above and below this age, cancer is less liable to attack the breast. So far the table is useful and serves a purpose; but for some purpose not stated, four columns are added to the one already given—first, the reduction of the number per cent. which, though not necessary, is reasonable, making the 2 who had cancer at 25 years of age = 1.25 per cent., and the 1 at 80 = .625. Dr. Farr's life table is next brought into requisition, by which it is shown that out of 100 persons living at 25 years, there will still remain between 80 and 84 years 10.861 in the land of the living, although all Mr. Nunn's 160 friends ought to have been dead, with the exception of 1 who became cancerous between the age of 80 and 84, and now the solitary survivor among the 160, who was equal to .625 per cent. of cancerous patients, is now 10 times greater among 10 people than among 100 that is magnified into 5.755 as compared with 10.861 of Farr's tables where cancer is not concerned, and hence rolls off the reel the astonishing fact that since one person in 160 cases afflicted with cancer exhibits the disease at the age of 84, therefore, the relative liability at that period of life is 3.824.

We need scarcely comment further on this table, but must trust that it will not fall into the reference of other writers on cancer.

Of Family History and Heredity.—The author refers to a curious longevity among the families of which his 160 cases of cancer of the breast came, the average age of all the fathers being 62, and of the mothers 61, 133 of the grand parents living to over 70 years of age.

Of the hereditary transmission the author does not venture any strong opinion, but quotes the Middlesex Hospital Register, in which it is shown that of 1,000 cases of general cancer, 16 per cent. gave information as to the existence of cancer in their families :—6 fathers, 43 mothers, 4 brothers, 30 sisters, 7 uncles, 43 aunts. His own 165 cases gave a percentage of 29.3, which included cousins.

Concerning the geographical position of cancer, the Middlesex Hospital Report of 1,030 cases is often referred to, in which it is shown that nearly all came from the South-Eastern districts of England, and Mr. Haviland's researches are referred to, showing that the mortality from cancer is highest in those districts skirting the Thames. In fact, says Mr. Haviland, throughout England and Wales there does not exist one important river subject to seasonable floodings that does not flow through districts with a high cancer mortality. After ascertaining this fact Mr. Haviland sought the high grounds, and he found that where cancer did not thrive the districts were characterised by being high and dry, and geologically composed of non-retentive soils. With his knowledge he suggested that those who have the disease developed in members of their family, and who are, therefore, pre-disposed, should seek when in their power the districts where the disease does not prevail.

The last third of the book is composed of twenty-one plates in coloured lithograph, six of them illustrating various phases under which cancerous breast exhibits itself, executed

by E. Berjeau, and the rest microscopical sections of different cancerous tumours, executed by C. Berjeau.

All the plates are beautifully executed, and are a valuable addition to the literature of the subject.

ON DISEASES OF THE BLADDER AND PROSTATE GLAND. (a)

AFTER an interval of twenty-three years, a sixth edition of this well-known work has been issued under the editorship of Mr. Walter J. Coulson. A book that has reached a sixth edition may be regarded as independent of criticism, and must be assumed to be well known to medical readers. We will therefore content ourselves with noting cursorily one or two of the special features of this edition. In the first place, the chapter on "The Chemistry of the Urine" has been omitted, as sufficient consideration of this extensive subject would add too much to the bulk of the treatise. In its place there is an excellent chapter on "The Anatomy and Physiology of the Prostate," and on the best methods of examining these organs. This forms an excellent basis for the subsequent chapters.

The chapter on "Incontinence of Urine" is less complete than we should have anticipated. The use of belladonna is properly enjoined in this affection, but strange, as we take it, no reference is made to the superior efficacy of bromide of potassium, for it is certainly an ultimate fact in therapeutics that this drug potently diminishes the irritation of the motor nerves supplied to the bladder and adjacent parts. We notice that the old formulæ for urea and uric acid are still given. The chapter on "The Symptoms and Diagnosis of Stone in the Bladder" is a very valuable one, as also that on "Lithotomy," which embraces all the modern views and methods of treatment. We notice that, in referring to Dr. Andrew Buchanan's operation for stone, it is stated: "It is claimed for this operation that only the left lateral lobe of the prostate is divided, and that the bulb and rectum are safe." Dr. Buchanan also asserts that it is easier of execution than the lateral operation, and that there is less risk of hæmorrhage and urinary infiltration. The operation, however, has but few advocates at the present time." This certainly does not apply to Glasgow, where Dr. Buchanan's is the favourite operation for stone, and where signal success has attended it in the hands of Drs. Eben Watson and Alexander Patterson.

In the chapter on "Acute and Chronic Inflammation of the Prostate Gland" the subject of prostatorrhœa is conspicuous by its absence. Altogether, the book is well up to date in the information it contains; the references to contemporary literature, home and foreign, are extensive and accurate, and the illustrations, of which there are twenty-two, are good. As a practical guide to the surgical disorders of the urinary organs, it is well entitled to take high rank.

Correspondence.

THE COMING ELECTION OF COUNCILLORS TO THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—May I ask you to correct the statement inadvertently made in your last number in the "Notes on Current Topics," that "Mr. Baker, from press of work, will, we understand, not be able to take office." This will be at once rectified by the declaration that I am a candidate for re-election to the Council of the College of Surgeons; that my name is included in the printed list officially issued by the secretary of the College; and that I hope, if returned, to discharge my duties with as much regularity as heretofore.

I remain, faithfully yours,

ALFRED BAKER.

3 Waterloo Street, Birmingham.

Royal College of Surgeons of England.—The following candidate, having passed the required examination, received the Diploma in Dental Surgery at a meeting of the Board of Examiners on Wednesday, June 21st :—

Barnard, Alfred William George; Baudry, Alfred Felix; Blackmore,

(a) "On Diseases of the Bladder and Prostate Gland." Revised by Walter J. Coulson, F.R.C.S. Sixth Edition. London: J. & A. Churchill.

Herbert George; Curle, Arthur Lister; Harrison, Walter; Matthews, Arthur Alexander; Mountford, Arthur Hambledon; Head, Henry George; Slate, Alfred, M.R.C.S.

University of Cambridge.—At a congregation holden on June 15th, the degree of M. B. of this University was conferred on the following gentlemen:—

Herbert Knowles Fuller and Jamieson Boyd Hurry, St. John's; Thomas Fineh, Gonville and Caius; John Alfred Coutts, Arthur William Taylor, Emmanuel; Arthur Dunville Roe, Joseph Ernest Viney, and Edward Samuel Webber, Downing; Charles Thomas Gordon, Trinity; Francis Edwards, Jesus.

Chelsea Hospital for Women.—At a special meeting of the Governors of this institution, held last week, the following gentlemen were elected as additional members of the medical staff in view of the early removal to the new hospital in the Fulham Road, and the consequent necessity for an increased staff:—Physicians: John James, M.B. Lond., F.R.C.S., and Arthur Wellesley Edis, M.D. Lond., F.R.C.P. Assistant Physicians: Fancourt Barnes, M.D., M.Ch., M.R.C.P., and John Phillips, B.A., M.B. Cantab., M.R.C.S.

Notices to Correspondents.

CORRESPONDENTS requiring a sign 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.

INVESTIGATOR.—The inquiry is a very profitless one. Until our knowledge of the intra-molecular processes that go on in the body is much more complete than is the case at present such speculations can end only in disappointment. Before the problem can be attacked with any hope of success it will be necessary to decide a number of preliminary questions which have long awaited solution. See reply above.

DR. WILSON (Skelmersdale).—With much pleasure.

MR. W. F. S.—If possible in our next; the subject has, however, been frequently ventilated to no purpose.

NORTHERNER.—It is a question in the issue of which the profession can have no interest; we cannot, therefore, afford space for your "prefatory and explanatory remarks."

A BRUSSELS M.D.—The General Medical Council will be in full conclave ere this number reaches you; we have not yet seen the programme of proceedings, but the subject of the recognition of foreign degrees usually comes up each year.

COLONIAL PRACTICE.—1. Occasionally a Colonial appointment is offered by advertisement in the medical journals. There is one such in our columns, present number, in South India; we believe it is worth about £700 a year: full particulars are obtainable in London. 2. There is no book which exactly answers your requirements; but a good deal of valuable information may be gleaned by consulting Surgeon-General Gordon's little work, "Experiences of a Regimental Surgeon in India."

COLONEL F. D.—Sorry we cannot afford space, the matter being unsuitable for our columns.

MR. G. F. F.—The Council met yesterday, and will remain in session during the whole of present week, and probably part of next. You should address your complaint to the Registrar, who will, if he think it desirable, place the same before the Council.

MR. AIREY.—No conclusive experiments have, to our knowledge, ever been performed in connection with it. It is generally assumed that carbonic acid exists in the blood in a state of loose combination with the carbonate of soda contained in the serum—i.e., as soda bicarbonate. The conditions affecting the presence and evolution of this gas are only approximately understood at present, so that you have every prospect of obtaining valuable results in the course of your investigation.

LONDON'S LUNGS.—The last breathing space for our over-grown metropolitan population has proved a rather expensive luxury, as the *City Press* states that the cost of reclaiming Epping Forest, including arbitration, compensation, and other legal expenses incurred by the Corporation of the City will approach the sum of £270,000.

OBTURATOR.—The subject has received a considerable amount of attention of late, but no definite conclusions have yet been arrived at. Your explanation might very possibly be of much assistance.

DR. CASEY.—No justification of such conduct is possible. It is utterly opposed to all rules, tacit and written, by which the profession is guided, for one practitioner intentionally to draw away the patients of a fellow member of the profession. If the circumstances are indeed as you report them, no words would sufficiently express the outrageous nature of the offence. Is it not possible that some mistake has occurred?

THE SEWAGE OF LONDON.—A Royal Commission has just been officially gazetted to inquire into, and report upon, the system under which sewage is discharged into the Thames by the Metropolitan Board of Works, whether any evil effects result therefrom, and in that case what measures can be applied for remedying or preventing the same. The Commissioners are Baron Bramwell, Sir John Coope, Alexander William Williamson, D.L., F.R.S., Francis Stephen Bennet Francis de Chaumont, M.D., Thomas Stevenson, M.D., and James Abernethy, F.R.S.E. Dr. Walter Fole, F.R.S., will be Secretary of the Commission.

THE RIGHT HON. JAS. STANFELD, M.P., as a Member of the Select Committee of the House of Commons on the Contagious Diseases Acts,

asks us to state on his authority that there is no foundation whatever for the statements published in several newspapers that some members of Parliament who entered the Committee opposed to the Contagious Diseases Acts had been converted in their favour by the evidence adduced; on the contrary, it is believed that not a single member of the Committee who joined it opposed to the Acts has been anything but confirmed in his opposition to them on all grounds.

AN ASSISTANT.—We are much obliged by the offer you make to assist in the republication of the articles on unqualified assistants; but no decision concerning them has yet been arrived at. Unless the profession is really anxious to bestir itself and root out the abuse to which we have called attention it would be little good our pursuing the matter further. Although a large number of letters on the subject have been received, we do not think they are yet sufficient to justify the course you urge on us.

STUDENT.—Write to the Secretary of the Royal College of Surgeons, Edinburgh, who will at once reply to your questions.

MR. FRANCIS LAMBERT.—As a rule the regular attendant of the family recommends consultants, but it is unquestionably a fact that the public is rapidly assuming to itself a freedom of choice in this particular, quite irrespective of the regular doctor's suggestions. It behoves medical men to recognise this truth and to be influenced by it in the right way.

MR. COLLINS.—Letter, with editorial reply, will appear in our next.

Vacancies.

Barnet Union.—Medical Officer and Public Vaccinator. Salary, £80 10s., with fees extra. Applications to be sent to the Clerk not later than July 4th.

Bradford Infirmary.—House Surgeon. Salary, £150, with board and residence. Applications to the Secretary before July 3rd.

Dungarvan Union, Dungarvan Dispensary.—Medical Officer. Salary, £120, and £15 as Medical Officer of Health. Election, July 4th.

Metropolitan Asylums.—A Senior Assistant Medical Officer is required for the Caterham Asylum for Imbeciles. Salary, £151, with board, &c. Applications to the Secretary of the Metropolitan Asylums Board by Thursday, June 29th. (See Advt.)

Saint Matthew, Bethnal Green.—Assistant Medical Officer. Salary, £160, with board and residence. Candidates to attend at the Board Room, Bishop's Road, Bethnal Green, on July 11th.

Waterford Union, Kilmeehan Dispensary.—Medical Officer. Salary, £120. Election, July 7th.

Wynaad Gold Mines, South India.—Medical Officer to take charge of the Staff. Liberal remuneration offered. Applications before July 1st. (See Advt.)

Appointments.

EDWARDS, A. R., M.R.C.S., Assistant House Surgeon to King's College Hospital.

EVANS, F. W., M.D., C.M. Aber., Medical Officer for Out-patients, Glamorganshire Infirmary and Dispensary.

EXHAM, A. F., M.B., B.Ch. Dub., L.M.K.Q.C.P.I., Medical Officer to the Workhouse of the Drayton Union.

JONES, H. M., M.D. Q.U.I., F.R.C.S.E., Senior Physician to the Cork Fever Hospital.

MORIARTY, T. B., M.D., L.R.C.S. Ed., Physician to the Cork Fever Hospital.

ODLING, A. E., M.R.C.S., House Surgeon to the Croydon General Hospital.

PAINE, H. J., M.D. St. And., M.R.C.S., Consulting Physician to the Glamorganshire Infirmary and Dispensary.

PROUDFOOT, T. M.B., C.M. Ed., Medical Officer to the Sixth District of the Morpeth Union.

ROBERTS, T. A., M.R.C.S., Medical Officer to the Chapel Hill District of the Boston Union.

ROBERTSON, E. W., M.B., C.M. Aber., Resident Medical Superintendent to the Aberdeen Royal Infirmary and Lunatic Asylum.

TAYLOR, W., M.D., L.R.C.P. Ed., M.R.C.S., Physician to the Glamorganshire Infirmary and Dispensary.

VACHELL, C. T., M.D., L.R.C.P. Lond., Senior Surgeon to the Glamorganshire Infirmary and Dispensary.

Births.

COGAN.—June 24th, at Bury Road, Gosport, the wife of Surgeon-Major M. Cogan, A.M.D., of a son.

Marriages.

CADELL—BOILEAU.—June 21st, at St. John's Church, Notting Hill, W., Francis Cadell, M.B., F.R.C.S. Ed., to Mary Hamilton, youngest daughter of the late Major Boileau, R.E.

HALLWRIGHT—WYBROW.—June 15th, at St. Peter's Church, Bourne-mouth, Matthew Hallwright, M.R.C.S., of Birmingham, to Emma, daughter of W. Wybrow, Esq., of Bromley, Kent.

NORMAN—KENNY.—June 6th, at Killesandra, Connolly Norman, F.R.C.S.I., to Mary Emily, eldest daughter of the late Randal Young Kenny, M.D., of Killesandra, County Cavan.

Deaths.

BAXTER.—June 18th, ten days after arrival home from India, J. B. Baxter, M.R.C.S., late in medical charge of Sandheads, Calcutta, aged 67.

DOUBLEDAY.—June 18th, at Long Clawson, Leicester, Edward Doubleday, L.R.C.P., F.R.C.S., aged 83.

HEALE.—June 15th, at Warwick, Alfred Heale, M.R.C.S., late of Luton, Beds., in his 70th year.

PATTISON.—June 18th, at Poplar, of pthiasis, Joseph Tarn Pattison, L.R.C.P., M.R.C.S., late Surgeon Superintendent, Government Emigration Service, aged 46.

TAYLOR.—June 17th, at Henley-on-Thames, James Taylor, F.R.C.S., aged 67.

IRISH POOR-LAW INTELLIGENCE.

SUPERANNUATION ALLOWANCES TO UNION MEDICAL OFFICERS—DEPUTATION TO THE CHIEF SECRETARY.

ON MONDAY afternoon a deputation from the Council of the Irish Medical Association waited on the Chief Secretary for the purpose of urging the Irish Government to give its approval to a Bill to provide superannuation allowances for union officers under more satisfactory management than those now in force. The deputation was attended by Mr. Gibson, M.P., Dr. Lyons, M.P., Mr. Brooks, M.P., Mr. Meldon, M.P., Mr. Findlater, M.P., Dr. Banks, President of the Irish Medical Association, Dr. Johnston, and Dr. J. W. Moore, the President and Vice-President of the College of Physicians, Dr. Kidd and Dr. Duffey, President Elect and Hon. Sec. of the Dublin Branch of the British Medical Association, Dr. Porter, Surgeon to the Queen, Dr. Robert MacDonnell, Dr. Chapman, Dr. Jacob, Dr. Molony (Tulla), Dr. Bellew Kelly (Drogheda), Dr. Hayes (Naas), Dr. Purcell, Dr. Monagh, Dr. Brown, Dr. Speedy, &c., &c.

The deputation was received by Mr. Forster, Mr. Herbert Gladstone, M.P., and Mr. Henry Robinson, the President of the Local Government Board. The gentlemen present having been introduced by Mr. Brooks, M.P.,

Dr. JACOB, upon request of the President, submitted to the Chief Secretary the Memorial of the Association, and spoke at length, pointing out the great injury to the sick poor, and the injustice to the medical officers, resulting from the existing superannuation law. He adduced numerous instances in which medical officers of advanced age, and great infirmity, were obliged to continue in office, in the effort to perform impossible duties.

After some further observations from Dr. Banks,

The CHIEF SECRETARY said that the subject had occupied the attention of Government since last year, and that he had carefully considered the question. He had come to the conclusion that the circumstances dwelt on by Dr. Jacob needed to be dealt with by the Government, and therefore he intended, with the aid of Mr. Herbert Gladstone, to take the matter in hand, and introduce a Bill thereon early in the session. The Bill would seek to transfer to the Local Government Board all the powers now vested in boards of guardians as to superannuation allowances and retiring gratuities, and it would include within its scope all union officers, medical and non-medical. The Bill would place these pensions upon

a general rate contributed by all the unions in Ireland, and he believed that an extremely small tax would be sufficient for the purpose. Lastly, the Bill would adopt the scale and regulations as to age, &c., now in force for the Civil Service.

The President having thanked the Chief Secretary for the interview, the deputation then withdrew.

CORRESPONDENCE.

MEDICAL SUPERANNUATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I had an interview a short time ago, with a member of the House of Commons on the above subject; I laid the case fully and fairly before him, taking exception to the injustice of making the medical officers of the Poor-law Service the victims of permissive legislation; pointing out to him that we were the only branch of the Civil Service that was so treated, every other being securely provided for by a different legislation. I also informed him, that the Irish Medical Association were prepared with a bill on the subject, to be taken in charge by that true friend of the medical profession, Mr. Meldon. He approved of what the Association was doing, and agreed with me as to the hardship of our position, and advised that the Irish Medical Association should send over to London, at as early a time as possible, a good deputation to seek an interview with Mr. Gladstone and Mr. Forster, and urge upon them to make the bill a *government measure*, as, unless this was done, the difficulties in the way of any private member being able to carry any measure of the kind would be almost insurmountable, though Mr. Meldon was one of the best men to whom the bill could be entrusted. He urged the necessity of petitions from every union in Ireland, signed by all medical officers and other medical men, being sent in to the House, and promised to present as many such as might be entrusted to him, and to heartily support this prayer in his place in the House.

Now, Sir, I think the Medical Association should fall in with this advice, and send such deputations to the Premier and Irish Secretary, and also send down to every union in Ireland a copy of such petition, and to have them ready as soon as required, and given to proper members, known to be friendly to our cause. He assured me it was only by united effort that we could hope for success.

Yours &c.,

S. STUART,

Medical Officer, Donaghadee Dispensary District.

DR. JOSEPH KENNY AND THE LOCAL GOVERNMENT BOARD.

APPLICATION FOR A MANDAMUS.

RECENTLY, in the Court of Queen's Bench, before the Lord Chief Justice and Mr. Justice Barry, Dr. Boyd, Q.C., with whom was Mr. Richard Adams (instructed by Messrs. V. B. Dillon and Co., solicitors)

said on behalf of Dr. Joseph E. Kenny, of Lower Gardiner Street, Dublin, but now a prisoner in Kilmainham Jail, he had to apply for a conditional order for a mandamus to compel the Local Government Board to rescind an order which they had made for the dismissal of Dr. Kenny from the office of surgeon to the North Dublin Union Hospital, to which he had been appointed by the board of guardians. Counsel moved on an affidavit sworn by Dr. Kenny, which stated that his first appointment in the service of the North Dublin Union was in October, 1871, when he was appointed to the sole charge of the smallpox hospital then erected by the North Dublin Union to meet the emergency of the severe epidemic of that disease then beginning to rage. He continued to discharge the duties of this post all through the epidemic, for a period of ten months, treating over 700 cases of the worst forms of the disease. The work was most arduous and trying, isolating him completely from society and trying his health very much, as at no period had he any help. On the subsidence of the epidemic, and consequent close of the hospital Dr. Kenny received a unanimous vote of thanks from the board for his services. The present vice-president of the Local Government Board, Captain Robinson, was then an inspector of the board, and was aware of these facts, having frequently visited the institution during Dr. Kenny's services there.

Mr. Justice Barry—Is this a licensing case?

Dr. Boyd—Oh! no, my lord. Our application is for a mandamus to compel the Local Government Board to rescind an order that they have made dismissing Dr. Kenny from an office to which he was appointed by the guardians. The affidavit proceeds to state that in 1873 a vacancy having occurred in the Coleraine Street Dispensary, in the gift of the guardians of the North Dublin Union, Dr. Kenny was appointed physician and medical officer of the said dispensary, on account of his services during the small-pox epidemic. He continued to hold that post until January, 1880, when he was appointed to the surgeoncy of the North Dublin Union Hospital, vacant by the resignation of Dr. Fitzpatrick. He says that from May, 1873, and up to the time of his arrest, as hereafter stated, he always performed his duties well and efficiently, and gave the most ample satisfaction, as he believes, to the dispensary committee and the guardians. He continued to discharge his duties until the morning of Monday, 24th October, 1881, when he was arrested on a warrant under the "Protection of Peace and Property (Ireland) Act," charging him with being "reasonably suspected" of an offence of which he was perfectly guiltless, and for which he was at any moment prepared to take his trial. Immediately after his arrest he appointed, at his own expense, a gentleman fully qualified to act as his substitute, pending a meeting of the board of guardians, to whom he at the same time addressed a letter requesting leave of absence for three months, and appointing at his own expense a duly qualified substitute during the period of his absence; but on Wednesday, 26th October, before the meeting of the board of guardians could take place, he received at the prison a sealed order dated 25th October, signed by three members of the Local Government Board, dismissing him from his post as surgeon to the North Union Hospital, and assigning no cause for such dismissal. There was no complaint against him of any unfitness, neglect of duty, incompetence or otherwise, but on the contrary the board of guardians were perfectly satisfied with him, and willing and anxious to retain his services, and they evidenced this by passing a resolution unanimously asking the Local Government Board to withdraw their sealed order, which, however, they declined to do. He says that he is advised that in acting as they have done the Local Government Board have acted in excess of the powers conferred on them by the 33rd section of the Act 1 and 2 Victoria, chapter 56. They attached to words in that section a meaning contrary to their ordinary and recognised signification,

and he therefore seeks for a mandamus compelling them to withdraw their order and permit the guardians to retain his services, if it should seem fit to them to do so. An affidavit had been made by Alderman Meagher, one of the members of the board of guardians during the time Dr. Kenny acted as physician in the small-pox hospital and subsequently, in which he bore testimony to Dr. Kenny's zeal and efficiency, his great interest in, and sympathy for the poor, and the extraordinary devotion he evinced in the performance of his duties. There was no instance on record of a medical officer being dismissed from his situation under such circumstances. Mr. Anthony O'Neill, the Chairman of the Board of Guardians, had also made an affidavit, stating that Dr. Kenny always discharged his duties to the entire satisfaction of the board. Counsel contended that the Local Government Board were only empowered to dismiss a medical officer when, either for incompetence or unfitness, he was unable to discharge his duties—and that it could not be held that Dr. Kenny was either unfit or incompetent.

Mr. Justice Barry—What does the Act of Parliament say?

Dr. Boyd—They may at their discretion remove an officer for unfitness or incompetency.

Lord Chief Justice—Do you contend that the circumstance of a medical officer being in prison—let us suppose he was undergoing a sentence of penal servitude—do you say that still he ought not to be dismissed because he was not personally unfit to discharge his duties?

Dr. Boyd—That, with great respect, is not the present case. My client is, I submit, neither unfit nor incompetent to perform his duties. He is only "reasonably suspected," whatever that may mean, of an offence which is stated in the warrant, and of which he swears he is guiltless. He has offered to appoint a substitute at his own expense which the guardians are willing to allow him to do, but the Local Government Board won't allow it.

Lord Chief Justice—What are exactly the words of the Act of Parliament?

Dr. Boyd read the section under which the Local Government Board were empowered whenever they shall think proper to remove any officer whom they shall deem unfit for or incompetent to discharge the duties of his office.

Mr. Justice Barry—You observe the words are "whom they shall deem unfit"—the Act seems to make the Board the judges of the unfitness.

Dr. Boyd—Yes; but surely the discretion conferred on these gentlemen by the Act of Parliament is not an arbitrary discretion; they are not entitled to say that any man is unfit or incompetent unless they have reasonable grounds for coming to that conclusion. They might consider the colour of a man's hair constituted an unfitness. Surely it would be a hard proceeding if they removed an officer because he had red hair.

The Chief Justice—In this case the gentleman is certainly unable to discharge his duties, owing to the fact that he is in prison.

Dr. Boyd—No doubt, my lord, but what we say is that that does not amount to an unfitness or incompetence under the meaning of the section. Suppose a man was sick and unable to attend personally to his duties, would that be a ground for dismissing him?

Mr. Justice Barry—Have you any authorities?

Dr. Boyd—I have not. I can find no instance of an act of this sort being done, and I believe it is without precedent.

Mr. Justice Barry—Is there power to appoint a substitute?

Dr. Boyd—There is, my lord, expressly. Under the 25th Article the Board of Guardians may appoint a substitute, and pay him a reasonable compensation for his services.

Mr. Justice Barry—The power of appointment is not given to Dr. Kenny, but to the Board of Guardians.

Dr. Boyd—Yes; but in this case the guardians are willing to appoint a substitute, and Dr. Kenny has offered to pay him.

Mr. Justice Barry—Should not the appointment of a substitute have been made first before this application was made to us? I do not think that there is any instance on record of this court being asked to grant a mandamus on a statement that parties were willing to do an act which had not yet been done.

Dr. Boyd—As a matter of fact, I believe the guardians have appointed a gentleman to discharge the duties temporarily.

The Chief Justice—You have no affidavit as to that?

Dr. Boyd—No, my lord, but I believe it to be the fact.

Judge Barry—You can prove on affidavit as to how that matter stands, and mention the case to us again.

Dr. Boyd said that that should be done.

SOUTH DUBLIN UNION.

THE MEATH STREET DISPENSARY—RESIGNATION OF
SURGEON H. G. CROLY.

The Clerk read a report from the South City Dispensary Committee of a meeting held under the presidency of Sir George Owens, at which the following letter was received from Surgeon Henry G. Croly, tendering his resignation as medical officer, owing to his other public appointments, and the pressing engagements of private practice:—

“To the Chairman and Committee of Management of the South City Dispensary.

“7 Merrion Square, North, Jan. 1882.

“Gentlemen—Having nearly completed the long service of twenty years as your medical officer, I feel that the time has now arrived for me to retire from the responsible and onerous duties of the office, my other important public appointments as hospital surgeon, &c., as well as the increasing pressing engagements of my private practice, now requiring all my time. ‘The Liberties, of Dublin, in which the Meath Street dispensary is situated (long known to the citizens as ‘the Sick Poor Institution’), were the scene of the early labours of such distinguished men as Colles, Marsh, Corrigan, and others, who there laid the foundation of their future eminence, and to the valuable information and practical experience which I myself have derived from so long a connection with that populous district, I in a great measure attribute whatever amount of professional success it is my fortune to enjoy. It has ever been my anxious desire to merit your good opinion, as well as the entire confidence of the sick poor entrusted to my care (in whose welfare I feel much interest), and I shall always gratefully remember the uniform kindness and courtesy which you and your predecessors in the board of guardians and the Local Government Board have at all times extended to me in our official intercourse, which, I regret to say, terminates this day by my resignation.—I have the honour to remain gentlemen, your obliged and faithful servant,

“HENRY G. CROLY, F.R.C.S., Senior Surgeon to the City of Dublin Hospital, Member of the Court of Surgical Examiners, Royal College of Surgeons, &c.”

The following resolution had been adopted unanimously by the committee (Sir G. Owens in the chair):—

“The committee desire to express their regret at receiving the resignation of their efficient and esteemed medical officer, Henry Gray Croly, F.R.C.S., who for the long period of twenty years has discharged the onerous and responsible duties of his office to the entire

satisfaction of the committee, and with skill and kindness to the sick poor, thus securing their confidence and good opinion; and the committee in expressing their sense of his valuable services, and the loss they and the poor will sustain through his resignation, beg to convey to him their best wishes for his happiness and prosperity.”

NORTH DUBLIN UNION.

DR. KENNY.

MR. LAWLOR desired to make a personal explanation. He had received two letters from Dr. Kenny in which that gentleman complained of a statement that he (Mr. Lawlor) was alleged to have made at that board. That was that Dr. Kenny had obtained sick leave under false pretences. This he totally denied. He never hinted at such a thing, directly or indirectly, and he repudiated it *in toto*. He had alluded to Dr. Kenny taking French leave and going to the West of Ireland, and he did not in anything he said intend to injure Dr. Kenny and if he said anything calculated to injure Dr. Kenny, in any way, he would be only too happy to withdraw it. He had written a letter to Dr. Kenny to that effect, in which he expressed the gratification he would feel at seeing him out of his present unpleasant predicament.

Mr. M'Mahon said it was the guardians that Mr. Lawlor had blamed.

Mr. M'Donnell thought Mr. Lawlor's explanation very satisfactory, but he was of opinion that Mr. Lawlor's statement that Dr. Kenny had taken French leave was a mistake.

Mr. Lawlor—We all know that Dr. Kenny was away without leave in the West of Ireland.

Mr. M'Donnell—I don't think that is so.

The Clerk observed that to the best of his recollection Dr. Kenny was away on one occasion without leave of absence.

The Clerk read a letter from Messrs. V. B. Dillon and Co., solicitors, requesting a copy of the resolution passed by the guardians in reference to the appointment of a substitute in Dr. Kenny's place; and also a copy of a letter from Dr. Kenny, with reference to the same matter, as the Queen's Bench required further information on the point before the judges gave their decision on the application made on Dr. Kenny's behalf to quash the sealed order of the Local Government Board dismissing him from the office of workhouse physician.

The Clerk was directed to comply with the terms of the letter.

CASTLEBAR GUARDIANS.

Mr. Rielly said that the German measles epidemic is still prevalent in Balla district.

Mr. Nally—There is no doctor to attend there, or has not been for the past four dispensary days.

Chairman—What is the cause of that?

Mr. W. Nally—I believe he is sick, and we must try to get a doctor for the district.

In reply to Mr. W. Nally, Mr. Larminie said they had no power to appoint a substitute for Dr. Blackwell—that rested with the dispensary committee.

Subsequently, the guardians present who were members of the Balla Dispensary Committee held a meeting, and

Dr. Jordan was appointed as a substitute.

Mr. P. Nally recommended that the fee of £4 4s. weekly be paid out of Dr. Blackwell's salary, and that if this course were adopted he would not be long sick.

Mr. Larminie said the law was against such a step.

Mr. C. Daly said the doctor was sick too long; they had paid £5 for substitutes for him last year. I propose that he pay half the fee of a substitute.

Mr. Rielly—As it is only a fortnight, we had better let it go on as it is.

Mr. P. Nally—The next time it occurs he will get a reprimand.

Dr. Jordan said that Gordon, the relieving officer, had taken on himself the responsibility of issuing a red ticket to a doctor, not the dispensary doctor, and Dr. Lyden had sent a bill for £2 for same.

Mr. P. Nally—We must certainly protest against that.

Mr. W. Nally—It is an improper step for him to adopt as he should have ascertained who was the dispensary doctor for the district.

Mr. C. Daly—I would certainly recommend that it should be stopped from Gordon, as he had most certainly exceeded his duty in this respect.

Mr. Nixon said that a woman's life was concerned on the occasion.

NEW ROSS UNION.

THE LOCAL GOVERNMENT BOARD AND DR. CARDIFF.

THE Clerk read the following letter from the Local Government Board :—

"SIR—With reference to the resolution of the Board of Guardians of New Ross Union of the 10th inst., respecting the letter addressed by the board to the Committee of Management of the Carrickbyrne Dispensary District on the 7th inst., relating to the appointment of a temporary medical officer for district, I am directed by the Local Government Board for Ireland to enclose for the information of the Board of Guardians a copy of a letter which they have this day addressed to the Honorary Secretary of the Committee of Management on the subject."

(Copy of letter referred to.)

"SIR—With reference to their letter of the 7th inst., relating to the appointment of a temporary medical officer for the Carrickbyrne Dispensary District, I am directed by the Local Government Board for Ireland to request that you will be so good as to inform them with as little delay as possible what steps have been taken by the Committee of Management to make the appointment. The Local Government Board observe by the minutes of proceedings of the New Ross Board of Guardians on the 10th inst. that the guardians propose to consider the subject on the 23rd inst., but the Local Government Board have to observe that the selection of a medical officer rests with the Dispensary Committee and not with the Guardians, and that the question of salary is the only one with which the guardians have to deal. The Local Government Board are not prepared to allow the appointment of temporary medical officer to be postponed till after the 23rd inst., and if the Dispensary Committee have not appointed a temporary medical officer other than Dr. Walsh, the Board must request you to convene an extraordinary meeting at once to do so, and the Board must repeat what they have stated in their letter of the 7th inst., that if further unnecessary delay takes place in carrying out this arrangement they will feel compelled to exercise the power vested in them by the 8th section of the Medical Charities Act with the view to making due provision for the medical care and treatment of the sick poor of the Carrickbyrne Dispensary District.

"To E. R. O'Farrell, Esq., Hon. Sec.,
"Carrickbyrne Dispensary Committee."

Mr. Meehan—All we ever dealt with in the matter was the amount of remuneration, and now they want to make out that we wanted to appoint Dr. Walsh ourselves.

The following report was then read :—

"At an extraordinary meeting of the Committee of the Carrickbyrne Dispensary District held on 16th December, 1881, it was proposed by Francis O'Hagan and seconded by James Whitney—That we advertise for a medical officer to reside in the district during the temporary absence of Dr. Cardiff."

CHARGE AGAINST A WORKHOUSE MEDICAL OFFICER.

DR. McCABE, Poor-law Inspector, held a sworn inquiry, demanded by Dr. O'Ryan, medical officer of the workhouse, at the Carrick-on-Suir Workhouse, into a charge of neglect, by which it was alleged a man named James Hickey lost his life.

A man named James Hickey, on the 28th November last, met with an accident by which his leg was broken. He was admitted into Carrick-on-Suir Workhouse Hospital, and was afterwards removed from it by his relatives, who allege that he was obliged to leave owing to bad treatment, and that his death was attributable to that.

Dr. O'Ryan deposed that on the 28th November, about six p.m., he proceeded to the hospital and found the deceased, James Hickey, in bed. Having ascertained the nature of his injuries, and having been informed that after his accident hæmorrhage had set in of a nature that Dr. Wall (who attended him immediately after the accident) found it difficult to stop, and having satisfied himself that the proper treatment had been given the patient, he decided not to disturb the bandages until next morning. He gave the night nurse instructions, saw the patient next day, and examined the nature of the injury. The patient seemed anxious to leave the hospital and return home, and on inquiring he found that deceased's friends had been with him and urged him to this course. Against his (witness's) express wish and remonstrance the deceased left the hospital and was taken home by his friends, where he died.

Mrs. Kenny, infirmary nurse in the workhouse hospital, deposed that the night Hickey was admitted, Dr. O'Ryan saw him, and requested her to have everything he required ready in the morning. Dr. O'Ryan attended next morning.

Dr. Wall, examined by Dr. McCabe, deposed that he was medical officer of Carrick-on-Suir dispensary district, saw the deceased, James Hickey, between one and two o'clock on 28th November. Examined him, and found that he had sustained a compound fracture of both bones of the leg on the upper third. Also saw a wound on the back of the calf of the leg, from which he saw that apparently a great deal of blood had been lost. Explained to the patient and his wife the serious nature of the accident, and advised him to allow himself to be removed to hospital. After some hesitation on his part and more on the part of his wife, he consented. Set the leg then in a temporary way, supplying bandages and a pad to take the hæmorrhage from the back of the leg. Assisted him into the car, and accompanied him to hospital and saw him put to bed. Dr. O'Ryan saw him later on that evening. Saw Hickey next morning after Dr. O'Ryan had examined and treated the leg, and approved of all that Dr. O'Ryan had done.

Michael M'Cloud deposed that after Dr. O'Ryan had dressed the leg, he left Hickey in his charge that night, that he was the only nurse in the hospital, and that he went to sleep about ten o'clock.

Mr. Moran requested Dr. McCabe to ask the witness if he had any written instructions in the book kept by the doctor, and on the question being put, the witness stated that he was not able to read.

Did the patient complain of the treatment he received? He complained of not being able to eat the bread.

Is it not a fact that you had to give him some of your own tea? He asked the following day about twelve o'clock for a drink of sour milk and I then made him some tea which he drank. He complained of the bread, said that he could not eat it, and seemed anxious from the first to get home.

Dr. McCabe said this closed the inquiry, and he would report to the Local Government Board as to Dr. O'Ryan's conduct in the case.

IRISH POOR-LAW INTELLIGENCE.

CORRESPONDENCE.

DISPENSARY DRUGS AND SPECIAL MEDICINES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I think the following correspondence which has taken place between the Local Government Board and the Guardians of this Union is important. Acting on the second paragraph of the recently issued list of medicines, which states that if a medical officer requires any medicine not comprised in the list, he is to send a distinct requisition, stating why he wants the article, some of the medical officers of this Union sent in requisitions for some specialities. The first two of these requisitions were sent by the guardians to the Local Government Board, and elicited the following reply:—

“I am to state that the list of medicines recommended for use in the workhouse and dispensaries was prepared with much care, and is sufficient to meet the reasonable requirements of medical officers. The majority of the medicines referred to in the documents forwarded by you are to be found in another form in the prescribed list, with the exception of those not contained in the British Pharmacopoeia, and which have consequently not been introduced. The Board at the same time desire to call attention to paragraph 2 of the list of medicines, which states that in the event of a medical officer requiring to be supplied with any medicines not comprised in the list, a distinct requisition for such medicine should be made by the medical officer through the board of guardians, stating the circumstances which are considered to render the requisition necessary.”

I may say, in passing, that this last paragraph is entirely wrong, as the “prescribed list” directs the application to be made “through the committee of management.” Of course, to the board of guardians, not through the latter body, apparently to the Local Government Board.

My requisition was too late to be forwarded with the others, so the guardians simply sent me a copy of the above letter of the Local Government Board. I then wrote as follows to the Local Government Board:—

To the Secretary of the Local Government Board, Dublin.

Sir,—About a fortnight ago I sent in a requisition for some medicines for my dispensary which are not in the requisition form, and which I therefore forwarded to the guardians in a distinct requisition, and assigned the reason why I wanted each article. The guardians have neither passed nor refused my requisition, but have sent me a copy of a letter addressed by you to them. As this action of the board of guardians practically debars me from getting any medicines or appliances that are not in the prescribed list, I beg respectfully to submit to the Local Government Board the following considerations:—

1. The prescribed list contains no pepsine, nor any preparation of free phosphorus, nor of the hypophosphites, and as it is necessarily confined to the pharmacopoeial list, it excludes articles in such every-day use as vaseline, boracic acid, pancreatic emulsion, iodoform, salicylic acid, non-official pearl-coated pills, india rubber bandages, and the like. These and other articles are so valuable as remedies, and so universally used, that I fail to see that they are outside the “reasonable requirements of medical officers.”

2. It is well known that the medicines contracted for are supplied at such low prices as to destroy confidence in their strength and purity. The only way open to medical officers to get medicines in which they have confidence, is to order them as specialities, with the name, and under the seal of, some maker of well known and good repute. I am in the habit of doing this in the case of all medicines of importance. It does not cost the ratepayers more, and I secure remedies that I can rely on.

3. It is most injurious to the interests of the sick poor to have so much uncertainty and circumlocution when a speciality is urgently wanted for a particular case.

On these grounds I would respectfully urge on the Local Government Board to give effect to paragraph 2 in the list of medicines by allowing the board of guardians to supply specialities when applied for in accordance with that rule.

(Signed) ALEX. W. WALLACE, M.D.

Reply of Secretary of Local Government Board.

Sir,—I am directed, &c, and I am to enclose, &c.

I am at the same time to state that some of the medicines referred to by you are included in the new list issued by the Local Government Board, but one of the chemicals not being used in medicine, has not, of course, been included in the list.

(Signed) W. D. WODSWORTH.

Copy of Letter to the Parsonstown Board of Guardians, enclosed along with the above.

To the Clerk of the Parsonstown Board of Guardians.

Sir,—I am directed by the Local Government Board to acknowledge the receipt of your letter of the 9th inst., in reference to a communication from the medical officer of the Frankford dispensary district relating to a supply of medicines for that district, and in reply I am to state that the list of medicines prepared by the Local Government Board includes the principal medicines required for the treatment of human diseases according to the opinion of the compilers of the British Pharmacopoeia up to the year 1874, and if the Medical Council were to revise the Pharmacopoeia at present, it is probable that few additions would be made to it.

Proprietary and patent medicines, which are those probably alluded to by the medical officer, have been purposely omitted. Many of them are of extremely

doubtful value, and owe their reputation principally to a system of constant advertising.

However, if any even of those medicines be desired by a medical officer in any special case, it is within the power of the guardians to order them, as they have been already advised, on special requisition from the medical officer.

(Signed) W. D. WODSWORTH.

The following is the most important part of the letter of Dr. Browne referred to in the above:—

Dr. Browne, Frankford, to the Board of Guardians,
Parsonstown Union.

“My interpretation of the letter of the Local Government Board throws the whole *onus* of refusal on the guardians, and unless they believe me capable of wantonly heaping avoidable expense on the ratepayers, or give me credit for some motive other than that of wishing in the surest and speediest way to alleviate the sufferings of my dispensary patients, I do not think they can reconcile it with charity or duty to deny to the poor what is accessible to the rich. If a newly-invented mechanical appliance or newly-discovered drug, within the reach of our private patients, were the means of securing a better apposition of a fractured bone, or insuring a more rapid uprisal from a bed of sickness, how much more anxious should we be to secure by these means such results to the poor, on whose health and integrity of limb so much depends, both to themselves and the ratepayers. I, in common with other medical officers, have constantly sent in requisitions for extras, which were never hitherto denied to us, or at least to me.

“The Local Government Board, as far as I am aware, never, before drawing up the revised list, consulted any of us in the selection or rejection of remedies, and I would hope that any unprejudiced mind would decide that it was scarcely fair to throw our experiences, individual or aggregate, overboard, and confine our practice within the lines of any special school. I could at any time, if required, furnish to the guardians a list of a few omissions in the prescribed list of medicines which are in constant use among the generality of medical practitioners, the utility and efficiency of which would scarcely be disputed by any competent judges, and which are not open to the insinuation of being new-fangled or useless adjuncts to treatment.”

(Signed) THOS. H. BROWNE.

I confess I do not understand the last paragraph of the letter of the Local Government Board to me. I certainly made no mention in my communication of any “chemical not used in medicine.”

The gist of the whole matter, however, is that the Local Government Board leave the whole responsibility on the guardians of giving or refusing specialities. It is well that medical officers should know this. But I cannot help thinking that it is matter for regret that the Local Government Board should have assumed that proprietary or patent medicines are probably alluded to by Dr. Browne or myself, when not a single patent medicine was mentioned by me as among the articles omitted from the prescribed list, while Dr. Browne's letter was so worded as by implication to exclude reference to them.

I am, Sir, yours, &c.,

A. W. WALLACE, M.D.,

Parsonstown, Jan. 21, 1882.

FEEES FOR SANITARY PROSECUTIONS.

GAMBLE V. THE ENNISKILLEN GUARDIANS.

THE Enniskillen Board of Guardians have, on several occasions considered a claim from Dr. Baptist Gamble, of Enniskillen, for £3 3s. for attendance as witness in the Courthouse, Enniskillen, on the hearing of an

appeal against the decisions of the magistrates at Lisbellow Petty Sessions on some sanitary cases in which he was the defendant. The Guardians refused the payment on the ground that the County Court Judge had refused to give costs to Dr. Gamble. Dr. Gamble now processed the Board for the three guineas, before the County Court Judge, and the case was heard on Friday, at Enniskillen, before Judge Blake.

Mr. Alexander, for Dr. Gamble, stated that the sum claimed was for attendance on three different days at Quarter Sessions, at a guinea per day. Dr. Gamble got no emolument at all for attendance at Court, but it appeared that because he resided in the town of Enniskillen he was not to be paid.

His Worship—That is ridiculous. His Worship said that it was too much to expect a gentleman to attend there day after day for nothing. He had seen a great deal about this case, which had been extremely inaccurately reported. He had never decided that he would not give costs to Dr. Gamble; what he said was that he would not give costs against Mr. Porter. He did not decide that the Guardians were not liable. The only thing now to decide was the amount. He thought the doctor was entitled to fair remuneration; at the same time he thought if the doctor attended only for a few minutes he should not charge for an entire day. There must be a give and take in those cases where there is an official man under an official body.

Mr. Jones—Your Worship said that as Dr. Gamble resided in town, and that as he had a salary, you would not give him anything.

His Worship—But that was as against Mr. Porter, and that had nothing to do with the liability of his employers to pay him.

Mr. Allen, registrar of the court, here informed his Worship that the practice at the assizes was to give a guinea to medical witnesses, when the attendance in court did not exceed three hours, and two guineas for any time per day over the three hours.

His Worship said that on that account he would give a decree for the three guineas.

THE CENSUS OF THE COUNTY LOUTH.

THIS abstract, the seventh of the series, has recently been issued by the Commissioners, and from it we learn that in 1841 the population amounted to 128,240, in 1871 to 84,021, and in 1881 to 77,684, being a decrease of 50,556 in forty years. The births registered during the decade numbered 20,660, and the deaths 15,667, or a natural increase of 4,993. During the same period, 5,699 emigrated from the county. As regards the condition of elementary education, 37,230 could read and write, 11,578 read only, while the illiterate numbered 28,876.

DUBLIN BRANCH OF THE BRITISH MEDICAL ASSOCIATION.

THE annual meeting of this Branch took place on Wednesday last at the Irish College of Physicians, the chair being occupied by Dr. Kidd, President. Dr. Duffey, Hon. Sec., read the annual report, which, after referring to the loss of several members by death, continued—

Owing to changes of residence and other causes, eight gentlemen have resigned their membership; and two members have been removed from the roll by the parent Association, in consequence of non-payment of arrears of subscription. From all these losses, and from the fact that only 11 new members have joined the Branch during the year, an increase in the number of members on its roll cannot this year, as on all former similar occasions, be announced. We now number 168 members, which is 7 less than the total last year. There is reason, however, to

anticipate the accession of several new members, and no reason to fear for the vitality of the Branch.

Your Council held 4 meetings during the year. The Bill introduced by Mr. Gray, M.P., for the Notification of Infectious Diseases in Ireland, received its careful and anxious consideration. The Council approved of making the notification of infectious diseases general throughout Ireland instead of merely local. It also agreed that the provisions of the proposed Bill should be compulsory, and apply generally to every sanitary district, instead of its adoption being left to the wishes of any Sanitary Authority. It regretted that the direct method of notification by the medical attendant was that adopted in the Bill, instead of the method approved of by the British Medical Association; as the Council was aware that a large proportion of the profession throughout the country strongly object to the former method. The Council, therefore, urged Mr. Gray to modify this clause in his Bill in such a manner as to make it acceptable to the bulk of the profession. This the Council believed might have been done by the adoption of what is known as the "dual method." The Council was also strongly of opinion that a fee of at least 2s. 6d. should be payable to the medical attendant for each certificate sent by him to the sanitary authority. Mr. Gray received the opinions of your Council courteously, and expressed his willingness to accede to most of them. Owing, however, to opposition to the Bill it could not be proceeded with last Session. But your Council are glad to inform you that they have been recently engaged in conjunction with the Committee of Council of the Irish Medical Association, in framing a Bill, the provisions of which they trust will be acceptable to the members of both bodies, and which it is hoped may be introduced next Session. The text of this proposed Bill will be laid before this meeting, and a resolution proposing its adoption by the Branch, submitted to you.

Your Council has given its best attention to all other subjects that have come under its notice. They are pleased to observe that one of their members, Mr. W. Stokes, has been selected by the Committee of Council to deliver the address in Surgery at the next—the Jubilee—meeting of the Association. The funds of the branch, which have been audited by Dr. E. H. Bennett up to the 24th inst., show a balance in favour of the Branch of £29.

Dr. John William Moore moved the adoption of the report.

The motion was seconded by Mr. George Porter, Surgeon in Ordinary to the Queen, and passed.

The President having taken the chair (vacated by Dr. Banks), briefly thanked his professional brethren for the honour they had conferred upon him.

Dr. Duffey read the Bill proposed to be adopted with reference to the notification of infectious diseases.

Dr. Robert M'Donnell moved—

"That the draught bill to provide for the better notification of infectious diseases in Ireland, as suggested by the Committee of Council of the Irish Medical Association and by the Council of the Dublin branch of the British Medical Association, be, and hereby is approved of and adopted by this branch, and that the Council of this branch be authorised to take such steps as may seem to it advisable to procure the introduction of the said bill into Parliament during the coming session."

He knew that there was some difference of opinion on this subject. He for one would have been glad if the Bill had gone somewhat farther, but there were others who thought it threw too much on medical men. It must therefore be a matter of compromise, and the Bill was on the whole a fair and reasonable compromise between the conflicting opinions brought before them at various meetings of the branch. If they could come to a unanimous resolution on the subject, it would help forward a bill which would eventually be one of incalculable benefit to the public at large.

Dr. Jacob, in seconding the resolution, said the

members of the medical profession were under no compulsion in this matter, and thus the element which was most distasteful to some members, including himself, had been got rid of. They had introduced into the bill a clause which would practically effect notification by the medical man without placing him under the incubus of compulsory notification. If, at the request of the patient or his custodian, the medical attendant should undertake the duty of notifying to the sanitary authority, provision was made that he should perform all the necessary acts for that purpose, and that he should receive a small fee for discharging the duty, the householder or custodian of the patient in that case being relieved from all liability. The position of the physician would therefore be unfettered as he entered the sick room, and he would not be excluded from it on the ground that notification was a duty compulsory in his case. This method of settling the question deserved a trial, and, while it would not be hurtful to the medical profession, it would prove useful to the general public.

Dr. Chaplan (President of the College of Surgeons) said the provisions of the bill saved the medical attendant from being placed in an invidious position, while at the same time they left him free to serve the public in a matter of great importance.

Dr. George Johnston (President of the College of Physicians) also expressed his approval of the bill. At first he thought it was rather an inquisitorial duty that was proposed to be assigned to the profession, but the fourth clause in the bill removed that objection.

Dr. J. W. Moore said the present state of affairs in Dublin showed that compulsory notification was necessary in cases of infectious disease. For the past two months a widespread epidemic of measles has prevailed in the city, and some months had passed before the habitat of the disease was discovered. It has been very fatal to young children, and has once more raised the death-rate and brought back that disgrace on the city which arose from the high death-rate.

The resolution was adopted.

On the motion of Dr. Johnston, seconded by Dr. Chaplan, it was resolved—

"That the thanks of the Branch be given to its President for his admirable address."

The President having acknowledged the compliment, the following appointments were made by ballot, viz.:

President-elect—John T. Banks M.D. Vice-Presidents—Edward Hamilton, M.D.; Lombe Atthill, M.D. Council—Drs. E. H. Bennett, Thos. Darby, J. M. Finny, Samuel Gordon, T. W. Grimshaw, S. Haughton, J. W. Moore, E. D. Mapother, Robt. M'Donnell, H. R. Swansy, P. C. Smyly, and William Stokes. Representatives on the General Council—Drs. Isaac Ashe, Thos. Darby, S. Haughton, James Little, R. M'Donnell, J. W. Moore, G. H. Porter, Wm. Stokes, Hon. Secretary and Treasurer—Dr. George F. Duffey.

The proceedings then terminated.

The annual dinner took place the same night in the Hall of the King and Queen's College of Physicians, Kildare Street. About two hundred guests assembled.

Dr. George H. Kidd, President of the Association, presided.

The guests included—The Right Hon. Edward Gibson, M.P.; Sir Patrick O'Brien, M.P.; Mr. Maurice Brooks, M.P.; Mr. Meldon, M.P.; Dr. Lyons, M.P.; Mr. Findlater, M.P., &c.

The toasts of "The Queen," "The Prince and Princess of Wales and the rest of the Royal Family," having been given, and duly honoured,

The President proposed "The Houses of Parliament," to which Mr. Maurice Brooks, M.P., Sir Patrick O'Brien, M.P., and the Right Hon. Edward Gibson, M.P., responded.

The President next gave the "Colleges of Physicians and Surgeons," to which the President of the College of

Surgeons and the Vice-President of the College of Physicians responded.

Dr. Lyons, M.P., proposed the "British Medical Association and its Dublin Branch."

The President responded, and proposed the "Irish Medical Association," to which Dr. Banks responded.

The other toasts were "Our Visitors" and the "Press."

A number of songs and glees were rendered by gentlemen amateurs.

Superannuation.

WE tender our congratulations to the Poor-law medical officers of Ireland on the gratifying success of the efforts of the Irish Medical Association to press upon the Government the urgent necessity for providing superannuation as a matter of right for them.

The Chief Secretary has not only granted the request of the Association, but has agreed to make the question a matter to be dealt with by Government, and backed by the authority of the Ministry in the House of Commons: we have every reason to hope that the Bill which will be introduced, will be substantially that which was prepared by the Irish Medical Association.

In this condition of things we urge our medical brethren to keep as silent as possible, for the present, on the subject, and to have confidence that the guardians of their interest—the Association Council—are wide awake and active. It will need some diplomacy to overcome opposition, and the right moment has not yet come for taking active measures to support the Bill.

Therefore, we counsel reticence and readiness to be up and stirring when the word is given.

On Intra-peritoneal Transfusion of Blood and Intra-venous Injection of Milk.

DR. BIANCHI has contributed to *Lo Sperimentale*, a very complete and concise analysis of the actual state of medical knowledge on the above important subjects.

Transfusion of blood dates from the sixteenth century, but it is only since 1879 that the intra-peritoneal method of Ponfick, of Breslau, has been inaugurated; his plan in Germany and Italy seems likely to supplant vasa transfusion; Obalinski, Kaczorowski Master, taking up the subject in the former country, and Concalo, Golgi, Raggi, Seppelli, Caselli, De Giovanni and Negri in Italy. The utility of this operation has been perfectly demonstrated by the experiments of Biyyoyero and Galgi, on animals, experiments confirmed by Foa and Pallacani, who have shown that blood injected into the peritoneum becomes united with the mass of the blood, absorption taking place by the abdominal vessels and lymphatic glands. The practice of peritoneal transfusion is as easy as tapping in ascites or hydrocele. The operation consists of three stages.

1. Blood is collected, defibrinated and filtered.
2. Puncture with the trocar, which is joined by means of a tube to the vessel containing the blood.
3. The blood is carried into the peritoneum by means of the trocar.

Silva, Kaczorowski, and Caselli apply strict antiseptic precautions, others neglect them. In the practical opera-

tions 25 or 26 already recorded, complications have been slight; there have been six deaths, two of which were due to peritonitis. Trocar peritoneal transfusion has been employed with success in oligohæmia, metrorrhagia, and anæmia, the result of serious hæmorrhage. Kaczorowski has noticed improvement in a phthisical patient, in a hysterical patient, and in a woman suffering from typhus. Two transfusions cured a woman suffering from puerperal fever.

The experiments of Foa and Pallacani on animals encourage further attempts with this method in the case of severe burns, when a large number of red globules are suddenly destroyed. Intra-peritoneal transfusion seems to be indicated not only in cases of anæmia, but in all cases where there is serious quantitative or qualitative alteration in the mass of the blood. As regards the intra-venous injection of milk, so favourably taken up by some in England, America, and France, opinions are divided. Thomas (New York) Brown-Séquard, Whelmsberg believe it useful, Laborde, Bert, and Bernard condemn it. Dr. Bianchi pronounces against it in favour of intra-peritoneal transfusion.

His conclusions may be thus briefly summarised:—The operation is easy, and is almost without danger. It increases the richness of the hæmoglobin, and hæmatine. Complications are very slight, the sole danger being peritonitis. A large experience is necessary to test its value.

IRISH PEDIGREES.

THE "Stem of the Irish Nation" ought to be specially interesting just now because of the curiosity which all the world must feel as to the hereditary attributes of the Hibernian populace.

We have already noticed the first and second editions of Mr. O'Hart's curious genealogical work, (a) and then commented upon the extraordinary erudition displayed by him in dealing with his speciality. The present issue of the book is the combination of the former additions, together with an immense store of information gathered from the libraries of Trinity College, and of the Royal Irish Academy. It is impossible, and would be out of place, for a medical journal to do more than note the contents of a work of this character, but it would be less than justice to Mr. O'Hart's labours if we forbore from testifying to the extraordinary energy and capacity for genealogical research displayed in this edition. The additions to the two previous editions are as interesting from an antiquarian point of view, and more important from a modern aspect, than what has gone before, and no one who possesses the former editions, should fail to obtain the work which we now review. Mr. O'Hart is an author of indefatigable energy, and his book is worthy of notice, not only as a monograph of a special character, but as a monument of "work and labour done."

CORK STREET FEVER HOSPITAL.

AN election for a temporary physician of the Cork Street Fever Hospital took place on the 12th ult., when, of some five candidates, Dr. C. Gunn was selected. He had formerly held the post, but from ill-health was obliged to resign, and proceeded to Australia, whence he returned some time since. The temporary physicians take charge of the patients in the absence of the physician, and are paid at the rate of £100 a year.

(a) "Irish Pedigrees, or the Stem of the Irish Nation." By J. O'Hart, Q.U.I., Fell. of the Roy. Hist. and Arch. Assoc. 2nd Edition. Roy. 8vo. Pp. xxxvi, 806. Dublin: Gill and Son.

IRISH POOR-LAW INTELLIGENCE.

SUPERANNUATION.

THE following is a copy of the important Memorial of the President and Council of the Irish Medical Association, presented on 23rd January, 1882, to the Right Hon. W. E. Forster, M.P., Chief Secretary for Ireland.

The Memorial humbly sheweth—

That Irish Poor-law medical officers, upon retirement in consequence of advanced age or permanent infirmity of mind or body rendering them incapable of performing their duties with efficiency, may be granted, by boards of guardians, retiring allowances not exceeding two-thirds of the amount of their salaries and emoluments, subject to the sanction of the Local Government Board for Ireland.

That the power thus conferred on boards of guardians is but a discretionary power, which is variously and often capriciously exercised; while the power conferred on the Local Government Board with regard to sanctioning the amount of such allowances, if any, which may be proposed by boards of guardians extends only to confirmation or reduction of the amount proposed, but not to its increment; thus, while the Local Government Board has power to check abuse in the direction of an excessive allowance—a power which by recent circular it has declared its intention of exercising—that Board has no power whatever to compel the guardians to use their privilege reasonably and fairly by awarding equitable retiring allowances.

That many Poor-law medical officers, who have retired in consequence of advanced age, or mental or bodily incapacity to perform their duties efficiently, have, after very lengthened periods of service (forty years and upwards), been refused any retiring allowance whatever, though, in some instances, voted the marked thanks of the boards of guardians for the manner in which their duties had been performed.

That many medical officers, though quite unequal to discharge their duties thoroughly, are, by reason of having no other means of subsistence, compelled to hold office and to struggle on, knowing they would not be pensioned; and, as a consequence, the sick poor of their districts do not receive the efficient medical services intended by the Legislature to be afforded to them.

That the discretion at present vested in boards of guardians is open to grave abuse, inasmuch as some medical officers have been awarded the maximum rate of superannuation allowance after comparatively short periods of service (such as ten years or less), solely in consequence of their having been able to command the personal favour of a majority of individual members of their boards of guardians.

That under the present system a medical officer is required actually to resign office, and so deprive himself of his income at least one month before the question of his superannuation can be considered by the board of guardians; and he must then trust to chance whether he will be awarded any retiring allowance at all.

That the present discretionary system is not only unjust, but demoralising and mischievous, inasmuch as it tends to induce medical officers to rely upon political, religious, or personal influences, rather than upon just and proper claims for favourable consideration.

That in some unions the invariable rule is not to pension any officer, no matter what his claims may be, while in others none but special favourites receive any consideration; and that the instances have been very rare indeed in which the question of amount of a medical officer's retiring allowance has been decided solely on its merits, viz., length and quality of service.

That by the circular order above referred to the Local Government Board, whilst exhorting boards of guardians to be more liberal in their consideration of long and faithful services, declares at the same time that, in giving its sanction to retiring allowances voted by boards of guardians, it will be guided by the provisions of the "Superannuation Act of 1859," which deals with the pensions of civil servants, and that it will not sanction any such vote which is in excess of the scale laid down in that Act.

That for the efficient discharge of the duties of a Poor-law medical officer it is essential that such officer should be of strong physique, he being liable to be called upon at any hour of the day or night, inclusive of Sundays and public holidays. It is his duty to proceed, regardless of weather, to great distances, often on foot across bogs and mountains, where access by any other means is impossible, to attend urgent and difficult cases, especially of child-birth, and to perform important or capital surgical operations. He is also called upon to visit, often two or three times a day, serious cases of dangerous infectious diseases, whereby not only his own life, but that of each member of his family, is imperilled.

That Poor-law medical officers are not entitled, as are civil servants, to any period of rest except at their own expense, and, even when struck down by illness, are often required to pay their substitutes; they must usually marry early in life—must be householders—and generally must keep a horse and carriage, especially in country districts, where there are no public conveyances in which to proceed to the ever-varying positions of their duty. Their work, more than that of any other class of the community, tends to shorten life, and renders it necessary for them to retire earlier, the vast majority dying long before anything like forty years' service has been attained, and usually utterly worn out at a comparatively early age. They are often rendered physically incapable of efficient service by delicacy or diseases which would not preclude the efficient discharge of the duties usually required of civil servants.

That, in consequence of the facility of obtaining the services of Poor-law medical officers under the Medical Charities Act, those officers are deprived, in a great measure, of the income derivable from private practice, whereby they are disabled from making provision for

old age; and consequently they, therefore, have to rely for support almost altogether upon their official incomes.

That they seldom get any material increase of salary; that when they have to retire their official income is usually so small that even the maximum pension of two-thirds is insignificant in amount, and hardly sufficient to provide for them the bare necessities of humble life.

That the granting of superannuation allowances to Poor-law medical officers generally would not involve any serious public expenditure or be liable to abuse, inasmuch as the circumstances of those officers are such as to cause them to be most unwilling to resign the official appointments which connect them with their districts as long as they have any hope of retaining private practice; even if the maximum pensions were granted in all cases of retirement, the aggregate would not be a large annual sum, for but few medical officers long survive retirement.

That, in consequence of the medical officer having to devote many years, and considerable expense, in obtaining his professional qualifications, he is necessarily placed at a double disadvantage as compared with civil servants, he being unable to commence official life until several years later, and compelled to retire earlier owing to the nature of his work.

That, under these circumstances, Poor-law medical officers are entitled to special consideration as regards retiring allowances.

A VICTIM OF SUPERANNUATION LAW.

In response to our inquiry for typical cases of the hardships inflicted upon Irish Poor-law medical officers by the existing condition of superannuation law we have received from a correspondent the following graphic report:—

There is in this county one medical man of my acquaintance now in his 88th year (he was qualified in 1825, long before my father was born). This poor old man still holds a dispensary appointment, and "attends" himself to the sick poor. He lives at least three miles away from the borders of his district, which is fifteen miles from one end to the other. I have known him, no longer than a year ago, go out to attend an ordinary labour case. He started from his own house at three o'clock of a Wednesday evening, and returned home at seven o'clock on Thursday evening, the journey alone occupying six and a-half hours going and coming.

Why doesn't he resign? He knows perfectly well he would get nothing from his Committee or Board, though there has not been a word ever said against him, but *they* happen to be mostly of one way of thinking (I mean as regards religion), and he of another.

He *did* think about a year ago of resigning and throwing himself on their mercy, but, unfortunately for him, one of his sons disobeyed the behests of the local Land League, and so the poor old fellow is obliged to hold on, knowing full well the chance he would have of getting a pension at a Board where a suspect released from jail was a short time ago unanimously appointed Vice-Chairman.

What do you think of that? It is a downright crime for the Local Government Board to allow so old a man to discharge such onerous duties, and this is a phase of the subject which it would be well to impress on the Chief Secretary.

Why should any man be retained in *any* office—but more particularly in an office where the lives of the community are at his mercy—when he is physically and mentally unable to attend to their wants? My old friend will "die in harness," and he is quite right, and before God and man the responsibility of any mistake he may make will lie upon other shoulders.

CORRESPONDENCE.

THE IRISH MEDICAL ASSOCIATION AND THE DISPENSARY DOCTORS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have just been reading in the newspaper that a deputation of the Irish Medical Association (whatever that may be), along with a number of M.P.'s, have been waiting on the Chief Secretary and have laid the grievances of us poor dispensary doctors before the honourable gentleman, and that he has promised that Government will bring in a bill to take us out of the hands of our Board of Guardians, so that when we get infirm or old we need not go with cap in hand to our masters to ask for "out-door relief;" as they are sometimes pleased to call our pensions. Now, Sir, this is very good, but I would like to know what this Irish Medical Association really is that has done us such a friendly turn. I have heard before of it, I think, but in our parts they say it does little or nothing for us country doctors. They say that the Association got us a guinea for every dangerous lunatic we certified before two magistrates, but there are precious few dangerous lunatics in these parts, barring the Land Leaguers, and they get put up without certificates from us, more's the pity. Then they say the Association got only two shillings for us for every vaccination, when they might just as easy have got us half-a-crown. But perhaps the Association is better than they say. Anyhow, they seem inclined to do us a good turn now. What would I get by joining it?

I am, Sir, yours, &c.,

POLYPHEMUS MACSWALLOWALL, M.D.

Ballymacaleghtrath,
Jan. 26, 1882.

[We fear our correspondent Dr. Macswallowall represents a good many dispensary medical officers of the present moment. We would considerably prefer the spirit of the Scotch voter, whose advice to his parliamentary representative was: "Be aye takin', and aye askin', and aye complainin' that you have na got enough," than the "gape and swallow" indifference which takes all it gets and will make no effort to get more. We would therefore advise our correspondent: 1. To become a member of the Irish Medical Association, and then he will become intelligently acquainted with what that Association is doing, and with what is going on outside the little circle of Ballymacaleghtrath. 2. To remember that he will ultimately best promote his own interests by having an intelligent regard to the interests of the profession at large. 3. Let our correspondent or any one else who is willing to work in the cause of superannuation, even though they are not yet prepared to join the Association, at once send in their names to the Hon. Secretary of the Irish Medical Association, Royal College of Surgeons, Dublin, who will at once assign them useful work to do. Now, more than ever, willing workers are wanted all over the country.—Ed.]

NORTH DUBLIN UNION.

DR. KENNY'S CASE.

The clerk read the following letter from the Local Government Board:—"Local Government Board, Dublin, 28th January, 1882. Sir,—The Local Government Board for Ireland have had before them the resolutions adopted by the board of guardians of the North Dublin Union on the 25th inst., postponing the adoption of a permanent medical officer for two months, and re-appointing Dr. O'Neill as temporary medical officer, and the Local Government Board desire to inform the guardians that they will not object to the further employment of Dr. O'Neill for two months, but that to secure the appointment of a permanent medical officer at the expiration of that time they now issue an order under the

33rd section of the Irish Poor Law Relief Act, requiring the guardians to appoint a medical officer in the room of Dr. Kenny. If the guardians do not comply with this order, and make a permanent appointment at or within the period mentioned in their resolution, viz., two months from the 25th inst., the Local Government Board will feel it necessary to appoint a medical officer for the workhouse under the provisions of the Act referred to.—By order of the Board, R. Banks, Secretary.”

Mr. M'Mahon said the Local Government Board appeared to be very anxious to comply with their wishes. He hoped that they would do so in the future. The Clerk inquired if he would advertise? Mr. Whyte—Postpone again. Mr. Fitzsimons thought it would do to advertise a fortnight before the time. Mr. M'Mahon said that about a fortnight before the time would be enough, he hoped that by that time Dr. Kenny would be released. This course was then adopted. The letter was then marked “read.”

THE APOTHECARIES.

A letter was read from the Local Government Board with reference to the apothecaries, which was as follows :—“Local Government Board, Dublin, 31st Jan., 1882. Sir,—The Local Government Board for Ireland have had before them your letter of the 19th inst., enclosing a copy of a resolution of the board of guardians of the North Dublin Union of the 18th inst., adopting a report of the same date from the Committee of Management of the North City District with respect to the proposal to erect a dispensary for No. 2 District on the Workhouse grounds. The committee say that having considered the letters of the medical officers and others, which were enclosed with your letter, they are of opinion that no injury would arise to the workhouse inmates by the erection of a dispensary on the workhouse grounds. The proposal of the committee that the apothecary and caretaker should be non-resident appears to the Local Government Board to be open to serious objection. From the information the Board have obtained from their inspector, Dr. McCabe, they believe that the attendance of the apothecary morning and evening, which is the usual practice when he is non-resident, would be altogether inadequate in the present case to provide for the urgent tickets left at the residences of the medical officers in the afternoons and evenings, which are usually for cases of severe illness, and precisely the cases in which it is important that remedies should be obtained from the resident dispenser without delay. The Local Government Board are desirous, if possible, to meet the wishes of the majority of the guardians in the matter, but they cannot approve of the arrangements at present contemplated; and they request that the guardians will have the goodness to obtain the views of the Dispensary Committee on the objections to the proposal which are now set forth, and then take the subject again into their careful consideration.—By order of the Board, W. D. Wodsworth, Assistant Secretary.”

It was resolved to refer the matter back to the dispensary committee.

COLERAINE GUARDIANS.

Mr. MATHEWS—According to notice given I move that, the appointment already made by the Committee be confirmed. The reason is that the district of which Dr. Lane has charge is by far the largest in the Union, extending seven miles in one direction from Somerset to Ringsend, and from the Bann to the Barony mearing. I have been a member of the Committee, as my father was before me, for many years, and I know what Dr. Lane has to do. It takes three horses to enable the doctor to do his duty; and such is the excessive nature of the work, that Dr. Lane cannot induce a groom to remain in his service for more than a month or two at a time. I consequently move that

the recommendation of the Aghadowey Dispensary, that a nurse be appointed at £25 a year, be adopted.

Mr. Holland—That motion should be passed. Dr. Lane sent the woman to Dublin, and paid for training in the hospital, and has since been at the expense of her action as nurse in the district.

Mr. Hezlett opposed the motion. He proposed: That we give the Dispensary Committee their own way; but, as the appointment of a nurse must relieve Dr. Lane from the discharge of a portion of his duties, while his salary remains the same, that the appointment be made on the condition that Dr. Lane pay the salary of the nurse. (Hear, hear.) I have a great respect for Dr. Lane—the best paid man in the Union—and also for the members of the Aghadowey Dispensary Committee; and I propose, as an amendment, that we approve of the appointment of a nurse on the condition that Dr. Lane pay her salary.

The Chairman thought Mr. Hezlett was not in order. Sir Hervey Bruce—I think Mr. Hezlett has a perfect right to propose an amendment to reduce the salary.

Mr. Richmond—There is not a Dispensary Doctor, who has a family, and whose wife may have a child, who does not pay a neighbouring doctor 10s. 6d. or the usual sum for attendance.

The Chairman—But this woman has been practically appointed, and all that the Guardians have to do is to fix the salary.

Sir Hervey Bruce—The plain meaning of Mr. Hezlett's amendment is that the woman be paid nothing. (Laughter.)

Mr. Hezlett—And that the Doctor has already paid her.

The Chairman then took the vote with the following result:—

For the motion that £25 be paid the nurse—11.

That £20 be paid—6.

For Mr. Hezlett's amendment, that Dr. Lane should pay the nurse the salary—3.

Sir H. Bruce declined to vote.

The Chairman then declared the motion carried.

CLONAKILTY UNION.

STIMULANTS FOR THE SICK.

In the case of a patient in the Timoleague district under Dr. Garde suffering from consumption for some time, the doctor ordered brandy, which was given to the sick man. The board ordered the brandy to be stopped, and have an equivalent in milk given to the children who were sick. Since then the doctor visited the man, and, seeing his condition, ordered the brandy. On the bill being presented the chairman refused signing it. The doctor has intimated his intention of referring the matter to the Local Government Board.

WHOLESALE RE-VACCINATION.

A report was furnished from Dr. Garde, medical officer of the Timoleague Dispensary District, to the effect that from the 20th of October to the 11th of December he vaccinated 1,248 persons, ninety-one of whom were children, under three months. The fee in each case was 2s., and the total sum amounted to £124 16s. After some discussion, the following resolution was carried unanimously:—

“That we desire to draw the attention of the Local Government Board to the report of the number of persons vaccinated and re-vaccinated in the Timoleague district; that in the opinion of this board the doctor acted illegally in going into the National Schools within his district to re-vaccinate children without the knowledge of the board or dispensary committee. There were stations appointed by the dispensary committee which we consider it his duty to attend, and not at the National Schools. If there is not a check to such a course the medical officer could at any time re-vaccinate every person in his district.”

IRISH MEDICAL ASSOCIATION.**REPORT OF THE PROCEEDINGS OF THE COMMITTEE OF COUNCIL.**

*Read and adopted at a meeting of the Council held
31st January, 1882.*

Dr. POLLOCK (Chairman of the Council) in the Chair.

MR. CHAIRMAN AND GENTLEMEN,—Since the quarterly meeting of Council, which took place on the 1st of November last, one special meeting of the Council, and twelve meetings of the Committee of Council, have been held, and three new members have been added to the Association.

SUPERANNUATION.

The greater part of the time of the Committee of Council has been devoted to the subject of superannuation of Poor-law medical officers, with a view to endeavouring to have that question satisfactorily settled as soon as possible.

The hon. secretary has been in constant communication with Mr. Meldon, M.P., with whom he has had the privilege of several interviews relative to the necessary preparations for introduction and support in Parliament of the Superannuation Bill.

On the 25th of November last the Local Government Board for Ireland issued a circular order, No. 339 M, in which the attention of the several boards of guardians was directed to the subject of superannuation of union officers—a term which embraces medical officers of work-houses and dispensaries.

In that circular the Local Government Board referred to the variable manner in which boards of guardians have hitherto exercised their privilege of awarding pensions, and declared its intention of not sanctioning in future any such award which exceeds the scale laid down by the Superannuation Act of 1859—the Act which deals with the pensions and gratuities of civil servants.

The Local Government Board, while taking steps to check abuse in the direction of excessive retiring allowances, at the same time exhorts boards of guardians to be more liberal in their consideration of the claims of officers who have served long and efficiently.

The maximum rate of pension which the Local Government Board will in future sanction is one-sixtieth of an officer's salary and emoluments for each year served, provided that amount be voted by boards of guardians, with whom, however, the matter is still discretionary, and no one can receive a pension who has not served at least ten years.

In the case of professional officers, or those requiring special qualifications a number of years not exceeding ten, may, for the purpose of computing the amount of superannuation allowance, be added by the guardians to the number of years actually served.

When the circular referred to was brought under the notice of the Committee of Council, they addressed a letter to the Local Government Board, expressing qualified satisfaction at the issue of the circular, and stating that it is the intention of the Council to have a Bill almost similar in terms introduced in Parliament early in the approaching session, with the view to obtain for Poor-law medical officers a right to superannuation allowance upon retirement from the service, and to make the system uniform and equitable.

In reply the Local Government Board stated that should the proposed Bill be submitted to that Board it shall receive its careful consideration.

The circular of the Local Government Board was submitted to Mr. Meldon, M.P., and, acting on his advice, a statement of the claims of medical officers was prepared for presentation to the Chief Secretary, with whom the honour of an early interview was sought and obtained.

The Committee of Council have pleasure in reporting

that their efforts to obtain a satisfactory enactment to regulate the pensions of retiring Poor-law medical officers, now appear to have a favourable prospect of early success, though, perhaps, not to the full extent desired.

On the 23rd January the deputation from the Council—which was kindly supported by the presence of Mr. Brooks, M.P.; Dr. Lyons, M.D., M.P.; the Right Hon. Edward Gibson, Q.C., M.P.; Mr. Meldon, Q.C., M.P.; and Mr. Findlater, M.P.—had the honour of an interview with Mr. Forster, M.P., Chief Secretary for Ireland, with whom were Mr. Herbert Gladstone, M.P., and Mr. Henry Robinson, Vice-President of the Local Government Board. The deputation consisted of Dr. Banks, Physician to the Queen, President of the Association; Dr. Johnston, President of the College of Physicians; Dr. Kidd, President nominate of the Dublin Branch of the British Medical Association; Mr. Porter, Surgeon to the Queen; Dr. J. W. Moore, Vice-President of the College of Physicians; Dr. Pollock, Chairman of Council of Irish Medical Association; Dr. Duffey, Hon. Sec. of the Dublin Branch of the British Medical Association; Dr. Robert McDonnell, Dr. Jacob, Dr. Morrough, J.P.; Dr. Molony (Tulla), Dr. Tagert (Monkstown), Dr. Purcell, Dr. Speedy, Dr. Robert Browne, Dr. Hayes (Naas), Dr. Bellew-Kelly (Drogheda), Dr. Chapman (late President), Hon. Sec., &c.

The deputation was introduced by Mr. Brooks, M.P., senior member for Dublin City, and the Hon. Secretary handed to Mr. Forster the proposed Draft Bill (see last Annual Report, pp. 21, 23) and the Memorial which appeared in our last issue.

The President then obtained permission for Dr. A. H. Jacob to offer a few remarks on the subject of the interview, and in an able, eloquent, and telling speech Dr. Jacob adduced instances of the evil effects of the present permissive system, under which grave injustice so frequently occurs, not only as regards medical officers, but also the sick poor entrusted to their charge.

In reply to the deputation, the Chief Secretary stated that the subject of superannuation of Poor-law medical officers had occupied the attention of the Government since it had been brought under his notice by the Irish Medical Association last year, and that the present system of superannuating union officers was unsatisfactory. He himself had carefully considered the question, and he had come to the conclusion that the circumstances of the case rendered it necessary that the matter should be dealt with by the Government, instead of being brought forward in a Bill introduced by a private member.

Mr. Meldon, interposing, remarked that the Draft Bill now submitted had been drawn up as a private measure, at the instance of the Chief Secretary.

The Chief Secretary stated that his views on the question had since undergone a change in that respect, and that he now considered it was necessary that it should be dealt with by the Government; and accordingly it was his intention, with the assistance of Mr. Herbert Gladstone, M.P., to introduce, early in the coming session, a Bill to regulate the retiring allowances of union officers, including the medical and all other union officers, but that such a measure could not be made to operate retrospectively.

The Bill, he said, would propose that the discretionary power of granting pensions to the union officers, now vested in boards of guardians, shall be transferred to the Local Government Board; that the pensions and gratuities to be awarded under it shall be paid out of a general rate for that special purpose, to be levied upon the whole of Ireland; and that the scale and regulations to be proposed in the Bill would be similar to those laid down in the Act which deals with the pensions of civil servants.

The President having thanked the Chief Secretary for the interview, the deputation then withdrew.

(To be continued.)

IRISH POOR-LAW INTELLIGENCE.

CORRESPONDENCE.

THE LUNACY LAW.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Has your attention ever been drawn to the operation of the present Lunacy Law, 30 & 31 Vic. sec. 10? If not, I request you to look at it, and say, is it not both mischievous and absurd as regards the patient, and unjust as regards our profession?

Take an instance—not singular—as an illustration. A dispensary doctor is sent for, by ticket or otherwise, to visit a person labouring under brain disease, with some aberration of mental faculties. It may be some kind of mania in an incipient stage, or it may be inflammation of the brain. (In one case, at least, which came under the writer's notice, the affection was of the latter kind. The man was sent as a lunatic about forty miles to the Asylum, and, of course, died soon after getting there.) Well, after the doctor has paid several visits, the friends of the patient, getting wearied by the trouble of keeping him, desire to have him removed to a public institution. They go to a magistrate of the district, who, not being able conveniently to get another J.P. (in accordance with the statute), sends the case to another district where there happen to be two magistrates. Here he is "looked at" (again "in accordance with the statute") by the dispensary doctor of the district "where they happen to be at the time." The poor patient, his symptoms aggravated by the journey and handling of the police, &c., is rather wild, it may be somewhat delirious, or even, *for the time*, raving mad. Therefore he is pronounced incontinently to be a fit subject for the Lunatic Asylum, is hurried off, and possibly dies from the effects of the journey of 30, 40, or 50 miles on his over-excited brain and weakened frame. Doctor No. 2 pockets his fee, derives additional *éclat* from being preferred to his elder and more experienced *confrère*. Doctor No. 1, who has attended and knows more about the case, is ignored, cheated, and discredited in the eyes of the community, who are in ignorance of the requirements of 30 & 31 Vic. sec. 10, c. 118.

Evidently the law is chiefly to blame for such a state of things, but those entrusted with the administration of it are also to blame—sometimes, at least, inasmuch as the resident magistrate could easily (and would it not be his duty?) go to the district where the case should be, and there meet a magistrate of some district, examine the medical man who *really* should know something about the case, and then let it be sent to an hospital or asylum as was seen to be suitable.

Thus would be avoided, or infinitesimally reduced, the risk of sending a person suffering from meningitis a day's journey on a rough-sprunged car under a mistaken certificate of lunacy.

I am, &c.,

A PRACTITIONER OF 40 YEARS.

ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND, BELFAST BRANCH.

THE fortieth annual meeting of this most excellent branch was held Feb. 8th, Dr. T. H. Purdon, sen., in the chair. Letters of apology from Dr. Hawthorne, J.P., Dromore, Dr. Stuart, Donaghadee, Dr. M'Gee, and Dr. M'Clelland, Banbridge, were read.

Dr. Browne, R.N., J.P., hon. treas., submitted the yearly statement of accounts duly audited.

Dr. Moore moved that the report be adopted, which was agreed to.

The President, Dr. T. H. Purdon, with Drs. Arnold, J.P., Drennan, Browne, J.P., and Ferguson, were appointed a deputation to represent this branch in Dublin at the annual meeting of the parent society to be held in June next.

Dr. Ferguson moved, and Dr. Browne seconded, that at this the first annual meeting of this branch of the Royal Medical Benevolent Fund Society since the lamented death of Dr. Charles D. Purdon, we beg to express our great regret at the loss the society has thereby sustained of one of its earliest, steadiest, and most liberal members; and we are desirous that this expression of our feelings should be conveyed to Mrs. Charles Purdon and the other members of his family.

Dr. Arnold said the profession deeply deplored the loss of Dr. C. Purdon, who had left his memory to be revered and his Christian example to be followed.

The resolution was passed unanimously.

Dr. Moore moved, "That the medical staff of the Royal Hospital be requested, as hitherto, to call the attention of the students on an early day to the working of this Royal Medical Benevolent Society." It was important to develop habits of benevolence in the youthful members of the profession.

Dr. Browne seconded the resolution, which was passed.

Dr. Clarke moved, and Dr. Moore seconded, "That the honorary collectors be cordially thanked for their services, and reappointed for the ensuing year."

The meeting proceeded to the election of auditors, honorary office-bearers, and committee of management for the ensuing year. The following were declared duly elected:—President, Dr. T. H. Purdon, sen.; honorary secretary, Dr. Wilberforce Arnold, J.P.; honorary treasurer, Dr. Browne, J.P., R.N. Committee—Dr. T. H. Purdon, sen.; Dr. Wilberforce Arnold, J.P.; Dr. Browne, J.P.; Dr. Drennan, Dr. H. S. Ferguson, Dr. Cumming, Dr. Murney, J.P.; Dr. Jas. Moore, Hon. R.H.A.; Dr. J. T. W. Smith; Dr. Harkin, J.P.; Dr. M'Cleery, Dr. Alderman Whitaker, Dr. Brice Smyth, Dr. Ross, Dr. M'Gee, Dr. John Moore, Dr. Spedding, Dr. M'Keown, Dr. Willie, Dr. Hawthorne, J.P., Dromore; Dr. Gray, Castlewellan; Dr. Ross, Ballymena; Dr. Muirgrave, J.P., Lisburn; Dr. R. B. M'Clelland, Banbridge; Dr. Filson, Portaferry; Dr. Stuart, Donaghadee; Dr. Higginson, Bangor.

Dr. MOORE then moved the thanks of the meeting to

the President for his proper and dignified conduct in the chair, and the great interest he had always taken in this society.

Dr. ARNOLD, J.P., seconded the motion, which was carried amid applause.

Dr. DRENNAN moved that the best thanks of the society be tendered to Dr. Arnold, J.P., hon. secretary, and Dr. Browne, J.P., hon. treasurer, for their valuable services.

Dr. FERGUSON seconded the resolution, which was carried unanimously, and
The meeting separated.

ARMAGH UNION.

MEDICAL OFFICERS' POWERS UNDER CONTAGIOUS DISEASES.

THE following letter, in reply to one sent them, was read from the Local Government Board :—

Local Government Board,
Dublin, Feb. 13, 1882.

SIR,—The Local Government Board for Ireland have had before them the minute of the Board of Guardians of Armagh Union of 31st ult., containing an inquiry as to the powers of a medical officer to detain in hospital patients suffering from an infectious disease, when such patients demand their discharge before the danger from infection be passed, and in reply, I am to state that by Article 24 of the Workhouse Rules, any inmate may quit the workhouse upon giving the Master three hours' previous notice of his wish to do so, and this rule applies equally to inmates who are labouring under bodily illness. It is, however, desirable in the case of patients under medical treatment at the time of the application for discharge that where practicable, the medical officer be informed of the application, and if he be of opinion that by complying with the request, danger or injury to the life or health of the patient would probably ensue, that opinion should be communicated to the patient, either by the Medical Officer or the Master.

By order of the Board,
W. D. WODSWORTH,
Assistant Secretary.

The Clerk,
Armagh Union.

Mr. Stronge thought that the Local Government Board had not answered the question in a proper manner, as at what time a patient should be allowed to leave the house, without danger to himself or the public.

Mr. Riggs said that their punishment by the law was a very round-about way of working.

Mr. Stronge said that they could be punished for exposing themselves in a public thoroughfare.

THE MEDICAL OFFICERS AND VACCINATION.

The following letters were read from the dispensary doctors with regard to the use of "calf lymph," as recommended on this day week by Dr. Leeper :—

SIR,—I beg leave to acknowledge receipt of your letter of 17th inst., informing me that the Board of Guardians authorised each dispensary medical officer to procure 10s. worth of "calf lymph" from London, on account of small-pox. You will please inform the Board that I respectfully decline doing so, as I have perfect confidence—after more than thirty-five years' experience—in the protective power of vaccine lymph which I use and obtain from the Dublin Cow-pox Institution; I fail to see any reason why calf lymph should now be more required than heretofore, as there have been small-pox epidemics all over the globe at uncertain periods, and from unknown causes. I consider, and always did, that sanitary arrangements have nothing at all to do with the matter. From all that I have read on the subject of calf lymph produced in an artificial manner, I believe it is most injurious by causing high fever, great sickness, very severe

sores on the arms with erysipelatous eruptions on the skin, and sometimes death itself. I cannot take upon myself the responsibility of vaccinating the public with calf lymph as long as I hold the views that I now entertain. I may mention that lymph taken from re-vaccinated persons loses its protective power, consequently should never be used.

I remain, your obedient servant,
JOSEPH PRATT.

Wm. McMaster, Esq.,
Clerk of Armagh Union.

Mr. Riggs—It has been well said, that "doctors differ."

Mr. Gillespie—And patients die.

The following letter was also read from Dr. Martin :—

The Dispensary, Blackwatertown,
February 9th, 1882.

DEAR SIR,—The medicines, &c., ordered, were sent on the 31st ult., but I have not yet received the invoices, which is very annoying. You will be good enough to write to Messrs. Leslie and Co., telling them to send you the invoices, on receipt of which, when certified, will be transmitted to you. There is not a case of small-pox in this district, and I am therefore disinclined to send for the calf-infection, and will give our vaccination a fair trial, as we have done successfully in several former Armagh Variolus epidemics.

I am, yours very truly,
J. MARTIN, M.D.,

Wm. McMaster, Esq.,
The Workhouse.

NEWRY GUARDIANS.

A SPECIAL meeting of this Board was held recently. The special business before the Board was the superannuation of Dr. May, late medical officer of the Rathfriland dispensary district. Proposed that Dr. May should receive a superannuation of £40. The motion was opposed. The question was then put to the vote, and the chairman declared that the "noes" had it. A poll was demanded, when there voted four for the superannuation, nineteen against, and four neutral.

A THY UNION.

FEVER PATIENTS.

DR. O'NEILL brought under the notice of the board a matter which he considered deserved attention, viz. the practice of sending patients to the fever hospital who had not fever, and people who had to the infirmary. He would not notice it if it were only a solitary case, but it was constantly occurring. It was very unfair to poor people, to send them in and have them all night lying in a typhus ward when they had not even measles. If they continued to do it after this he would give in the names of the doctors in future.

Mr. O'Beirne—We ought to take cognisance of it.

Dr. O'Neill—It is a very serious thing to expose poor people until they can be visited. The guardians ought to ask the doctors to devote a little attention to their business. If they have not sufficient skill and intelligence let them be suspended.

Mr. Orford—Perhaps that would be leaving the guardians liable to an action.

Mr. Hickey—Oh no; but there are so many threats used now.

Mr. Orford—I hold in my pocket a threat of an action for interfering in the business of the board of guardians this day week.

Chairman—For interfering? Surely it is your duty to interfere as a member of the board anywhere it is required.

Mr. Kavanagh—I swim in the same boat with Mr.

Orford. I have been served with another letter by the same gentleman in reference to the same matter.

Chairman—Will you propose a resolution with reference to Dr. O'Neill's complaint?

Mr. Kavanagh—As the matter Dr. O'Neill brought before the board is a very important one, and involves serious consequences to the Union, I beg to propose—"That our medical officer, having called the attention of the board of guardians to the fact that patients have been sent into the Union Infirmary suffering from fever, and that others have been sent to the fever hospital not suffering from contagious disease, the board desire the several dispensary doctors to act with greater caution in the sending of patients to either infirmary or fever hospital."

Mr. Wm. Murphy seconded the resolution, which was adopted.

BINGHAMSTOWN DISPENSARY.

A MEETING was held for the purpose of electing a medical officer in place of Dr. Mullany, resigned.

Dr. O'Connor, Lahardane, and Dr. Scott, Ennis-crone, were the only candidates who attended.

On a division there voted for Dr. O'Connor, 9; for Dr. Scott, 2.

For the last thirty years Dr. Mullany has been in charge of this dispensary; always courteous, affable, kind and humane to his patients of whatever degree, who always reposed the greatest confidence in his skill. His retirement has caused deep regret among the numerous friends in the circle of his practice; but with the fervent hope that he may yet enjoy many long years of prosperity and happiness.

IRISH MEDICAL ASSOCIATION.

REPORT OF THE PROCEEDINGS OF THE COMMITTEE OF COUNCIL.

*Read and adopted at a meeting of the Council held
31st January, 1882.*

Dr. POLLOCK (Chairman of the Council) in the Chair.

(Continued from page 12.)

(A letter was received from the Hon. David Plunket, M.P., expressing regret that it was impossible for him to accompany the deputation, but that he had carefully read the copies of the Memorial and Draft Bill; that he heartily sympathised with the movement; and that when the Bill came before the House of Commons he would give it his warmest support. The President of the College of Surgeons telegraphed that, in consequence of his having been just called to attend upon an urgent case at a great distance, he deeply regretted he could not possibly be present at the interview with the Chief Secretary.)

By the regulations applicable to retiring allowances of civil servants, a pension cannot be granted to any one under sixty years of age, unless he be certified to the satisfaction of the authorities to be permanently incapable of performing his duties efficiently. If that regulation be enforced, it will operate harshly upon many Poor-law medical officers, who having devoted the best years of their life to the Poor-law service, may desire to be relieved of their precarious and arduous public duties, feeling unequal to discharge them longer with satisfaction to themselves, yet not being actually permanently incapable of doing some professional work. The Committee of Council think that provision should be made for such cases, and that, while it appears reasonable that a medical officer who has completed, say, fifteen or twenty

years' service, should be entitled to a retiring allowance, such an arrangement would conduce to the interests of the service and prove advantageous by affording to the sick poor the services of younger and more active medical officers.

Under the present permissive system, a medical officer, until very recently, could have been granted the maximum pension after any period of service, no matter how short it may have been, provided he became permanently incapable of discharging his duties with efficiency; and the Committee of Council consider that an effort should be made to obtain a clause in the new Bill which would entitle permanently disabled medical officers, after ten or more years' service, to the maximum retiring allowance.

Under the provisions of the Civil Servants' Superannuation Act, a number of years not exceeding twenty may be added to the number of years actually served by a professional officer for the purpose of computing the amount of his retiring allowance.

In the case of Poor-law medical officers, the Local Government Board, by circular order, No. 339 M., of 25th November, 1881, fixed ten years as the number which may be so added under the present system.

The following are illustrations of the expected working of the promised Government Bill:—A medical officer aged, say 55 years, who had served for about 30 years, could not receive any retiring allowance whatever unless certified to the satisfaction of the authorities to be permanently disabled.

A medical officer at any age, who had served ten years and who had become permanently disabled, would be entitled to one third of his salary and emoluments as a retiring allowance; one at any age, who had served twenty years, and had become permanently disabled, would be entitled to one-half; one who had served forty years, and who must necessarily be over 63 years of age (the age of entrance being 23 years completed), would be entitled to the maximum or two-thirds of his salary and emoluments as a retiring allowance.

At the meeting of the Committee of Council held next after the interview with the Chief Secretary, the best thanks of the Committee were accorded to Dr. Jacob for his very able, lucid, and eloquent speech, and the thanks of the Council were ordered to be expressed to the gentlemen who kindly supported the deputation.

The Committee of Council are preparing a suitable circular to be sent to the members of this Association, and all Poor-law medical officers who are not members, which shall instruct them how best to use their efforts to obtain now a satisfactory Superannuation Act. The Committee of Council, also, have under consideration a form of letter for distribution by those interested in the subject amongst their representatives in the House of Commons; and copies of the Memorial presented to the Chief Secretary shall also be sent with a similar object.

The Committee of Council purpose drawing up a suitable form of petition to Parliament, to be signed by each Poor-law medical officer, and forwarded to a member of Parliament for presentation.

It is further intended to present a petition to Parliament on behalf of the President and Council, relative to the Government Superannuation Bill; and likewise, on behalf of the President and Council, to address each member of Parliament representing an Irish constituency.

The various papers referred to will not be circulated until an opportune time occurs, and it is most important that a determined and general effort should then be unanimously made by all the Poor-law medical officers of Ireland, without delay, to secure the passing of the Government Bill with the amendments suggested. As the Committee of Council are in the best position to judge what is likely to be conceded by Parliament, it is specially requested that none shall deviate from the instructions offered.

Great attention and respect will undoubtedly be given by Parliament to an earnest and unanimous request made by the medical officers, who cannot too forcibly be reminded

that any who do not at once vigorously support the cause will be doing it an infinite and irreparable injury. The Bill, once taken in hand by the Government, will be passed very soon, or the subject be indefinitely postponed; and it should be borne in mind that it is not probable that a more satisfactory measure than the Government Bill, amended as suggested by the Committee of Council, will for many years, if ever, have a chance of receiving the Royal Assent.

MEDICAL EVIDENCE IN CRIMINAL CASES.

In the last report, adopted on the 1st November, 1881, (pp. 7-10), the Committee of Council referred to the case of a member of the Association who had been called upon by a magistrate to give evidence in a criminal case, and had not been paid the fees laid down by the rules of the Attorney-General. On the 7th November, the Committee of Council brought the question under the notice of the then Attorney-General, who, in reply, stated that he had examined into the matter, and found that the member referred to had been paid according to the fixed ordinary scale of remuneration applicable to his case—that the rule of 16th December, 1876, was intended for the guidance of Crown and Sessional Crown Solicitors in reference to cases which have been sent for trial, and that the fees payable to medical witnesses at Petty Sessions are provided for by Government regulations which, in the case in question, had been followed.

The Committee of Council, not being quite satisfied as to the interpretation given by the Attorney-General to the rule of 16th December, 1876, addressed a letter to Lord Chief Justice May, who, when Attorney-General, made that rule, requesting that he would have the goodness to favour the Committee with its intended meaning, and say whether the prescribed fees were intended to be paid to medical witnesses at Petty Sessions. Lord Chief Justice May, in reply, stated that although the interpretation to be given to the rule was that which its words bore in a grammatical sense, it was of course subject to such construction as the Attorney-General for the time being put upon it, as it was in his power to make any rule he saw fit for the purpose.

It thus appears that medical witnesses at Petty Sessions are entitled only to £1 1s. a day and travelling expenses.

IMPORTANT LEGAL DECISION.—RECOVERY OF FEES FROM ISSUER OF RED TICKET UPON ITS BEING CANCELLED.

In their last report (pp. 13-14) the Committee of Council announced that the support of this Association had been promised to a dispensary medical officer in the event of his taking legal proceedings to recover from the issuer of a red ticket, subsequently cancelled, the amount of his fees; and the Committee of Council are much gratified at being able to report that the amount claimed was recovered from the ticket issuer.

The following is a brief report of the facts of the case, viz:—

CLAREMORRIS QUARTER SESSIONS.

Before Mr. RICHARDS, County Court Judge.

O'Rorke v. Monahan.

Dr. O'Rorke, medical officer of Ballinrobe dispensary district, sued Mr. Monahan for £1 1s., for one visit paid to a patient on a visiting ticket issued by defendant; also for 10s. 6d. for advice given to a patient at the dispensary on a black ticket issued by defendant. In both instances the patients were held by the committee of management of the dispensary district not to be fit persons to receive dispensary medical relief, and the tickets were cancelled.

The defence was that the defendant did not know for whom he had issued the tickets or the circumstances of the patients, but thought both tickets had been obtained by children. The judge said that the issuer was guilty of carelessness, and that the system being liable to such

abuse, he would give a decree for the amount claimed against defendant, as the person who called in the doctor was liable for the payment of his fee, and defendant was the person in these instances who had demanded the medical officer's services. No appeal against the decision was made.

This case is very important, as it establishes the precedent of liability on the part of a ticket issuer for having improperly exercised his privilege. In former reports numerous instances of decrees against the recipients of medical relief are recorded, but this is the first case of a decree against a ticket issuer.

SANITARY PROSECUTIONS.

The Committee of Council are happy to be able to report another instance of successful legal proceedings.

At pages 15 and 16 of last report reference was made to the case of a consulting sanitary officer, who, upon the requisition of the sanitary authority, attended at court to give evidence in a case of sanitary prosecution on three days, and claimed £3 3s. remuneration, the sanitary authority declining to give more than £1 1s.

At the instance of this Association, the consulting sanitary officer sued the sanitary authority, and recovered the amount of remuneration prescribed by sealed order of the Local Government Board, viz., one guinea a day for his services.

The £3 3s. thus recovered are to be handed to the Royal Medical Benevolent Fund Society of Ireland, in accordance with the offer made by the consulting sanitary officer at the commencement of the correspondence.

(To be continued.)

COMPLETE INVERSION OF THE VAGINA WITH ELONGATION OF THE CERVIX UTERI.

THE *Wiener Medizinische Zeitung*, January 17, 1882, reports the following interesting case from Prof. C. Braun's clinic:—

A woman, *æt.* 46, who had a great deal of heavy work to do standing, suffered in consequence from inversion of the vagina. The inversion was complete, and the part swollen and *œdematous*. The anterior wall measured 13 *cen.* (5½ in.), the posterior 14 *cen.* (5½ in.), and the circumference of the protruded parts 30 *cen.* (11½ in.). The sound passed to a depth of 15 *cen.* (5¾ in.). Professor Braun had seen only one case in which the prolapsus was so great. The *meatus urinarius* was, however, in its normal position, and the bladder very little drawn down, so that there was no *cystocele*. Examination *per rectum* showed the *fundus uteri* in the middle line, and at its normal height, so the case was not one of *prolapsus uteri*, but one of enormous elongation of the cervix. After remarking that pregnancy might take place in these cases, he said, in regard to treatment, that posterior *colporaphy* would not be sufficient in the present case, but that anterior *colporaphy* would also be requisite.

We may remark on the foregoing that the affection above mentioned is exceedingly common in this country, but it is little recognised. With most practitioners any extension of any part of the uterus through the genital aperture is *prolapsus uteri*. "Only this and nothing more." A further and more careful examination, however, would reveal a uterine canal four or five inches long, and rectal exploration would show the *fundus* in its normal position. Probably half the cases of extruded genitals met with are examples of this affection. Professor Braun makes no mention of the French method of radical cure of the disease—amputation of a conical piece very high up—perhaps too high up to be safe. The radical cure has of late been very successfully carried out here also, although, we regret to say, with one death at least up to the present.

IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

REPORT OF THE PROCEEDINGS OF THE COMMITTEE OF COUNCIL.

*Read and adopted at a meeting of the Council held
31st January, 1882.*

Dr. POLLOCK (Chairman of the Council) in the Chair.

(Continued from page 16.)

DR. KENNY'S DISMISSAL.

A SPECIAL meeting of the Council was held on November 5th, to consider a letter from Dr. Joseph E. Kenny, a member of the Association, who had been arrested by the Government under the provisions of the Protection of Life and Property Act, and placed as a "suspect" in Kilmainham Gaol. Almost immediately after his arrest, a sealed order was issued by the Local Government Board for Ireland dismissing him from his appointment as Medical Officer of the North Dublin Union Workhouse, on the ground that he had been so arrested.

The Local Government Board claimed to have a right under the 1st and 2nd Vic., cap. 56, sec. 33, to dismiss Dr. Kenny, and the question before the meeting was whether that Board exceeded the powers so vested in it by dismissing Dr. Kenny.

The words of the 33rd section referred to are as follows, viz. :—

1st and 2nd Vic., cap. 56, sec. 33.

The Commissioners may, and they are hereby authorised and empowered as and when they shall think proper, by their order either upon or without any suggestion or complaint in that behalf from the Guardians of any Union, to remove any paid officer appointed under the provisions of the Act, whom they shall deem *unfit for or incompetent to discharge the duties* of any such office, or who shall at any time refuse or neglect to obey and carry into effect any of the orders of the Commissioners, and to require from time to time the persons competent in that behalf to appoint a fit and proper person in his room, and in the case of the refusal or neglect of the persons competent to appoint, or in case the officer removed shall be an officer whom the Commissioners are, by the provisions of the Act, directly empowered to appoint, the Commissioners are hereby authorised to appoint a fit and proper person in the room of the person so removed, and any person so removed shall not be competent to be appointed or to fill any paid office connected with the relief or management of the destitute poor in any Union, except with the consent of the Commissioners.

A motion to the effect that the Council viewed the question, irrespective altogether of its political aspect, as one solely of professional rights, and that the Local Government Board had exceeded its powers in dismissing Dr. Kenny for the reason alleged, was proposed and seconded,

and, after a very prolonged discussion, was declared negatived, 5 voting for and 8 against it.

A motion was then made to refer the matter to a general meeting of the Association, which, on being put, was lost — the votes being 4 for and 9 against. Another motion to adjourn to a future day was lost, the votes being 5 for and 9 against.

A resolution was then duly proposed and seconded to the effect that the Council having considered Dr. Kenny's letter, regret they cannot interfere in the matter, and it having been put to the meeting was passed, the numbers voting being 9 for and 5 against the motion.

MEDICAL WITNESSES.

Scale of Fees under Judicature Act.

The Committee of Council have had under serious consideration the Scale of Fees to be allowed to medical witnesses in civil cases by the supplemental rules made under the Judicature Act, viz. :—

To a medical witness who resides within five miles of the place of trial, £1 ls. per diem.

To a medical witness who resides within ten miles of the place of trial, if there be a railway for three-fourths of the distance, £1 ls. per diem.

To a medical witness who resides beyond ten miles from the place of trial, £3 3s. per diem.

The amount of reasonable travelling expenses actually paid, to be allowed in each case.

These allowances being manifestly insufficient, the Committee of Council appealed to the Committee of Judges then sitting, who were appointed to reconsider and regulate the scales of fees to be paid to witnesses, to increase the fees for medical witnesses; and pointed out to their Lordships the inadequacy of the fees prescribed, which would bear with great harshness upon medical witnesses; that the skill, experience, and scientific attainments of medical witnesses ought to be taken into account, as well as the loss of income and great inconvenience they must suffer when called away from the locality of their practice, to attend at court; and that such inconvenience and loss of income in the case of medical practitioners, more than any other class, were generally irreparable.

The Committee of Council expressed a fervent hope, that, under these circumstances, their Lordships' Committee would see the propriety of revising the scale of fees, with a view of substantially increasing the allowances. A similar movement to obtain a higher scale of fees for solicitors, was made by the Incorporated Law Society, with whom the Committee of Council simultaneously pressed the claims of medical witnesses to adequate remuneration.

Their Lordships have not as yet forwarded a final reply to the communication, but have stated that the matter is still under consideration.

NOTIFICATION OF INFECTIOUS DISEASES.

The Committee of Council appointed Drs. Jacob and Chapman as delegates to confer with Drs. J. W. Moore

and Duffey, the representatives of the Dublin branch of the British Medical Association, as to the possibility of framing an effective Bill to provide for the notification of Infectious Diseases in Ireland, which would meet the views of the two Associations, and be satisfactory to the medical profession.

The Committee of Council are glad to be in a position to report that a Bill, the provisions of which they think are not likely to be objected to, has been drawn up, and it is now submitted for approval.

The principle of the new Bill is to make the notification of Infectious Diseases throughout Ireland compulsory on the householder or custodian of the patient, with a voluntary right on the part of the medical practitioner to notify the case to the sanitary authority, provided that whenever a medical practitioner voluntarily undertakes to notify a case, but not otherwise, he shall be bound to do so.

The Committee of Council consider this a happy solution of the difficulty, and trust that so important a public benefit and protection as must necessarily arise from a good and efficient system of early notification of infectious diseases may soon be conferred on the community.

STATEMENT OF ACCOUNTS.

DR.			
Balance in hand on 1st June, 1881	..	£162	7 3
378 Subscriptions	..	198	9 0
Total	..	£360	16 3

CR.			
Expenditure to present date	..	156	18 1
Balance in hand	..	203	18 2
Total	..	£360	16 3

H. MINCHIN, *Hon. Treas.*

31st January, 1882.

LIST OF ENTRIES IN THE REGISTER OF THE
BRANCH MEDICAL COUNCIL (IRELAND) FOR THE
MONTHS OF DECEMBER, 1881, AND JANUARY,
1882.

December 1st.—Jonson, Samuel W.; Ballina, co. Mayo; M.D. Q. Univ. Irel. 1881. Connor, Samuel; Stoneyford, co. Antrim; M.D. Q. Univ. Irel. 1881.

7th.—Logan, John S.; Drumhane, co. Down; M.D. Q. Univ. Irel. 1881 and M.Ch. Q. Univ. Irel. 1881.

9th.—Parsons, Charles; Moate, co. Westmeath; Lic. R. Coll. Surg. Irel. 1881, Lic. K. Q. Coll. Phys. Irel. 1881 and Lic. Mid. R. Q. Coll. Phys. Irel. 1881.

12th.—Davis, Stuart; Crawfordshurn, co. Down; M.B. Univ. Dub. 1880 and B.Ch. Univ. Dub. 1880.

15th.—Coolican, John P. J.; Ballina, co. Mayo; Lic. R. Coll. Surg. Irel. 1881, Lic. K. Q. Coll. Phys. Irel. 1881 and Lic. Mid. R. Q. Coll. Phys. Irel. 1881.

17th.—Pinkston, James; Ballymoney, co. Antrim; M.D. Q. Univ. Irel. 1881 and M.Ch. Q. Univ. Irel. 1881.

19th.—Harvey, William Clowes; co. Monaghan; Lic. R. Coll. Irel. 1881 and M.B. Univ. Dub. 1881.

20th.—Scott, W. S. J.; 9 Charlestown Terrace, Rathmines; M.B. Univ. Dub. 1881, Lic. K. Coll. Surg. Irel. 1881.

21st.—Stewart, Robert; Comber, co. Down; M.D. Q. Univ. Irel. 1881 and Mast. Surg. Q. Univ. Irel. 1881.

Penny, J. A. C.; 21 Brighton Square, Rathgar; Lic. R. Coll. Surg. Irel. 1881, Lic. K. Q. Coll. Phys. Irel. 1881 and Lic. Mid. K. Q. Coll. Phys. Irel. 1881.

23rd.—Elliott, J. T.; Armagh; Lic. R. Coll. Surg., Edin. 1881 and Lic. R. Coll. Phys. Edin. 1881. Miller, Alfred; Kingstown; M.B. Univ. Dub. 1881.

24th.—Newell, F. T. P.; 1 Wilmot Avenue, Kingstown; B.Ch. Univ. Dub. 1881, M.B. Univ. Dub. 1881 and Lic. R. Coll. Surg. Irel. 1881.

28th.—Power, F. J.; Pellardyke Street, Cork; Lic. R. Coll. Phys. Edin. 1881 and Lic. R. Coll. Surg. Edin. 1881.

29th.—Johnston, A. R.; Killarney; M.B. Univ. Dub. 1881 and B.Ch. Univ. Dub. 1881.

30th.—O'Farrell; Loughrea, co. Galway; Lic. R. Coll. Surg. Edin. 1881 and Lic. R. Coll. Phys. Edin. 1881. Pope, H. B.; Bandon, co. Cork; M.B. Univ. Dub. 1881 and B.Ch. Univ. Dub. 1881. James, W. W. S.; Rathgar, co. Dublin; Lic. R. Coll. Surg. Irel. 1881, Lic. K. Q. Coll. Phys. Irel. 1881 and Lic. Mid. K. Q. Coll. Phys. Irel. 1881.

31st.—Power, R. I.; Carrick-on-Suir; Lic. R. Coll. Surg. Irel., Lic. K. Q. Coll. Phys. Irel. 1881 and Lic. Mid. K. Q. Coll. Phys. Irel. 1881. Laffan, James; Blackrock, co. Dublin; Lic. R. Coll. Surg. Irel. 1881.

January 10th.—Dundee, Charles; Larne, co. Antrim; M.D. Q. Univ. Irel. 1881 and Lic. R. Coll. Surg. Edin. 1882.

14th.—O'Donnell, T. J.; Cahel; Lic. R. Coll. Surg. Irel. 1878. Lendrum, Wm. H.; Fivemiletown, co. Tyrone; M.D. Q. Univ. Irel. 1881 and M.Ch. Q. Univ. Irel. 1881.

20th.—Stack, J. G.; 19 Grosvenor Road, Rathmines; Lic. R. Coll. Surg. Irel. 1881.

23rd.—O'Shea, M. J.; Dundrum, Cahel; Lic. R. Coll. Surg. Irel. 1879.

27th.—Garry, James; Kildyart, co. Clare; Lic. R. Coll. Phys. Edin. 1881 and Lic. R. Coll. Surg. Edin. 1881.

28th.—Magrane, V. J.; 10 Palmerston Road, Rathmines; Lic. R. Coll. Surg. Irel. 1881, Lic. K. Q. Coll. Phys. Irel. 1881 and Lic. Mid. K. Q. Coll. Phys. Irel. 1881. Wilson, E. F.; 11 Barrington Street, Limerick; M.B. Univ. Dub. 1881 and B.Ch. Univ. Dub. 1881.

31st.—Trotter, W. J.; Summerhill, co. Meath; Lic. R. Coll. Surg. Irel. 1880 and L. K. Q. Coll. Phys. Irel. 1881. Brennan, M. A.; Tobercurry, co. Sligo; Lic. K. Q. Coll. Phys. Irel. 1881 and Lic. R. Coll. Surg. Irel. 1881.

CORRESPONDENCE.

"ATHY UNION—MISTAKES IN DIAGNOSIS."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The following extraordinary paragraph appears in the current number of the *British Medical Journal*:—

"Dr. O'Neill, medical officer of the workhouse, has called the attention of the guardians to a practice which, he states, has been constantly taking place, viz., sending patients to the fever hospital who had not fever, and people who suffered from that disease to the infirmary. The danger of such proceedings was obvious, and he threatened that if medical men persisted in the future in doing so, he should be obliged to mention their names. Further, he was of opinion that if the dispensary medical officers had not sufficient skill and intelligence, they should be suspended."

Now, it is hard to conceive a more serious, or a more painful charge than is contained in the above; and whilst disclaiming any intention of obtruding myself into any differences which may exist between the workhouse medical officer and the dispensary medical officers of the Athy Union, I beg you will allow me space to offer a few remarks on the subject generally, as it is one of great importance to both classes of officers, and unfortunately one which frequently gives rise to annoyance and bad feeling.

Unquestionably it is a most unfair thing for the medical officer of a workhouse to blame a dispensary doctor if a case which the latter sends into hospital as one of fever turns out, after admission, to be something else or *vice versa*; that a case which he supposed to be non-infectious, should subsequently prove to be fever; neither is it to be wondered at that the most experienced and skilful physician will occasionally be deceived in such cases.

If correct diagnosis in the wards of an hospital, with plenty of light and with the mind undisturbed by surroundings, be a matter of difficulty, even after lengthened and careful observation, then in the name of all that is mysterious, how is a man to tell the exact nature of a case which he sees for the first time in a little cabin without light or air, with the delicate attentions of the cur, and the harmonious mingling of the hens and the

pig, or possibly the goat to "divert" him, with the truthful history of the case carefully concealed from him, and the person of his patient assiduously denied the use of soap and water?

I should like to see a physician with anything short of the diagnostic skill of a Corrigan, demonstrate with any degree of accuracy the presence of typhoid spots, or differentiate between them and other spots under such circumstances. As a rule, the dispensary doctor is called in at the onset of the patient's illness, and most frequently, during the incubation stage of a fever; he finds a quick pulse and high temperature, a furred tongue, all the evidences which tell him that "a storm is brewing" which, so far as he can see, will most likely become a fever. Is he to wait till the disease has fully developed itself—till the simplest old woman can tell what is the matter, before he recommends his patient's removal to the hospital? The idea is absurd.

Another and a more unpleasant aspect of the question arises in the fact, that there is always a keen rivalry for private practice between the medical officer of a workhouse and the surrounding dispensary medical men.

Well, it follows that if the workhouse doctor chose to say to a board of guardians of his brethren in the dispensaries, that they are mistaken in their diagnoses of cases, and that he does this, it may be, with all honesty of purpose, and in what he considers the discharge of his duty, the end attained is, I say, inevitably this, that he, on his own showing, and by publicly announcing the incompetence of others, gets credit for more skill, and in all human probability gets more practice, to the exclusion of his discredited *confrères*.

As I said in the beginning, I am discussing this matter altogether outside Dr. O'Neill, of whom I know nothing, so that if he see this, he will not consider I am even remotely alluding to him. My idea is, that in cases where such differences of opinion are of frequent occurrence, an "observation ward," where cases of a doubtful nature could be put into on admission, would best meet the difficulty, let the medical officer of the house classify them as he pleased.

I must apologise for the length of this letter; the importance of the subject and a hope that it will elicit the views of others more competent to express an opinion thereon must be my excuse.

I am, Sir, yours, &c.,

JOHN L. WALSH,
Workhouse and Dispensary Medical
Officer.

Kilmacthomas, 23rd February, 1882.

A MEDICAL FEE SUIT.

LAST week, in the Dublin Recorder's Court, Dr. Cloran sued Miss West, as administratrix of the late Mrs. West for the recovery of £25, amount alleged to be due for medical attendance upon the deceased.

The doctor, an elderly man, stated that he had attended the deceased lady, who was the widow of a clergyman, and resided in Blessington Street during the years 1878, 1879, 1880. During that time he had paid 96 visits and supplied her with a medical certificate, in order that she might apply to the agent of a society for assistance. He had also attended her during her illness in 1880. She had been suffering from fever and bronchitis.

The Recorder—Did the woman die after all the visits, (laughter).

Witness—Indeed she did, she was a worthy woman, (laughter).

Mr. Plunkett appeared for the plaintiff.

Mr. Rynd, who defended, examined the doctor with a view to prove that the visits had been of a friendly character.

The plaintiff denied ever having taken breakfast with deceased.

Mr. Rynd—Did you ever attend a Mrs. Nugent?—Idid.

Did you ever live at her house.

Plaintiff (excitedly)—That is a downright falsehood.

The Recorder—You must not use such language.

Plaintiff (warmly)—My character was attacked, I was asked had I slept in the room with a lady, and I must confess I am insulted (loud laughter). The lady was deranged, and actually asked me to marry her (great laughter).

Mr. Rynd—She must have been deranged to ask you to do so (renewed laughter).

For the defence some witnesses were examined who gave evidence to the effect that the visits were of a friendly nature.

The plaintiff said he never visited patients gratuitously. His fee was moderate, only 5s. a visit, and a guinea for the certificate.

The jury found a verdict for the plaintiff for £12 10s.

IRISH POOR-LAW SUPERANNUATION BILL.

THIS important measure has received its first reading on the motion of Mr. Herbert Gladstone, acting for the Chief Secretary. The occasion was seized by the Irish irreconcilables to attack Mr. Gladstone and the Irish Local Government Board, and the success of the measure has thus been very seriously imperilled. Nevertheless, the Government are determined to proceed with it, and it is necessary that the whole strength of the union officers of Ireland—medical and non-medical—shall be exerted in favour of the measure, or else the obstructive tactics of the hostile minority may defeat it. Pensions as a matter of right are now within the grasp of the Poor-law medical officers of Ireland, if they show a little energy and activity, and not develop that lamentable laziness and want of *esprit de corps* which has always discouraged the efforts of those who are working for them. They will in a few days be informed by the Irish Medical Association as to the course which they ought to pursue, and we shall be greatly disappointed if they hang back. Every Irish Member of Parliament should be attacked in detail by every one of his medical constituents, and, if each of the Irish Poor-law medical officers will only give themselves the trouble to write three or four letters, the success of the measure is quite certain. If they refuse to aid thus far in passing the Bill, we shall despair of achieving anything for their benefit.

THE CASE OF DR. KENNY.

IN the House of Commons last week, on the vote of £2,410 for the Local Government Board in Ireland, including grants in aid of local taxation, Mr. O'Donnell condemned the constitution of this board. It had amongst its powers control over medical officers attached to Poor-law unions. The Irish members wanted some guarantee that these powers would be used solely with respect to the efficiency or non-efficiency of these officers in the discharge of their duties, and would not be inspired by party motives or party spite. (Home Rule cheers.) The administration of medical relief to the poor ought to be above all things a work of philanthropy, and there could be nothing more scandalous than that political vengeance should find scope in this work. This medical officer, who was attached to the North Dublin Union, was a man who

had obtained the administration of all Dublin during a terrible small-pox epidemic and with self-sacrificing devotion he had attended his patients. While discharging his duties he fell under the suspicions of the Chief Secretary, and was cast into jail. The board of guardians were prepared to appoint a temporary substitute against whom no objection could be alleged, but the Local Government Board would not allow this, and permanently dismissed the medical officer.

Mr. Forster said he did not admit that Dr. Kenny was arrested on political grounds. He was arrested upon a warrant that he was accessory to crimes punishable by law. Dr. Kenny was arrested because he was reasonably suspected of being guilty of a crime punishable by law, and was inciting divers persons not to pay rent. He denied that an arrest for intimidation—for being concerned with others in inciting people to commit outrages—was an arrest for political purposes. There was no case into which he inquired more carefully than the case of Dr. Kenny, and he felt convinced that he had no other course but to arrest him. Being in Kilmainham Jail he was, of course, unable to perform his duties as medical officer, and the Local Government Board had to assent to some person being put in his place. The case really lay in a nutshell. He felt that he could not consider that a man whom he thought it his duty to arrest was a proper person to hold a Government appointment, and he was accordingly dismissed, but that did not permanently deprive him of employment, as the Local Government Board could sanction his re-appointment if they thought proper.

Mr. Healy wished to know why Dr. Cardiff, of Carrickbyrne, was not arrested in the same manner as Dr. Kenny.

Mr. Forster explained that the Act of Parliament under which Dr. Cardiff held his office was a different one to that under which Dr. Kenny held his.

Dr. Lyons said he desired to say a word on this matter. He had had the pleasure of knowing Dr. Kenny for a great many years. He had the fortune to be one of his medical teachers, and to be brought into very intimate relations with him, and he could state from personal knowledge and observations of Dr. Kenny's career as a student and practitioner, as well as from private knowledge of his character, that he was a man in every way estimable, with high qualifications and with the greatest zeal and devotion in his profession. (Irish cheers.) In the city of Dublin he had a position of great popularity from the fearless manner in which he discharged his duties under very trying circumstances in the great epidemic of small-pox as well as upon other occasions. It was to him (Dr. Lyons) a source of the greatest surprise and regret that after Dr. Kenny's arrest on suspicion, there immediately followed what he might almost call the scene at the Local Government Board. (Hear.) He thought at the time that the Government must be in possession of facts that involved Dr. Kenny in moral guilt in some way and put him in the position of a criminal who had made himself legally and technically incapable of filling the office to which he was appointed. But the conviction which had since been growing in his mind that the Government had made a serious and lamentable mistake was strengthened by what had taken place this evening, when the Chief Secretary sat down without imputing anything to Dr. Kenny but that he was arrested on suspicion. (Cheers.) It was a matter of popular rumour that Dr. Kenny, in contravention of the trust reposed in him when he was allowed to visit his friends in prison, had carried out a certain too well known document. That had not been referred to by the Chief Secretary, whose silence must be taken to fully acquit Dr. Kenny of that charge. But he (Dr. Lyons), although up till now he had carefully avoided any expression of opinion on the matter, was able to state that Dr. Kenny had categorically denied to the President of the Irish Medical Association that he had anything to do with that most regrettable and culpable and unfortunate document. Now they were told that Dr. Kenny was discharged perfectly free from any charge of criminality. He (Dr. Lyons) did not question the right of the Government to

imprison anyone under the Coercion Act, but he did question their right, after arresting a man on suspicion, to fix upon him this permanent disability and great serious loss in his profession. (Cheers.) He had heard with extreme surprise the Chief Secretary designate Dr. Kenny as a Government official. The Chief Secretary must be under a grave misapprehension in making that statement. Dr. Kenny was in no sense a Government official. He was elected by the free voice of the guardians of the North Dublin Union. He believed that the act of the Local Government Board was done with injudicious haste, prompted, probably, by that kind of over-zeal that bubbled out of certain officials on certain occasions, when they were actuated by a desire not always wise to aid the powers that be. He thought there was fair reason for the Government to consider whether they should not, as an act of generosity, if not of justice, call upon the Local Government Board to undo the effect of their sealed order in Dr. Kenny's case, and allow the Board of Guardians of the North Dublin Union to do that which they had shown a desire to do—namely, replace Dr. Kenny.

Mr. Forster said the hon. gentleman had said that opinions however extreme ought not to be visited by any professional disqualification, but Dr. Kenny, or no one else, had been arrested for opinions. The Government believed they had reason for suspecting Dr. Kenny to be concerned in incitement to intimidation and violence. The hon. gentleman knew that he (Mr. Forster) could not give his grounds for this suspicion—(Home Rule cheers)—but he could say there was no case he determined more carefully, and he believed they could not with any sort of consistency have made any arrests of the leading persons concerned with the organisation for intimidation, and not have arrested Dr. Kenny. The hon. gentleman had said that no moral guilt attached to them. It was not for him (Mr. Forster) to charge them with moral guilt, but if it was to be put to him in this strong form he was obliged to say that there was moral guilt in being concerned in such an organisation for intimidation. The Government had no wish to visit Dr. Kenny with any punishment. They did not think they had a right to punish people on reasonable suspicion. Most certainly they would be very glad if they could take away his disqualification, and make the fall for him as light as possible. (Hear, hear.)

Mr. Sexton said that they accepted the explanation of the right hon. gentleman, and in the meantime hoped that the Chief Secretary for Ireland would take up the case of Dr. Kenny.

DEATH OF DR. ROBERT N. LOWE, LISMORE.

THIS gentleman, who was justly and deservedly esteemed by a large circle of friends, and who was remarkable for his courteous and genial disposition, died at his residence, Lismore, on Sunday morning, after a brief illness, at the age of 60. The deceased had an extensive practice, both as a physician and apothecary.

MICROCOCOCI IN MUMPS.

THE *Gazette Medicale* says that MM. Cabitan and Oharrin, at a recent meeting of the Biological Society of Paris, gave an account of the investigations which they have for some time been engaged in, on the presence of minute organisms in the blood of persons suffering from mumps. These are multipliable by cultivation in Liebig's broth, and are found to consist of minute *batonnets*, but chiefly of micrococci, all in a state of motion. These minute organisms, they consider, corroborate the clinical observations which tend to place mumps among the infectious diseases. The absolute proof that this disease is due to these minute existences, by reproducing it by inoculation of the "cultures," has not been attained by the experiments made to that end.

IRISH POOR-LAW INTELLIGENCE.

THE SUPERANNUATION (IRELAND) BILL.

THIS Bill, which has created quite a *furor* in the provincial districts of Ireland, stood for a second reading on Thursday last, but was not expected to, and did not come on, because an Arklow Harbour Bill stopped the way. It now stands for Thursday (to-morrow), and may possibly be taken up if the Clôture discussion terminates at a sufficiently early hour. It has, as our readers know been furiously opposed by the extreme Irish party, and by some of the Boards of Guardians, on the ground that it proposes to transfer to the Local Government Board the power of granting pensions heretofore enjoyed (and often abused) by the Boards of Guardians. This opposition has been calmed, to a certain extent, by concessions promised by Mr. Herbert Gladstone, who proposes to restore to the guardians the right of debating the claim of the Poor-law officer to a pension. This proposal, if limited to the consideration of the amount of the pension, and if covered by a right of appeal by the officer to the Local Government Board in case he is refused a reasonable pension, is not open to great objection, and, with such limitation, the Bill may be, without sacrificing its principle, much amended to meet the views of the opposition. But it is as well to say at once on behalf of the Irish union officers that no amendment of the Bill can be tolerated which gives to the guardians the power to refuse a pension, and that if the Bill cannot be passed without granting such a discretion, it will be better to leave superannuation law in its present miserable condition, and wait a more favourable opportunity for legislation. Boards of guardians, speaking generally, have always been untrustworthy upon any question of money, and have shown themselves on very many occasions incapable of doing justice to a deserving officer. They have been always ready to do a job for a useful friend or co-politician, and never disposed to provide for a worn-out servant, and within the last couple of years the *personnel* of these Boards has greatly changed for the worse. The Government and Mr. Herbert Gladstone know this, or else they would not have undertaken this Bill, and we earnestly hope they will not endeavour to escape the opposition of a few irreconcilables by throwing the union officers to the mercy of the guardians. An appeal to the Local Government Board from the decision of the guardians must always—we venture to say—be an unsatisfactory and impractical way of meeting the difficulty, and be of little value to the victimised union officer. On every separate case that Board would, under

such circumstances, be embroiled in a controversy with the guardians, and, we greatly apprehend, would relieve itself of a squabble by sacrificing the medical officer, giving to him, for the sake of peace, a miserable fraction of the pension to which he was fairly entitled. If, therefore, the Bill must be altered, we earnestly protest that it should be so changed that the board of guardians, while they are permitted to debate the subject and express their opinions as to the amount, should be compelled to grant a pension, and that, if that amount be too small, the officer shall then have power to appeal to the Local Government Board. This much recognition of the authority of the guardians in the matter is the very utmost which they have a right to expect, or the Government ought to concede to them, and—if it be proposed to give them an option to refuse superannuation, it will be the unpleasant duty of the Irish Medical Association to resist the passing of the Bill for which they have striven for many years, and to renew next year the agitation for an equitable measure. The Government can pass the Bill in any form they please; they have received the most earnest and active support from the union officers, medical and non-medical; and it will not be creditable to them if they do not show firmness of purpose sufficient to bear down the hostility of a few partisans in the House of Commons. As for the boards of guardians, their opposition is contemptible, sordid, and uneducated. They know nothing of the measure, and want to know nothing more than that it will cost them the eighth of a penny in the pound, and will curtail their capacity for jobbery. Their opinions on such a subject are narrow, uncivilised, and unworthy of consideration by the Government or any one else. Mr. Herbert Gladstone knows where the justice of the case lies, and we hope he will legislate up to that justice or not legislate at all, for he may be sure that an emasculate measure which will seem to remedy abuses and do nothing but confirm and perpetuate them will do neither him nor his Government any credit.

CORRESPONDENCE.

SUPERANNUATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I wish to inform the co. Down medical officers that our memorial has been duly presented to Parliament by Lord Arthur Hill, who kindly undertook charge of it,

and has promised to give the Bill all his support. I would suggest that any one knowing cases where superannuation has been refused by Boards of Guardians, should at once communicate the circumstances to Dr. Chapman, who would be able to make good use of the information.

I am, Sir, yours, &c.,

ALEX. FILSON, M.D.

Portaferry, co. Down,
March 17th, 1882.

NORTH DUBLIN UNION.—VACCINATION DEFAULTERS.

The following letter was read from Dr. Speedy :—

“ 28 North Frederick Street,
“ March 20th, 1882.

“ GENTLEMEN,—With reference to children who do not appear to have been vaccinated within three months and which are returned quarterly by the dispensary medical officer to the Board of Guardians, I am desirous to ascertain what the views of the Local Government Board for Ireland are respecting the method in which the particulars as to compliance or non-compliance with the Vaccination Act should be obtained; in other words, is it not the duty of the relieving officer in all cases to demand a production of the certificate of successful vaccination and not to be satisfied at the mere statement of the parents that the child has been vaccinated or with the inspection of the vaccination by the relieving officer? On different occasions the names of defaulters returned by me have had the following observation made by the relieving officer, ‘vaccinated by Dr. M——.’ I invariably send back the return and place the following query, whether the relieving officer has seen the certificate? I have been recently informed by Mr. Keegan, the Relieving Officer, that he does not demand the certificate in every case, and if he sees the child said to have been vaccinated he is satisfied. I intimated to him that I considered this was an erroneous view of the law, and should consider it my duty to have the question raised with the object of obtaining a definite ruling on the point. The same thing applies to children whose delicacy is alleged to be the reason for non-compliance with the Vaccination Act. Other dispensary medical officers have told me that the relieving officer does not invariably demand the respective certificates, but is satisfied with the statement of the parents on his seeing the child returned as a defaulter.

“ From time to time relieving officers have complained to me that medical practitioners neglect to fill the necessary certificates. I wish to know, in such an event, who is the proper person to request the medical man to certify? On reading the 8th Section of 42 and 43 Vic., cap. 70, it will be seen that the filling up of two certificates is imperative. I am disposed to think that the relieving officer is the person who should, after due inquiry, require the responsible party to fill up the certificate of vaccination.

“ There is another class of defaulters where the child is vaccinated at the dispensary, but is not brought back on the eighth or subsequent days, and therefore the result cannot be registered. Although these cases are comparatively rare, I have had occasion to return such on Form P. I never knew of any proceedings being taken against the parent for this serious neglect of the law.

“ I have no hesitation in expressing my opinion that reform is very much needed to effect a better and more efficient discharge of the duty of the following up of vaccination defaulters than is at present in vogue, especially in the large centres of population. I may instance in Dublin the two maternity hospitals—the Rotunda and the Coombe—where so large a number of children are annually born, as the most striking example of the necessity of promptly ascertaining whether children have been vaccinated within

a proper time or not; that a considerable number escape complying with the law, or are not vaccinated until long after the time, I have no doubt.

“ In Dublin the aggregate returns made by the respective medical officers each quarter must amount to a very large number of names, and of necessity involve considerable labour to relieving officers, and it becomes a serious question whether additional officers should not be appointed whose sole duty would be to look after such defaulters, and that the work should be carried out to the entire satisfaction of the medical officer.

“ In the interest of the public health I consider it desirable to ventilate this matter, and having given a good deal of attention to the subject of vaccination, I trust this communication may not be considered out of place.—I am, gentlemen, yours faithfully,

“ ALBERT O. SPEEDY.

“ Anthony O’Neill, Esq., J.P., the Chairman, Board of Guardians.”

ATHY UNION.

CHARGE OF NEGLECT AGAINST A MEDICAL OFFICER.

At the last meeting of the board a case was reported in which it was alleged that the child of a man, named Brennan, had died of scarlatina, and that other children of Brennan’s were suffering from the disease. Brennan stated to the board that his house had not been disinfected and that Dr. Kilbride, who attended the children, had not recommended their removal to hospital. The clerk was directed to write to Dr. Kilbride for an explanation.

Dr. Kilbride now wrote to the board, stating the child had not died of scarlatina, but of convulsions, in the convalescent stage of the disease. Dr. Kilbride added he only became acquainted with the fact the child had suffered from scarlatina on the day of its funeral. It was not true that the child’s parents had not been recommended to remove the sufferers to hospital. A magistrate’s order would have been no use in the case, as several other children, for whom medical aid was not sought, were suffering from scarlatina in various stages. He begged further to state that he was obliged to countermand the order of the board for the disinfection of Brennan’s house as the result might be fatal to one of the children, who was sick, if the order were carried out.

Mr. Orford and Mr. Brennan did not consider the explanation satisfactory.

The Chairman thought it was very satisfactory.

On the suggestion of Dr. MacCabe the clerk was directed to write to the doctor inquiring if he saw the child when in scarlatina, and if he did why not report the case with a view to prevent the spread of disease.

ANOTHER COMPLAINT AGAINST A DOCTOR.

A complaint made by a man named Reilly of alleged neglect, against the medical officer and nurse of the Stradbally dispensary districts, was referred to the local dispensary committee.

The board having accepted tenders for some supplies, adjourned.

SLIGO UNION.

THE COST OF REGISTRATION.

The Guardians of the Enniscorthy union forwarded the following petition which they had adopted, asking the Sligo Board to adopt a similar one :—

*To the Right Hon. and Hon. the Commissioners in
Parliament Assembled.*

The Petition of the Board of Guardians of the Enniscorthy Union, County Wexford, Ireland,
HUMBLY SHEWETH—That this Board is obliged to incur

an expenditure of about £80 a year in the registration of births, deaths, and marriages, and that no benefit accrues to this board or to the ratepayers from the outlay, as the information is solely for Government purposes. That in depressed times like the present we think the over-taxed ratepayers ought to be relieved of every item of taxation not absolutely necessary, and we therefore sincerely request your honourable House to relieve them of this burden.

The petition was adopted.

THE NEW SUPERANNUATION OF WORKHOUSE OFFICERS' BILL.

THE Cork Board of Guardians asked the board to adopt a resolution in favour of having the pensions paid to union officers taken out of the Consolidated Fund, and not out of a general rate, as would seem to be contemplated.

The Clerk read a notice that the Mayor would move that the guardians should petition against the proposal of the Government to take from the guardians the power to grant superannuation allowances.

The Mayor proposed the following resolution :—

“Resolved—That this board do petition against the Bill recently introduced in the House of Commons, and read a first time, by Mr. Herbert Gladstone, the object of which is to transfer from boards of guardians the exclusive power of granting superannuation to Poor-law officers in Ireland to the Local Government Board, and that a committee of three be appointed to draw up a petition, a copy of which should be forwarded to all the unions in Ireland for their adoption.”

The Mayor said it was not with any antipathy to the officers that he moved this resolution. On the contrary, a more meritorious body could not be found in Ireland, and they deserved to be well-cared for and properly paid, and fairly remunerated at the end of their service. But this Bill took from the guardians their legitimate functions, and caused taxation without representation. It was an attempt to hand over the disposal of taxes to an irresponsible body sitting in Dublin. The Mayor contended that the union officers in Ireland had no reason to complain of the way they were treated by boards of guardians, and the Local Government Board had a vote in their proceedings, or they might order guardians to increase a superannuation. He considered that, on the whole, the officers would be safer in the guardians' hands than those of the Local Government Board.

The Chairman said he did not expect to be present at that meeting of the board, or he would have looked into the matter, and see how the case stood between the guardians and the Local Government Board. As far as he understood, the Local Government Board were going to fix and pay the pensions to officers.

Clerk—They are going to have a general rate struck over Ireland of a farthing in the pound to raise a pension fund.

In reply to Mr. Hunter,

The Clerk said the guardians in Sligo were paying £400 a-year as superannuation allowances, but if this Bill became law their contribution to the general fund would be only £150.

The Clerk produced a copy of Mr. Herbert Gladstone's Bill, and said a farthing in the pound on the valuation of the Sligo Union would produce £102, while at present they were paying £413 per annum.

The Mayor contended that every union would have to pay the superannuation of its own officers.

Clerk—Not at all.

Chairman—At present our superannuation charges are very high.

Clerk—Nearly twopence in the pound.

Mr. O'Brien—If we get them paid at a farthing in the pound we should take the Bill.

Mr. Kerrigan—But the guardians should have the power to grant superannuation allowances.

Mr. Kerrigan asked the guardians to adopt the following resolution which he proposed :—

Resolved—That we approve of the Superannuation Bill at present before Parliament, subject to the following amendments, viz :—

That the power of granting superannuation allowances still remain in the hands of the guardians, subject to appeal to the Local Government Board, in case any board of guardians refuse to grant an old and faithful officer retiring allowance. That the time named in the Bill at which guardians can grant their officers retiring allowances be thirty years, and not forty, as submitted. That having regard to the high and increasing poor rate in this country, the Board respectfully suggest that all superannuation allowances be paid out of the Consolidated Fund; at least such portions of it as are already recouped towards payment of medical officers' salaries. That copies of this resolution be sent to each board of guardians in Ireland, to our county members, and to each Member of Parliament for Ireland.

Several guardians considered that after thirty years' service officers were entitled to their full pensions.

The Mayor withdrew his resolution, and Mr. Kerrigan's was adopted.

BALLINA GUARDIANS.

WORKHOUSE STARVATION DIETARIES.

A REPORT from Dr. Macaulay was read :—

“Ballina Workhouse, 11th March, 1882.

“GENTLEMEN,—I beg to inform you that the meat received on the 7th inst. was of very bad quality, some of it being in a putrid condition. I ordered it to be returned twice.

“With reference to the order of the board on last Saturday, directing me to discharge from hospital all I can with safety, and to order nothing in the way of extras, except where I consider it absolutely necessary, I beg to state for your information that there are not, and that there never have been, since my appointment as medical officer, any in hospital but the aged and infirm, and those in need of medical or surgical treatment. The amount of extras necessary is due to the poorness of the ordinary hospital dietary, on which no patient with an ordinary appetite could exist, and I need not say that all surgical cases are blessed with an ordinary, and many of them with an extraordinary, appetite. Again, many cases come into hospital whose constitutions have broken down from privation and want. These require no physic—they need nourishment—and I regret that only one-third of those on my books can get extra diet daily, owing to the limited space in the extra book. Quoting from a local paper, I find that the extra diet for the 144 patients cost £4 4s. during the week, or 1d. a head per day. This needs no comment.

“In conclusion, gentlemen, I assure you I shall give that care and attention to the sick poor under my charge which is due to them, and I shall not be warped in the conscientious discharge of my duties by the remarks of a few officious and inhumane members of the board.”

The Chairman asked the clerk if there was any mention of this matter on the minutes.

Clerk replied that there was not.

The Chairman concluded from this that there was no imputation thrown upon the acts of the doctor, and it would therefore be his rather disagreeable duty to ask him to alter the wording of the latter portion of his report. Coming from an officer of that board, it should be couched in more parliamentary and better language. Common sense and reflection would show the doctor that this was the wiser course for him to pursue.

The doctor then consented to alter his report, and

proceeded to do so. He further explained that the ordinary diet for hospital inmates was very poor. One class consisted of four ounces of bread and two pints of new milk in the twenty-four hours; another class of diet given was eight ounces of bread and one pint of gruel daily for three days in the week; and same quantity of soup and bread for four days in the week. Patients could not exist on this without extras.

Clerk remarked that the diet was the same as that given in other unions.

The doctor said it was not the same as that given in other hospitals. When Dr. Kenny was in Ballina during the recent famine, he pronounced it one of the worst diets he had met with.

The Chairman said they should allow their medical officer a large amount of discretion in those matters, and when the wording of the report was modified, the board would support him.

The doctor said there were certain guardians even ready to interfere with him in the discharge of his duties.

Mr. Crean thought the doctor should not be interfered with in the discharge of his duty.

Chairman said he had never noticed an undue attempt in that direction by any guardian, and if such did exist it would be easily checked.

The Clerk drew attention to the fact that the entries in the extra diet book were not in the doctor's handwriting, and quoted from the Act to show that such should be the case.

The doctor said he ordered every article of the extra dietary personally, but that he could employ a clerk to make the entries, which was the usage with former medical officers.

The Clerk said this was not done by former officers.

Mr. Crean remembered that a former medical officer had been censured for doing so.

The Chairman said the doctor should act strictly in accordance with the rules laid down.

THE MEAT CONTRACT.

The Chairman asked what should be done in reference to the meat reported by the doctor as being putrid.

Mr. McGuinness asked the Master what he thought of the meat referred to.

The Master said he considered it as good as any that had come into the house since his appointment.

Mr. McGuinness—It is sufficient that it should pass the master and matron's inspection. There may be a little feeling between the doctor and the contractor.

Mr. Crean considered this a most uncalled for observation, and proposed that in future when the meat was unfit for use, good meat be procured instead at the expense of the contractor.

This was seconded by Mr. Dillon, and passed.

MARYBOROUGH DISPENSARY.

ELECTION OF MEDICAL OFFICER.

A MEETING of the Maryborough Dispensary Committee was held recently. The principal business to be transacted was the election of a medical officer, in room of Dr. Symes, resigned. The remuneration attached to the office is £100 as medical officer, and £20 as Medical Officer of Health, and the usual vaccination fees.

Mr. J. Gaze said the only candidate for the position of medical officer was Dr. D. Jacob, J.P.

Dr. Jacob's diplomas having been examined by the committee,

The Chairman said he did not know whether it was an unusual thing for a chairman to propose a candidate but he had great pleasure in proposing that the committee should appoint Dr. Jacob. He thought they were very fortunate in having a gentleman of so much experience to take charge of the district.

Mr. Hinds, in seconding the chairman's proposal, bore testimony to Dr. Jacobs's uniform kindness to the poor.

Mr. Clarke said they were very fortunate in getting the services of such a man.

Dr. Jacob was then unanimously elected, and was called before the committee, and informed of his election.

Dr. Jacob thanked the committee, and said he felt the more indebted to them as there was a very large attendance of members of the committee, though there was no opposition to his appointment. He assured them that it would not be a consideration with him whether his duties were remunerative or not, he would discharge them faithfully until he surrendered the appointment.

SOUTH DUBLIN UNION.

SUPERANNUATION.

A SPECIAL committee reported that they had considered carefully the Bill for the superannuation of union officers, and were of opinion that, subject to certain alterations it was worthy of the support of the guardians. The principal alteration suggested was, that instead of the allowance being granted by the Local Government Board, it should be made by the guardians, and that, in the event of their refusing to grant an allowance, it should be competent for the Local Government Board to do so under a sealed order.

Mr. Sexton moved the adoption of the report.

Mr. Lyons, in seconding the motion, said he was doubtful about one provision of the Bill, which, he believed, should be carefully considered by the guardians. This was the proposition, that in future the superannuation allowance of every officer made by every union throughout the country should be reported to the Local Government, who would then levy a general tax upon all. That Board would, if this suggestion were carried out, be placed in partnership with all the unions in Ireland, and they might have to assist in the, perhaps, unnecessarily liberal allowances of many of them. However, he had no doubt that every precaution would be taken by the Local Government Board.

Sir George Owens expressed his gratification at finding the resolution favourably received by the Board. That union was one of the most liberal in Ireland to its officers. There was an urgent necessity existing for such a bill. He had himself known cases in which medical officers, in rural districts, of over eighty years of age, utterly unfit to undertake journeys of a few miles to see patients, and who were still afraid to retire, knowing the miserable pittance they would receive on doing so.

Captain Boyd thought it high time for the Government to take the matter up. He knew a case in which a female officer, of over thirty years' service, was only recommended a retiring allowance of £12 per annum; and even this miserable amount was afterwards reduced by £2. There should be a uniform allowance to officers, and if they believed they had a grievance, they should be permitted to appeal against the decision of the guardians to the Local Government Board.

The report was unanimously adopted.

BELMULLET UNION.

At a meeting of the guardians of Belmullet Union, held on the 9th inst., for the purpose of appointing a medical officer to the workhouse, the following gentlemen presented themselves:—Dr. G. A. O'Connor, medical officer Binghamstown Dispensary District; and Dr. H. Scott, Enniscrone. The former gentleman was unanimously appointed.

IRISH POOR-LAW INTELLIGENCE.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF FEBRUARY, 1882.

- February 1st.—Lyons, R. W. S.; Belfast; M.D. Q. Univ. Irel. 1881., M.Ch. Q. Univ. Irel. 1881.
- 2nd.—King, Joseph; Ashburne, co. Meath; Lic. R. Coll. Surg. Irel. 1879.
- 3rd.—Kernan, John; Victoria Street, North Circular Road, Dublin; Lic. R. Coll. Surg. Irel. 1880.
- 4th.—McQuaid, M. J.; Cooteshill, co. Cavan; Lic. R. Coll. Surg. Irel. 1881.
- 9th.—Casey, J. P.; Bruff, co. Limerick; Lic. R. Coll. Surg. Edin. 1881, Lic. R. Coll. Phys. Edin. 1881, L.A.H. Dub. 1881.
- 14th.—Dillon, H. V.; Kilmainham, co. Dublin; Lic. R. Coll. Surg. Irel. 1881, Lic. K. Q. Coll. Phys. Irel. 1882.
- 15th.—Burke, J. F.; Trin. Coll., Dublin; Lic. R. Coll. Phys. Edin. 1882, Lic. R. Coll. Surg. Edin. 1882.
- 15th.—Gray, W. D.; Rathmines, co. Dublin; Lic. R. Coll. Surg. Irel. 1881, Lic. K. Q. Coll. Phys. Irel. 1882, Lic. Mid. K. Q. Coll. Phys. Irel. 1882.
- 16th.—O'Doherty, M. J.; Kilrush, co. Clare; Lic. R. Coll. Surg. Irel. 1881, Lic. K. Q. Coll. Phys. Irel. 1882, Lic. Mid. K. Q. Coll. Phys. Irel. 1882.
- 17th.—Balfie, Joseph; 25 Pleasant's Street, Dublin; L.A.H. Dub. 1881, Lic. R. Coll. Surg. Edin. 1882, Lic. R. Coll. Phys. Edin. 1882.
- 18th.—Lyden, M. A.; Castlebar; Lic. R. Coll. Surg. Edin. 1881, Lic. R. Coll. Phys. Edin. 1881.
- 21st.—Allen, W. H.; 41 Upper Rathmines; Lic. R. Coll. Surg. Irel. 1881.
- 23rd.—Donnelly, M. A.; Beragh, co. Tyrone; Lic. R. Coll. Surg. Irel. 1878, L.A.H. Dub. 1879.
- 25th.—McConnell, T. S.; Crumlin, co. Antrim; M.D. Q. Univ. Irel. 1881.
- 27th.—McConnell, Edward; Cherry Valley, co. Antrim; M.D. Q. Univ. Irel. 1881.
- 27th.—Windle, Bertram; 39 Harrington Street, Dublin; M.B. Univ. Dub. 1882, B.Ch. Univ. Dub. 1882.
- 27th.—Fitzpatrick, Louis; 49 Fitzwilliam Square, W., Dublin; Lic. R. Coll. Phys. Edin. 1881, Lic. R. Coll. Surg. Edin. 1881, L.A.H. Dub. 1882.
- 28th.—Dempsey, P. J.; 9 Upper Grand Canal Street; Lic. R. Coll. Surg. Irel. 1881, Lic. K. Q. Coll. Phys. Irel. 1881, Lic. Mid. K. Q. Coll. Phys. Irel. 1881.

NAAS UNION.

THE Clerk intimated that he was in receipt of several resolutions from other boards of guardians on the subject of superannuation.

The Chairman—This board has already discussed the matter, and passed a resolution, which was forwarded to our parliamentary representatives. I do not see, therefore, how we can take it up again.

The Clerk said that the following resolution passed by the Sligo board of guardians was the most sensible and feasible of any which had yet come under his observation:—

“That we approve of the Superannuation Bill at

present before Parliament, subject to the following amendment:—

“That the power of granting superannuation allowances still remain in the hands of the guardians, subject to appeal to the Local Government Board, in case any of the boards of guardians refuse to grant to an old and faithful officer a retiring allowance.

“That the time named in the Bill at which guardians could grant their officers retiring allowances be thirty years, and not forty, as submitted.

“That, having regard to the high and increasing poor rate in this country, the board respectfully suggest that all superannuation allowances be paid out of the Consolidated Fund, or at least such portions of it as are already recouped towards the Board of Medical Officers' Salaries.”

It was agreed to postpone the consideration of this resolution till next week.

PETITION AGAINST THE SUPERANNUATION BILL.

The Chairman, in terms of the motion which he had given notice, that the board should vote against the Superannuation Bill of Mr. H. Gladstone, said he had drawn up the following petition, which, if agreed to, could be laid before Parliament, as expressing the unanimous feelings of the Naas board of guardians:—

“The petition of Naas board of guardians sheweth—That the Bill now before Parliament, introduced by Mr. H. Gladstone, and called ‘The Union Officers’ Superannuation Bill,’ has for its object the removal of the power now exercised by boards of guardians in Ireland—namely, the superannuation of all union officers—and transfer said power to the Local Government Board; that, in the opinion of this board, any powers which boards of guardians are now in possession of should remain intact, and in no wise be infringed upon; that transferring the power of superannuating union officers to the Local Government Board would be a means of creating an indifference on the part of union officers towards boards of guardians by leaving them thoroughly independent of such boards after a certain number of years' service; that as boards of guardians have the power to assess the ratepayers for the support, not alone of union officers, but also for all expenses incurred within the respective unions, they should have the full control and management of the sums so assessed; that the reasons assigned by Mr. H. Gladstone for the introduction of his Bill (namely, that he had deputation before him from the Medical Faculty in Ireland, as well as union officers generally, pressing upon him their reasons why such a bill should become law) are in themselves no just reasons why ratepayers should be taxed without their representatives having the full control and management of such money as they have the power of levying it; further, that Mr. H. Gladstone should know that the Medical Faculty and union officers are almost synonymous terms, as nearly two-thirds of all moneys paid to union officers are given in salaries to

medical officers and their assistants. We, therefore, earnestly hope that your honourable House will not deprive boards of guardians of their legitimate power, and which they, as a whole, always honourably and justly exercised, not in favour of the ratepayers at the expense of union officers, but always keeping in view the strictest economy of the rates, and, at the same time, never unmindful of the just claims of any union officer whose time for superannuation has properly arrived."

The Chairman went on to say that to the terms of that petition no one could object. With regard to the sums of money paid to union officers, he gathered from the official document supplied every year, that the sum of £1,434 was paid annually to medical officers of the union, and £770 represented the amount paid in salaries to clerk, master, relieving officers, and chaplains; or, in other words, only about half the total sum given to the medical officers in Ireland was used for the other officials. Now, if that were so, he could not understand what were the grounds which justified Mr. H. Gladstone in bringing forward this Bill in the House of Commons, in order to superannuate medical officers, the great majority of whom detested boards of guardians, and for whom this Bill, if passed, would afford an opportunity for the great majority of them (he did not say it out of any disrespect) to turn round as soon as they got their appointment, and look upon boards of guardians with disdain and a feeling of indifference. He could not approve of taking the power from the guardians, who ought to have a voice in the distribution of every shilling of taxes which they put upon the ratepayers. He regretted very much that one of their county representatives—or rather their misrepresentative—had pledged himself to support the Bill in opposition to the great majority who were against it, even in County Kildare. The guardians could grant superannuation when they saw fit, and he held that they were not to be bound to any hard-and-fast rule by giving it at the expiration of a certain period. If the Bill passed the result would be that men at the age of fifty, without being incapacitated, could retire on a handsome superannuation allowance, to be increased by other practice. On this subject he had been anticipated by Mr. O'Reilly, whom he called upon to move that this petition pass.

Mr. O'Reilly then moved, and Mr. Driver seconded, that the petition be adopted.

Mr. W. Owen did not know much about the Bill, and asked the clerk to read it.

The Clerk then explained the terms of the Bill, and taking himself as an instance in point, he would in a few months be sixty years of age, and could retire on an allowance. Under the new Bill he would have to serve nine years longer before claiming superannuation. In other words, it was proposed to alter the period of service from thirty to forty years. Boards of guardians were not all willing to give superannuation, and this was rendered the more improbable inasmuch as many strangers were occupying seats at the board. On looking around him, he only saw one guardian in the room who sat at the board when he became clerk in 1851—that was Mr. W. Owen. The clerk then explained the saving which would be derived from a general rate levied all over Ireland.

Mr. W. Owen was in favour of the resolution passed by the Sligo board of guardians.

The Chairman said he would not be bound by any other board.

Mr. Owen—I have just as high an opinion as you have of my own judgment, but I give way to others sometimes.

Baron de Robeck agreed with the Chairman's remarks, that if they taxed the ratepayers for money, they should have the power of disbursing it. If any case of injustice or unfairness arose, it could be referred to the Local Government Board.

Mr. Moore was in favour of the money coming out of the Consolidated Fund, as proposed by the Sligo resolution.

The Clerk said that half the medical fees came out of that fund just now, and why not the superannuation?

Mr. Moore requested the Chairman to add a paragraph to the petition that the money be paid out of the Consolidated Fund.

The Chairman said it was useless to expect a penny ever to be paid for the purpose out of the fund.

The petition was then adopted, one or two members dissenting, and it was ordered that a copy be forwarded immediately to the County representatives in parliament.

MAYO ASSIZES.

CORONERS' FEES.

THE M'Dermott appeared on behalf of the coroners, to the effect that Mr. Mostyn and Mr. Rutledge were performing the duties of Coroners in another district. The new Act provides that after November last the Coroner was to be paid a yearly salary at the average number of inquests held by him for the past five years at a salary not less than £2 each, and mileage. The Counsel held that they were to give him a salary for the average number of inquests by him, irrespective of district. He was to be paid for the average of inquests held, not in any particular districts or locality. Mr. Mostyn, in the case of the Belmullet inquest had to spend 14 days in holding it. He was entitled to £3 a day for mileage. He stopped at Belmullet Hotel so as to save expense, and the grand jury have refused to pay it as the Act did not say he was entitled to expenses. They cut short the amount.

Sergeant Robinson, on behalf of the grand jury, referred to the law that entitled the grand jury to fix the county into four districts. There are four district coroners. Each coroner was bound to reside in the district. There was power granted, in case of incapacity, to serve in the other district, and to charge extra. Mr. Bourke did not serve for 12 years. The object of the section in the new statute was that each coroner was only to be paid for the average of inquests held in his own district, if not Mr. Kelly would be stripped of nine inquests, and Mr. Bourke of all. Therefore, Mr. Bourke would be entitled to no salary at all, and on his death there could be no new coroner found to act, as no salary could now be fixed. The true idea was that each coroner was to be paid a salary commensurate to the average number of inquests held in each district, save for extra cases they were to be paid extra.

Mr. O'Malley, on behalf of the MacDermott, said this was an Act to place the coroners in a better position. The reason the average of the salary for five years was to do so. It would be contrary to justice and reason not to do so. Under the 38th section, the coroner was appointed not alone a district but a county coroner. It was, therefore, plain he was to get the average for the work he did. It would be a denial of justice not to do so. Mr. Bourke held no inquest. It would be denying the labours of his hire to do otherwise, under the 38th section. The legislature did not take that narrow view of it, the grand jury did. The mileage granted prior to the passing of the Act gave power of giving him mileage to an ample. It would be now a great injustice, in such cases as the Belmullet inquest, to deny giving the coroner ample expenses.

Judge was of opinion that the Act passed in 1881 entitled coroners to be paid for the average number of inquests held in their district. He would think it an absurdity to think that the Legislature intended to pay for these extra services. It would be paying him twice over. First, for average services, next for extra services. He thought the Act was quite plain. The coroner was entitled to expenses and disbursements. The coroner

could not be paid for mileage he did not go. If the grand jury saw any way of paying him more than the expenses incurred.

Sergeant Robinson thought the grand jury might take an equitable view of the case. They could give him his actual extra costs. He did not think, on the construction of the Act, they could give it to him. He thought they ought to recommend the payment of Mr. Mestyn's extra costs to the Law Officers of the Crown.

NORTH DUBLIN UNION.

SUPERANNUATION.

A REPORT of a committee recommended the adoption of a petition to Parliament in favour of the bill proposed by Mr. Herbert E. Gladstone, M.P., giving the right of appeal to the Local Government Board to workhouse officers for superannuation for their services.

Mr. M'Mahon moved the adoption of the report.

Mr. Cummins said the Bill in question was not necessary for the city, but was for the country, where the great majority of the guardians were either landlords or their agents.

Mr. Tickell said the elected guardians in the country were tenant-farmers.

The motion was agreed to.

ELECTION OF MEDICAL OFFICER.

The Chairman said the next business was the election of a medical officer to the house in the room of Dr. Molloy resigned.

A letter was read from Dr. Rutherford, medical officer Manorhamilton dispensary, soliciting the post.

Lord Massey proposed Dr. Rutherford.

Mr. Latouche believed Dr. Rutherford to be in every way fitted for the post, and to possess the necessary qualifications. Every one of the poor whom he attended spoke highly of him, and he had great pleasure in seconding the motion that he be appointed.

After some discussion on the point a division was taken. For Dr. Rutherford—20. For Dr. Gaffney—16. Did not vote—2.

Dr. Rutherford was therefore elected by four of a majority.

Dr. Rutherford was then sent for and informed of his election—subject of course to the approval of the Local Government Board.

THURLES UNION.

MR. HERBERT GLADSTONE'S Bill having come under discussion, the following resolution was adopted on the subject, Mr. Trant dissenting:—"That we, the Thurles Board of Guardians, strongly object to the proposed Bill of Mr. Herbert Gladstone transferring the pensioning of officers from the guardians to the Local Government Board. That we think it is because boards of guardians are every day becoming more and more representative of the advanced political feeling of the country that the British Government are anxious to deprive them of some of their prerogatives, and that union officers may be the slaves of the Government rather than the faithful servants of the people whom the guardians represent."

ATHY UNION.

THE COMPLAINT AGAINST THE ATHY DISPENSARY DOCTOR.

THE Clerk informed the guardians that in compliance with their request, Dr. Kilbride was in attendance to give an explanation with respect to the child Brennan, alleged to have died of scarlatina.

Dr. Kilbride having come before the board,

The Chairman said—I cannot understand why the doctor was asked to attend. I consider his letters were most

satisfactory, and his explanation as full as the English language could make it.

Dr. Kilbride—I am also at a loss to know why I am asked to attend. I am of opinion a fuller explanation of the circumstances connected with Brennan's child could not be given than that contained in my letters.

Mr. Behan—Did the child die of scarlatina?

Dr. Kilbride—It did not. It died of blood poisoning, after being convalescent of scarlatina.

Chairman—You stated in one of your letters that the houses on each side of the one this child was in were infected with scarlatina. The board were anxious to have an explanation as to that.

Dr. Kilbride—I did state that, and so they were; but the epidemic of scarlatina that was passing over the town was of a very mild nature, and we were in the tail end of it, consequently the removal of one or two children would not effect any good object. Besides, you could not force them into the fever hospital. The guardians have power to prosecute the people for disobedience to a magistrate's order, but they could not take the children out of the houses by force, and in all cases I advised removal I had three cases lately, and on their refusal to move the children I threatened them with a magistrate's order, and they told me I might do as I liked.

Mr. Orford—It appears now there were many children in the town affected, and I do not see the use of fixing on Brennan's children.

Mr. Webber—Can you prosecute the parents afterwards?

Dr. Kilbride—You can. But the disease had gone through the town generally, and it would have been useless to remove one or two children. If it were in the commencement of the epidemic it might have been of use to remove the patient, but at the end it would have been perfectly useless. I consider it very unfair to be obliged to attend the board to answer groundless charges, which have already been fully explained. Almost the entire of Brennan's statements were without foundation. He stated he had been dismissed from his employment in consequence of the sickness being in his house. That statement, as well as nearly all he made, was untrue.

Mr. Orford—When the case first came before the board, we were under the impression that Brennan's child was one of the first cases of scarlatina that occurred in the town, but Dr. Kilbride has just informed us the epidemic was then declining. Under these circumstances, I consider the magistrate's order for their removal would have been useless.

The Clerk read the letters of explanation sent in previously by Dr. Kilbride.

Mr. M'Langhlin (Stradbally)—I think the board have heard quite enough about the matter now, and ought to be perfectly satisfied.

Chairman—I was of that opinion all along.

Clerk—There is a report on further cases of scarlatina from Dr. Kilbride:—

"Athy, 20th March, 1882.

"I beg to report that a child of Felix Masterson's, Glasealy, is afflicted with scarlatina. This is the first case I have seen in that district. A child of Mrs. Keay's, and also a child of Mrs. Haynes, both of Barrack Street, have contracted the disease. All the cases are progressing favourably. The disease is of a mild character. Parents have refused in every instance to send children to fever hospital.

"James Kilbride.

"To the presiding Chairman."

The report was marked read.

THE Clerk informed the Board that in compliance with the directions of the guardians on last board day, he had addressed the following queries to Dr. Kilbride:—

"Sir,—Ask Dr. Kilbride if he saw the child while in scarlatina, and if he did why not report it to the board of guardians and the sanitary sub-officer, with a view of preventing the spread of disease."

REPLY.

“Jeanville Cottage, 21st March, 1882.

“SIR,—Replies to queries given below.

“JAMES KILBRIDE.”

“I.—Yes.

“II.—Advised removal of Brennan's child to fever hospital on first visit, compulsory removal useless. Houses on either side infected with scarlatina. Disease concealed in almost every instance. Brennan's house disinfected earliest opportunity.”

Mr. Orford—Perhaps we acted too hastily in relying on Brennan's statement. We should have heard both sides of the question.

Chairman—I think the statement made by the man Brennan a very candid one. He admitted he held a wake, and did not appear to wish to conceal anything. I do not consider the answer satisfactory; that because scarlatina was in the adjoining houses, the children in this house should not have been removed. The 141st section of the Public Health Act says: “Where any suitable hospital or place for the reception of the sick is provided within the district of a sanitary authority, or within a convenient distance of such district, any person who is suffering from any dangerous infectious disease, and is without proper lodging or accommodation, or lodged in a room occupied by other persons not so suffering, may, on certificate signed by a legally-qualified medical practitioner, and with the consent of the superintending body of such hospital, or place, be removed by order of any justice to such hospital, or place, at the cost of the sanitary authority; and any person so suffering, who is lodged in any common lodging house, may, with the like consent and on a like certificate, be so removed by order of the sanitary authority.”

Mr. Orford—But I think that applies to people in a common lodging house.

Chairman—No, not exclusively. The first portion of the section says: “Who is without proper lodging or accommodation, or lodged in a room occupied by other persons.” That I think is just this case.

Chairman—Was it not the proper thing to remove these children in the earlier stages when it became known that one of the children was sick, which subsequently died, and, as the man himself admitted, a wake held? The children should have been then removed, and the house properly disinfected.

Mr. Orford—The doctor states he advised them to go, and they would not.

Chairman—But the Act gives power of compulsory removal.

Mr. Brennan—I don't like to say much, but my opinion is that all these sanitary officers should be dismissed altogether, or otherwise be made to do their duty.

Chairman—Is it the wish of the board that Dr. Kilbride be asked for a personal explanation?

Mr. Brennan—Certainly; and let the mother of these children be brought here also.

It was ordered that the clerk write to request the attendance of Dr. Kilbride at the board-room on Wednesday next, at 1 o'clock, for the purpose of giving a full explanation of Brennan's case.

DROGHEDA UNION.

THE SUPERANNUATION BILL.

A RESOLUTION from the Waterford Union against the Officers Superannuation Bill was read.

Mr. Whitworth said that the object of the Bill, as he understood it, was to enable the Local Government Board, where a union refuse superannuation, to grant it themselves; that was all. He did not think in Ireland it was ever refused, but in England there had been cases of the kind, and he looked upon it as a gross injustice, after spending years in the employment, to throw a man when unfit for work without some provision to keep him.

Mr. Dowdall said that the Association referred to showed that it had been refused in some unions in the West of Ireland. When they were collecting particulars he was applied to as to practice in this union, and stated the fact that here the guardians were most liberal, and granted the full allowance as a rule, so that the Bill could make little difference.

Mr. Eagar—I never knew a case of the kind that a party couldn't get up a lot of friends to get him more than he was entitled to.

DISINFECTION OF DWELLINGS, &c.

THE following correspondence was read at a recent meeting of the Public Health Committee of the Corporation:—

41 South Mall, Cork,
March 21st, 1882.

TO THE PUBLIC HEALTH COMMITTEE, CORK CORPORATION.

GENTLEMEN,—In compliance with a resolution passed at your meeting of the 28th ult., having reference to the method adopted by the Association of Medical Officers of Health in London for the disinfection of rooms, &c., in which cases of infectious disease occur, I beg to state that I have written to the secretary of that society for further information on the subject, and I herewith append a copy of the correspondence which took place between us.

I am, Gentlemen,

Your obedient servant,
JOHN WALL, M.D.,
Superintendent Medical Officer of Health.

41 South Mall, Cork,
March 6th, 1882.

To the Secretary, Medical Officers of Health Association,
Adam Street, Strand, London.

DEAR SIR,—I shall feel extremely obliged by your kindly informing me whether there be any fixed method adopted by members of your association for disinfecting rooms, bedding, &c., in cases of infectious disease. My reason for putting this query is, that the Public Health Committee of the Cork Corporation requested me to obtain further information on the point, with a view to adopting the best means to accomplish this end. The plan which I have invariably practised for years, with satisfactory results, is simply to burn a sufficient quantity of sulphur in the room when empty, after the manner laid down by the late Dr. Parkes in his standard work on hygiene, and which has the advantage of being safe, simple, and efficient. Clothing, bedding, &c., we purify in Fraser's Patent Disinfecting Chamber.—Apologising for this trouble,

Believe me, very truly,

JOHN WALL,
Superintendent Medical Officer of
Health, Cork.

Society of Medical Officers of Health,
St. John's, Southwark, London,
March 15th, 1882.

DEAR SIR,—I am sorry your letter should have been so long unanswered, but the delay arose from the people at Adam Street neglecting to send it over to me. The plan which you follow of disinfecting the sick room, by burning sulphur, is that which is adopted here very generally by medical officers of health. Some parishes have a disinfecting chamber of some kind for clothes, bedding, &c. In my own district I always desire these articles to be burnt if much soiled, compensating the owner for the loss. On the whole, the plans you adopt are those in very general use here.

I am, dear Sir, faithfully yours,
J. NORTHCOTE VINER, M.D.
Hon. Secretary.

Dr. John Wall.

IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

REPORT OF THE PROCEEDINGS OF THE COMMITTEE OF COUNCIL,

Read and adopted at a Meeting of the Council held 4th April, 1882.

Dr. POLLOCK (Chairman of Council) in the chair.

MR. CHAIRMAN AND GENTLEMEN,

Since the last quarterly meeting of Council, which took place on the 31st January, twelve meetings of the Committee of Council have been held, and five new members have been added to the Association.

"UNION OFFICERS' SUPERANNUATION (IRELAND) BILL."

On the 20th February last, "A Bill to make better provision for the Superannuation of the Officers of Poor-law Unions in Ireland" was introduced in the House of Commons by Mr. Herbert Gladstone, Mr. Forster, and Mr. Attorney-General for Ireland, as a Government measure, bearing the short title of "The Union Officers' Superannuation (Ireland) Bill."

To the provisions of that Bill the Committee of Council have given earnest and unremitting attention. The principle of the Bill, as introduced, was to transfer to the Local Government Board for Ireland the power of granting pensions to medical and other officers of unions and dispensaries as they see fit, which power hitherto had been confided to boards of guardians.

The scale of pensions proposed in the Bill resembles that in force for determining the amounts of pensions to be granted to officers of the Civil Service, or, in other words, the scale proposed in the Bill suggested by this Association. However, in the second clause of the Bill, which defines the scale, the words "not exceeding" are inserted instead of the word "of," which is the word contained in the Civil Servants' Superannuation Act, and also in the Bill suggested by this Association. The effect of substituting the words "not exceeding" for the word "of" might, and doubtless often would, prove prejudicial to the interests of officers seeking pensions, as will thus be seen—viz., the Bill provides that a superannuation allowance not exceeding the rate specified may be granted, whereas the Civil Servants' Superannuation Act provides that a superannuation allowance invariably of the rate specified may be granted.

The Bill provides that service in any number of unions shall count in the computation of superannuation allowances, and also that a number of years not exceeding ten may be added for that purpose to the number of years actually served by officers of whom professional or other special qualifications are required. And here another objection to the Bill lies, inasmuch as the number of years to be so added in the Civil Servants' Superannuation Act is specified as "not exceeding twenty."

The next point of the Bill requiring special notice is a provision making all superannuation allowances payable out of a general rate for the whole of Ireland, instead of out of local rates, as heretofore.

The last feature of the Bill to which attention need be

directed is the admission of all salaries, fees, and emoluments paid or payable to a medical or other officer of a union or dispensary in virtue of his position as such, which includes the salaries and fees paid to medical officers of health, and the fees paid for examination of alleged dangerous lunatics.

Having bestowed their most earnest attention upon each of the provisions of the Bill, the Committee of Council considered it as a whole worthy of support, and accordingly forthwith issued a circular to every Poor-law medical officer in Ireland, informing them of the introduction of the Bill, and urging them to take prompt and energetic action to support it by petitions to the House of Commons and by private letters to members of Parliament. A printed draft of an appropriate letter was forwarded to each Poor-law medical officer, with a request that he would, after making any alteration he wished, copy it in his own handwriting and send it to the M.P. who represented the constituency to which he belonged.

The Committee of Council also selected one medical practitioner in each county whom they hoped and expected would zealously carry out their instructions, and at the same time be so centrally situated as regards residence that he could the more readily obtain signatures, and to him sent a petition to be signed by the Poor-law medical officers of his county; the selection, it may be mentioned, was made irrespective altogether of other considerations.

Minute and careful instructions were issued with each petition, but the Committee of Council regret to learn that, in consequence of their instructions not having been accurately followed by all, some of the petitions sent forward could not be received by the House of Commons.

On the whole, however, the Bill so far has received warm support from the medical officers, and a petition was at least sent forward from almost every county in Ireland for presentation to the House of Commons.

The Irish Poor-law Officers' Association, with commendable activity, has succeeded in presenting a petition in favour of the Bill from nearly every union in Ireland.

Availing themselves of the opportunity afforded by Dr. Jacob's temporary sojourn in London, the Committee of Council requested him to give one day's service to the Association in furtherance of the Bill, and Dr. Jacob had an interview with Mr. Herbert Gladstone, to whom he pointed out some matters in the draft Bill, then shown for the first time, which he felt confident would not be favourably received by this Association.

The Committee of Council have been in constant communication with the Irish Poor-law Officers' Association, and have had many conferences regarding the Bill with representatives of that Association resulting in thorough unanimity between the two Associations as to the amendments which should be sought.

The Committee of Council have also been in correspondence with Mr. Herbert Gladstone, M.P.; and the deputation from the Irish Poor-law Officers' Association, who recently waited on Mr. H. Gladstone and other members of Parliament in London, kindly attended at a meeting of

the Committee of Council and reported the results of their efforts to have the Bill amended and supported.

A very large number of letters from members of Parliament have been forwarded by members of the Association to the hon. secretary, in many of which promises to support the Bill, and in many others promises to give it most favourable consideration, were expressed.

The following is the text of the "Union Officers' Superannuation (Ireland) Bill," together with the amendments which the Committee of Council and the Irish Poor-law Officers' Association have agreed conjointly to recommend:—

Amendments proposed conjointly by the Irish Medical Association and the Poor-law Officers' Association of Ireland.

A Bill to make better provision for the superannuation of the officers of Poor-law Unions in Ireland.

Be it enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lord Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

PROPOSED AMENDMENTS.

It is proposed that the underlined words in Italics be omitted, and the words in the margin be substituted for them.

1. This Act may be cited as the Union Officers' Superannuation (Ireland) Act, 1892.

2. From and after the passing of this Act, the Local Government Board for Ireland (in this Act called "the Local Government Board") may, if they think fit, grant to any union officer who shall become incapable of discharging the duties of his office with efficiency, by reason of permanent infirmity of mind or body, or of old age, upon his resigning or otherwise ceasing to hold his office, a superannuation allowance, according to the following scale; that is to say,

"The Board of Guardians of any Union in Ireland, in case it shall be shown to them that any Union Officer has become incapable of discharging the duties of his office with efficiency by reason of permanent infirmity of mind or body, or of old age, shall, with the consent of the Local Government Board for Ireland, grant to such officer,"

To any officer who shall have served in some one or more unions in Ireland for ten years and upwards, and under eleven years, an annual allowance not exceeding ten sixtieths of the annual salary and emoluments of his office:

For eleven years and under twelve years, an annual allowance not exceeding eleven-sixtieths of such salary and emoluments:

And in like manner a further addition to the annual allowance, not exceeding one-sixtieth of such annual salary and emoluments in respect of each additional year of such service, until the completion of a period of service of forty years, when an annual allowance not exceeding forty sixtieths may be granted, and no addition shall be made in respect of any service beyond forty years:

No officer shall be entitled to such

" of "

" of "

" of "

" of "

cf. "The Superannuation Act, 1859," 22 Vic., cap. 26, sec. 2.

ground of age, who shall not have completed the full age of sixty years, and shall not have served as a union officer in some one or more unions in Ireland for twenty years at the least.

For the purposes of this section, the annual salary and emoluments of the union officer shall be calculated on the average of the three years ending with the quarter-day next before he ceases to hold his office.

No officer shall be entitled to any superannuation allowance or gratuity under this Act, unless the Local Government Board are satisfied that he has discharged his duties as a union officer with diligence and fidelity.

3. The Local Government Board may, if they think fit, grant to any person, being the holder of a union office in respect of which a superannuation allowance might be granted under this Act, who, before the completion of the period which would have entitled him to a superannuation allowance, is compelled to quit the services of the union by reason of severe bodily injury occasioned, without his own default, in the discharge of his duty as a union officer, a gratuity not exceeding three months' pay for every two years' service, or a superannuation allowance not exceeding ten-sixtieths of the annual salary and emoluments of his office; and may, if they think fit, grant to any such holder of a union office who is compelled from infirmity of mind or body to leave the union service before the completion of the period which would have entitled him to a superannuation allowance, such sum of money as the board may think proper, but so that no such gratuity shall exceed the amount of one month's pay for each year of service.

4. Every superannuation allowance or gratuity granted under this Act shall be payable to or in trust for the union officer, and shall not be assignable or chargeable with his debts or other liabilities.

5. In case any person enjoying any superannuation allowance under this Act is appointed to fill any office remunerated wholly or partly out of local rates, or out of money voted by Parliament, or any office in any public department, every such allowance shall cease to be paid so long as he continues to hold such appointment, if the annual amount of the profits of the office to which he is appointed are equal to those of the office formerly held by him, and in case they are not equal to those of his former office, then no more of such superannuation allowance shall be paid him than with the salary of his new appointment shall be equal to that of his former office.

6. The Local Government Board may from time to time, by order, declare that for the due and efficient discharge of the duties of any union office or class of offices to be specified in such order, professional or other peculiar qualifications are required; and that it is for the interest of the public that persons should be appointed thereto at an age exceeding that at which public service ordinarily begins; and may, by the same or any other order, direct that when any person holding any such office shall retire from the union service, a number of years not exceeding ten, to be specified in the order, shall, in computing the amount of the superannuation allowance which may be granted to him under this Act, be added to the number of years during

"It shall be lawful for the Board of Guardians of any Union in Ireland to"

"to"

"Twenty"

7. The Local Government Board may from time to time make rules with reference to the mode in which a union officer shall satisfy the Board as to his age, and that he has discharged his duties with diligence and fidelity, and with respect to any other conditions the fulfilment of which the Board may require to be proved; and in the case of an officer retiring on the ground of infirmity of mind or body, if the Board by any such rules require the officer to appear for examination before a medical board, or before a medical practitioner nominated by the Local Government Board, the Local Government Board may defray the expenses of such examination out of the superannuation fund provided by this Act.

8. All allowances and gratuities payable under this Act shall be advanced from time to time by the board of guardians of the union in which the officer was serving at the time of his ceasing to be a union officer, and shall be repaid to the board of guardians out of the union officers' superannuation fund.

For the purpose of providing for such repayments the following enactments shall take effect:—

- (1.) On or as soon as conveniently may be after the first day of January in every year after the passing of this Act, the Local Government Board shall estimate what sum will be necessary for the purposes of this Act during the year.

In making the first of such estimates under this Act, the Local Government Board shall estimate what sum will be necessary for the purposes of this Act during the whole of the period between the passing of this Act and the first day of January next following the making of the estimate.

The Local Government Board shall in each year, by order under their seal, assess that sum on the several unions in proportion to the net annual value of the property therein. They shall send copies of the order to the guardians and to the treasurer of each union.

- (2.) Thereupon the treasurer shall, out of any money in his hands to the credit of the guardians of the union, or, if at any time the assets in his hands are not sufficient for the purpose, then out of the moneys next received by him and placed to the credit of the guardians, pay over the amount assessed on the union to the Bank of Ireland, to be placed to the credit of the Local Government Board, to the account of a fund which shall be called the Union Officers' Superannuation Fund.

The guardians of each union shall debit the several electoral divisions with proportions of the sum assessed upon the union, according to the net annual value of the property in each division.

- (3.) On the twenty-fifth day of March, one thousand eight hundred and eighty-three, and on every twenty-ninth day of September and twenty-fifth day of March following, the guardians of each union shall furnish to the Local Government Board accounts of the moneys expended by them for superannuation allowances and gratuities payable under this Act since the date of the last preceding account, or, in the case of the accounts furnished on the twenty-fifth day of March, one thousand eight hundred and eighty-three, since the date of the passing of this Act; and the Local Government Board shall pay to the treasurer of the union, out of the union officers' superannuation fund, the amount mentioned in the account furnished by the board of guardians of the union when such amount has been found to be correct.

9. In this Act the term "union officer" includes every person appointed by the board of guardians of any union to be a permanent officer of the union

under the provisions of the thirty-first section of the Act of the session of Parliament of the first and second years of the reign of her present Majesty, chapter fifty-six, and the fourth section of the Act of the session of Parliament of the tenth year of the reign of her present Majesty, chapter thirty-one, whether such officer is paid by wages, poundage, or percentage on collection of rates, or by a salary; and also every chaplain of a union, and every medical or surgical officer of a union, or of any dispensary district therein; and every person appointed or constituted as sanitary officer under the eleventh section of the Public Health (Ireland) Act, 1878, where such person has been so appointed by a board of guardians, or holds his office as a sanitary officer by virtue of any other office to which he has been appointed by a board of guardians; and also the registrar of births, deaths, and marriages in every union, and the superintendent registrar, being also the clerk of the union.

The term "emoluments" includes all fees, poundage, and other payments made to a union officer for his own use, as such union officer, out of a poor rate or sanitary rate or money voted by Parliament.

"Ormay here-
after be appoint-
ed by statute, or"

[Add] — "As well as the money value of rations, apartments, and other allowances appertaining to such office, which such officer was in the enjoyment of while in the service of a Board of Guardians."

10. The Acts specified in the schedule to this Act are hereby repealed, so far as they relate to the superannuation of any officer who retires from his office after the passing of this Act.

This repeal shall not affect the powers of the board of guardians of any union with reference to the granting of a superannuation allowance under any of the said Acts to an officer who has retired from his office before the passing of this Act; nor anything duly done or suffered, nor any right or liability acquired, accrued, or incurred, under any enactment hereby repealed; and shall not relieve the board of guardians of any union from the obligation to pay any superannuation allowance granted by them under any of the said Acts.

SCHEDULE (referred to in Section 10).

Session and Chapter.	Title or Short Title.
28 & 29 Vict., c. 26 ..	An Act to provide for superannuation allowances to officers of unions in Ireland.
32 & 33 Vict., c. 50 ..	The Medical Officers' Superannuation Act (Ireland), 1869.
35 & 36 Vict., c. 89 ..	An Act to amend the Act providing superannuation allowances to officers of unions in Ireland.

VACCINATION FEES.

DR. WOODS, Medical Officer of the Monaghan Dispensary, has furnished an account to the guardians for over £100 for vaccination fees for persons vaccinated within the past fortnight. It was, however, contended that the list of those vaccinated, which had been supplied by Dr. Woods, contained the names of people who were well able to pay themselves, and the guardians have remitted the account to the Local Government Board for their advice as to whether the ratepayers are liable in these cases.

BALLYSHANNON UNION.

SUPERANNUATION.

A RESOLUTION passed by the Sligo Board of Guardians with reference to the Union Officers' Superannuation Bill was forwarded for the co-operation of the Mountmellick Board. It approved of the Bill, subject to certain amendments—that the power of granting superannuation allowances still remain in the hands of the guardians, subject to appeal to the Local Government Board, in case an old and faithful officer be refused a retiring allowance; that the time at which such allowances can be made be after thirty years' service, and not forty, as at present; that at least such portions of it as are already recouped towards payment of medical officers' salaries be paid out of the Consolidated Fund. Those were the chief amendments proposed in the Bill. The resolution was disapproved of.

LIMERICK UNION.

THE Clerk read a copy of the resolution passed by the Cork Board of Guardians expressing the opinion that if union officers were to be superannuated in accordance with the terms of Mr. Herbert Gladstone's Bill, the money should be paid out of the Consolidated Fund; and also the resolution of the Ennis Board of Guardians protesting against the principle of the Bill as unjust and unfair to the ratepayers.

Mr. J. C. Delmege, J.P., said if it was wanted to confer a boon on union officers it should be done out of the public purse—the Consolidated Fund. They should not take from boards of guardians the little power which they possessed, and at the same time levy off them the money which may be granted in superannuation allowances. The guardians had always superannuated their officers unanimously and cheerfully. He thought the resolution of the Cork Board of Guardians an excellent one.

Proposed and seconded, the adoption of the resolution of the Cork Board of Guardians, and the proposition was unanimously agreed to.

GOREY UNION.

SUPERANNUATION.

THIS matter was recently before the board, and the chairman decided not to go into it until a draft of the Bill was before the guardians. The Bill was read to the board.

Mr. Higginbotham said that it was not fair to give a pension to a man who had a pension before that. He could, he said, point to an instance of it in that house. Moved that a petition against the Bill be adopted.

General Guise—We ought to give this matter more consideration. He would move as an amendment—"That we approve of the principle of superannuation in this Bill, provided that it should not be granted independent of the board of guardians to which said officer may belong; and further that in any measure to improve the present system of superannuation of union officers, the pensions should be paid out of the Consolidated Fund."

A poll was then taken when there were for the amendment—9.

Against—6.

Mr. Furney did not vote.

The amendment was declared carried by a majority of three.

WEXFORD UNION.

SUPERANNUATION OF UNION OFFICERS.

THE Clerk read the following from the Guardians of the Cork Union:—"That, having regard to the already high and yearly increasing poor rates in this country, the board is unanimously of opinion that in any measure to improve the present system of superannuation of union officers the pensions should be paid out of the Consolidated Fund and not from the general rate, as would seem to be contemplated. That copies of this resolution be forwarded to the Chief Secretary for Ireland, Mr. Herbert Gladstone, M.P., as well as to our county and borough members, with a respectful request to the latter for their support."

The Chairman—I think if the question of superannuating the union officers is taken out of the hands of the guardians it would be only right that the payments should be made out of the Consolidated Fund.

Mr. Peacocke agreed with the wording of the resolution but considered that it might be made much stronger. They knew that the tendency of present legislation was to reduce the public rates in England, but they had not touched Ireland in that respect as yet.

The Clerk—In this resolution you would have the advantage of having the support of the union officers.

The resolution was unanimously adopted.

CORRESPONDENCE.

THE SUPERANNUATION BILL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have carefully studied the report of the Council of the Irish Medical Association relative to the Superannuation Bill now before Parliament, and I fully concur with the observations therein made on the advantages which will be conferred by the Bill, and the objections to some of the modifications which are proposed to be introduced. On the whole, I am decidedly of opinion that the Bill ought still to meet with the warm support of the Association, and that, while every effort should be made to prevent the introduction of objectionable clauses, there is no need for despair, even although such clauses should be forced upon us.

I conceive that the payment of superannuation allowances out of a general rate for all Ireland will, to a very large extent, remove the objections of the guardians to give pensions. Stingy boards will be compelled to contribute to the pensions of the officers of liberal unions, and the feeling will then arise that by the outlay of a few pounds they can become participators in the benefit of the common fund, and so get back for their own officers some of what they have been paying on behalf of the officers of other unions.

When it does become necessary for a medical officer to appeal to the Local Government Board for superannuation, there can be no question that the Irish Medical Association could render him great assistance in obtaining his rights, and it ought to be made a prominent rule of the Association that it will give all possible assistance to its own members, and to no other, in the event of any trouble arising in reference to their superannuation.

Hitherto, the Association has worked gratuitously for the profession at large in Ireland, but I think the time has come when the screw should be put on the "Paddy-go-easy" class who take everything and give nothing, and they should be made to feel that in some matters, at least, which intimately concern their welfare, the rule will hold good "no pay, no paternoster."

I am, &c.,

A MEMBER OF THE IRISH MEDICAL ASSOCIATION.

IRISH POOR-LAW INTELLIGENCE.

THE SUPERANNUATION ALLOWANCES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you favour me by inserting enclosed copy of a letter which I have forwarded to Mr. H. Gladstone, M.P., and oblige, yours, &c.,

JOHN H. CHAPMAN.

To HERBERT GLADSTONE, Esq., M.P.

DEAR SIR,—I desire to thank you for your private letter of 28th March, which you kindly forwarded with your formal reply to my official letter of the 24th ult.

Pray allow me to offer some remarks as briefly as I can with reference to the "Union Officers' Superannuation (Ireland) Bill."

When the deputation from the Irish Medical Association in January last had the honour of an interview with Mr. Forster, at which you were present, Mr. Forster admitted that the Boards of Guardians in Ireland had not properly and justly fulfilled the trust confided to them by the Legislature in dealing with the retiring allowances of Poor-law medical officers, and he very distinctly stated that the question *required* to be dealt with in a Government measure which he said he intended, with your assistance, to prepare and introduce.

Mr. Forster assured the deputation that the Bill would seek to transfer to the Local Government Board the powers now vested in Boards of Guardians relative to superannuation allowances, and that the scale of allowances and regulations applicable to the cases of civil servants would be adopted.

The first-mentioned of those pledges, although provided for in the Bill as introduced, you have stated is, with the consent of Government, about to be discarded; while the second has not been completely fulfilled in the terms of your Bill (clause 2).

During the past seventeen years the Irish Boards of Guardians have been vested with a discretionary power to superannuate their officers, but it is notorious that they exercised that power unjustly, often scandalously so, in both directions—viz., by voting excessive allowances to special favourites after short service, and by refusal of any allowance whatever—wholly for religious, political, or financial considerations—to officers who had long served with zeal and fidelity.

Yet it is now intended as an amendment of the law that the Boards of Guardians who for seventeen years have proved themselves utterly unworthy of the confidence of the State as regards that trust are about to be re-invested with the powers which they have so long and so grievously abused, to the serious detriment of the service, and to the inexpressible injury of their officers, many of whom were in consequence left destitute; not to speak of the gross wrong to the sick poor which resulted from their being deprived of efficient medical services in consequence of infirm and incompetent medical officers being constrained to continue in office.

I may here say that I have but little personal interest in the matter, as the Board of Guardians of South Dublin

Union, under whom I hold office, have generally dealt fairly with their officers, but they are a very exceptional Board in that respect, and I am glad to observe that they have petitioned Parliament in favour of your Bill.

Doubtless you are aware that Boards of Guardians are reconstructed annually, and that elective guardians are not now generally chosen from the classes of society from which heretofore they were elected.

Nowadays a "suspect" of the lowest rateable qualification—even of the lowest grade—is regarded throughout the country as a much more worthy person to be elected a guardian of the poor than any loyal respectable man in Ireland.

If Boards of Guardians be reinvested with the power to vote the amounts of superannuation allowances of their officers, their officers will assuredly find it a pressing, if not irresistible, temptation to become Land Leaguers and Fenians; and an effect of the amendment of the Bill which you have said Government is prepared to accede to would undoubtedly be to pervert a large number of loyal men, and make them disloyal as a matter of sheer necessity.

The provision of an appeal to the Local Government Board could not prove satisfactory, inasmuch as officers forced to retire in consequence of ill-health or infirmity would not be capable of putting forward their claims to the best advantage. The result of an appeal would generally be at best a compromise, and but seldom an award of the maximum, for the Local Government Board could not endure and overcome the pertinacious antagonism which would be offered by Boards of Guardians to awards of the maximum when but trifling amounts had been voted by Boards of Guardians.

Of late the Local Government Board has often found it more expedient to decline to interfere with Boards of Guardians than to insist upon their paying certain fees to medical officers, even although those fees have been made statutable under the regulations of the Local Government Board. I cite this to show that the Local Government Board could not insist upon Boards of Guardians doing full justice to retiring officers if a joint control were to be provided; whilst, on the contrary, I feel confident that if the entire control over superannuation allowances be given to the Local Government Board full justice would be done to all interests concerned.

In the second clause of your Bill, in which the scale is specified, I respectfully submit that there is no precedent for the words, "not exceeding."

The Bill avowedly, as Mr. Forster promised, has been drafted on the lines of the "Superannuation Act of 1859," which regulates the scale of retiring allowances and gratuities of civil servants; but if you refer to that Act (section 2) you will see that a fixed scale is there laid down by use of the word "of." Civil servants practically enjoy absolute security that justice will be done to their claims, and as the tribunal which decides upon them, viz., the Lords Commissioners of the Treasury, is an august authority, it is all the more imperatively necessary that mere local bodies such as county boards

of guardians should be bound down to administer the law with unexceptional justice.

In the administration of law by Irish local bodies, the words "not exceeding" are almost invariably interpreted to mean *less than the maximum*. A vote of one shilling a year would be a compliance with the provision contained in your Bill.

Suppose the maximum pension in a given case to be £50 a year, and that the guardians had voted only £10 a year, would the Local Government Board insist on the maximum pension being granted? I believe it could but seldom do so, and would have to bear with much odium and trouble caused by questions in the House of Commons being asked, and votes of supply being opposed, if it were even to divide the difference and award £30 a year.

If the draft Bill which was submitted to Mr. Forster by the deputation from the Irish Medical Association had been introduced as a private measure, with the support of Government, I am confident it could have been easily passed, though its provisions were much more stringent than those of your Bill.

Your Bill has already received an immense amount of support, the officers of almost every Poor-law union in Ireland, and the Poor-law medical officers of every county in Ireland, having petitioned the House of Commons in its favour, and the two most important boards of guardians, viz., the South Dublin and North Dublin, have adopted a similar course, while probably it has not received more opposition than any measure put forward by Government would have met with. The irreconcilable Members are antagonistic, not to us or our claims, but to the Government; and as Government has taken the matter out of private hands, it is at least expected that an earnest effort will be made to pass the Bill as a thoroughly satisfactory measure, and not merely as an almost imperceptible instalment of justice. Government undoubtedly has the power to do so, and we feel that all that is wanting is determination. I speak for many—very many—others than myself, and ere it be too late, I respectfully entreat that you will consider this view of the matter.

I am thoroughly convinced that no greater opposition will be offered to a completely satisfactory measure than would be offered to any Government Bill, utterly regardless whether it be less or more satisfactory to the interests involved.

Trusting you may prepare to meet the opposition with unyielding firmness, which I respectfully venture to suggest is all that is required to overcome such opposition as has been offered, and hoping you will pardon my freedom and the length of this communication,

I have the honour to be, dear Sir,

Your obedient servant,

JOHN H. CHAPMAN.

60 Pembroke Road, Dublin.

April 18, 1882.

IRISH MEDICAL ASSOCIATION.

REPORT OF COUNCIL—(continued).

SINCE the issue of the Bill a determined effort has been made by several members of Parliament to retain for boards of guardians the right to award superannuation allowances as they deem fit, and not to allow that power to be transferred to the Local Government Board, as intended by the Bill; and the Committee of Council have learned, with feelings of deep disappointment, from the reply of Mr. Herbert Gladstone to a question put to him in the House of Commons by Mr. Callan, M.P., that after the second reading of the Bill the Government would be prepared to allow the right of awarding pensions to continue with the boards of guardians.

The Committee of Council accordingly addressed the following letter to Mr. H. Gladstone:—

Irish Medical Association,
Royal College of Surgeons, Ireland,
24th March, 1882.

To Herbert Gladstone, Esq., M.P.

SIR,—The Council of the Irish Medical Association have noted your reply to Mr. Callan, M.P., in the House of Commons, in which you are reported to have intimated an intention on the part of the Government to amend the "Union Officers' Superannuation (Ireland) Bill," so as to leave to boards of guardians a discretion in the granting or refusal of pensions.

I am instructed by the Council to express the hope that no change in the Bill will be made which will give to boards of guardians an option of refusing superannuation—an arrangement which the Council consider would be most unsatisfactory, even if provision were made for an appeal to the Local Government Board.

The Council believe that the Poor-law medical officers of Ireland are willing to entrust their claims to any tribunal, such as the Local Government Board, which can be relied upon to deal fairly with them, but not to boards of guardians, who, as hitherto, would generally consider the claims from a political, religious, or financial point of view; and that an appeal to the Local Government Board, after refusal by a board of guardians, would be a method of deciding the superannuation claims of medical officers which would be irksome and unsatisfactory to the officers themselves, and most inconvenient in practice, to the Local Government Board.

The Council, therefore, trust that, if it be found imperatively necessary to alter the principle of the Bill, so that the consideration of pension claims shall be remitted to boards of guardians instead of to the Local Government Board, you will be pleased to insist upon the introduction of the word "*shall*" in place of the words "may if they think fit," in line 9, page 1 (clause 2 of the Bill), and in line 11, page 2 (clause 3), and that you will provide for an appeal to the Local Government Board respecting the amount of pension, such appeal not being provided for in the Bill as it now stands.

I am directed respectfully to remind you that, under existing law, a union officer may receive as pension the full two-thirds of his salary and emoluments after any period of service; whereas if the Government leaves an option to boards of guardians to refuse pensions, and takes from them the right to grant the full two-thirds, the Bill, far from conferring a benefit, will rather inflict a great hardship on union officers.

I am therefore directed to make inquiry as to the intentions of Government with regard to these points, in order that the Council may decide upon the course of action to be pursued by them with reference to the Bill.

I have the honour to be, Sir,

Your obedient servant,

JOHN H. CHAPMAN,
(late President) Hon. Sec.

60 Pembroke Road, Dublin.

Mr. H. Gladstone's reply to that letter was—

House of Commons,
March 28th, 1882.

SIR,—I have the honour to acknowledge the receipt of your letter of the 24th inst.

In regard to the Union Officers' Superannuation Bill, we do propose to leave the power of granting pensions in the hands of the Boards of Guardians; but we shall give the right of appeal to the Local Government Board to all officers to whom pensions are refused, or granted to an amount less than that contained in the scale set forth in the Bill.

I do not think that we can accept the word "shall" for "may, if they think fit."

I remain, Sir,

Your obedient servant,

HERBERT J. GLADSTONE.

To Dr. Chapman.

It will be remembered that the Chief Secretary informed the deputation from the Council who waited on him on the 23rd January last, that Government would introduce a Bill seeking to transfer to the Local Government Board all the powers regarding superannuation now vested in boards of guardians, which was the most forcible admission he could well have made that the boards of guardians had not properly fulfilled the trust confided in them; and the terms of the Bill as it was introduced were not only considered satisfactory in that respect, but were accepted by the Committee of Council in the firm belief that justice would be done to the claims of retiring officers by the Local Government Board so long as that board had complete control over the granting of superannuation allowances.

The Chief Secretary further promised that the scale and regulations now in force with regard to the superannuation allowances of Civil Servants would be adopted in the new Bill, and that assurance was also considered satisfactory, because Civil Servants practically enjoy absolute security that the specified scale of superannuation allowances shall be granted to them in every instance. Were the Local Government Board to have complete control, it can hardly be doubted that a like security would exist; but in the hands of boards of guardians, even with an appeal to the Local Government Board there can be no security whatever that full justice will be done to the claims of retiring officers.

As regards the adoption of the Civil Service scale of superannuation, the Chief Secretary's pledge has not been completely fulfilled, as already pointed out.

The question of what attitude towards the Bill shall be assumed by this Association now requires to be decided. The Committee of Council are assured on undoubtable authority that unless this Association and the Poor Law Officers' Association continue to give the Bill their warm support it will be dropped, and the law be left as it is.

The following principles of the Bill as about to be altered by the Government would, if passed, be improvements on the present law, viz. :—

1. Certain scales of superannuation allowances are specified.

2. A right of appeal to the Local Government Board in all cases in which the specified scale had not been observed.

3. The admission of service in any number of unions to count in the computation of superannuation allowances.

4. Allowance of a gratuity or pension in case of bodily injury or infirmity enforcing retirement before the completion of ten years' service.

5. The addition of a fixed number of years to those actually served, for the purpose of computing the amounts of retiring allowances to be granted.

6. The payment of all superannuation allowances out of a general rate for all Ireland instead of out of local rates.

7. The admission of the salaries of medical officers of health and the fees paid for examination of alleged dangerous lunatics as integral parts of the official incomes of Poor-law medical officers upon which their retiring allowances are to be calculated.

8. A more comprehensive and more satisfactory definition of official emoluments.

Against which should be taken into consideration the following objections to the Bill, viz. :—

1. The most important ground for dissatisfaction, viz., superannuation being left to the discretion of Boards of

Guardians, is not removed, although in some measure guarded against by the right of appeal to the Local Government Board, and the change in the incidence of taxation from the local to a general rate.

2. The right of appeal to the Local Government Board against the decisions of boards of guardians would be harassing, irksome, and unjust to medical officers, who would thereby be put to much trouble, and be kept longer in suspense, as officers, when obliged to retire, would not be in such a state of bodily or mental vigour as to be able to put forward their claims effectively, and enter on the contest of appeal to the best advantage, and the probability that the appealed-to authority would frequently make compromises, to the disadvantage of the retired officers claiming the full scale, rather than endure the unceasing antagonism of the boards of guardians. Such a system would entail almost endless trouble and inconvenience to the Local Government Board.

These are the chief, if not the only, objections, in comparison with existing laws, which can be offered against the Bill as it is about to be amended by Government; and the Committee of Council are greatly disappointed that further concessions in the interests of retiring officers have not been made in the Bill.

The Committee of Council sought, and still are seeking, to have the granting of superannuation allowances made compulsory in all proper cases, and that the salaries or emoluments of all offices to which Poor-law medical officers may hereafter be appointed by statute or by boards of guardians shall be taken into account, so that the Bill should in that respect have a prospective character.

It has been suggested that "support of the Bill is advocacy of a poor certainty in lieu of a good chance;" but the Circular Order of the Local Government Board ("No. 339 M, of 25th November, 1881") completely abolishes the "good chance" of getting a superannuation allowance of two-thirds of the salary and emoluments after short periods of service; and whilst insisting on the enforcement of no excess of the scale specified in the Bill, it cannot insist upon any retiring allowance whatever being granted under the present law if the guardians decline to vote any. The Committee of Council consider that the Bill is very unsatisfactory, but that it is not quite so unsatisfactory as the present law.

NOTIFICATION OF INFECTIOUS DISEASES BILL.

The Bill to Provide for Compulsory Notification of Infectious Diseases, adopted by this Council at your last meeting, has been introduced in the House of Commons by Mr. Meldon, M.P., and read the first time; but as the measure has been blocked by Mr. Thomassen, M.P., and Mr. Gray, M.P., the probable date of its second reading cannot be surmised.

Mr. Gray, M.P., has re-introduced his Bill of last Session on the same subject; but it, too, stands blocked by Mr. Thomassen. It is therefore probable that an effort will be made to refer the question of legislation with regard to notification of infectious diseases in Ireland to a Select Committee of the House of Commons to report on. The Committee of Council, in conjunction with the Dublin Branch of the British Medical Association, are prepared to take such action as may be deemed necessary to prevent infringement of the relations existing between medical practitioners and their patients, and have agreed to have the Bill introduced by Mr. Meldon withdrawn, should such a course be found expedient, and strenuously to oppose the subject being referred to a Select Committee of the House, from whom but little, if any, consideration for the susceptibilities of medical practitioners could be expected.

The Committee of Council and the Council of the Dublin Branch of the British Medical Association have agreed that the expenses connected with the Bill shall be borne in equal shares by the funds of their respective

Associations—a customary arrangement when the interests of two bodies acting conjointly are identical.

Previous to the introduction of these Bills, a copy of the Bill approved by the Councils of the Irish Medical Association and the Dublin Branch of the British Medical Association, together with a letter having reference to the subject generally, and particularly to the interests therein of medical practitioners, was conjointly forwarded by the hon. secretaries of the two Associations to Mr. Gray, M.P., in the hope that he might be induced to withhold his own Bill, and support that put forward on behalf of the two Associations; but Mr. Gray was not disposed to yield to the request made, and soon afterwards, at the instance of the Corporation of Dublin, he re-introduced his Bill of last Session.

Mr. Gray has evinced a great and praiseworthy philanthropic interest in the subject of notification of infectious diseases; and the Irish Medical Association and the Dublin Branch of the British Medical Association are quite as anxious, in the interests of public health, that such a system should be introduced without delay. But Mr. Gray's method of notification is so inimical to that of the two Associations, that it is feared the public interest must be sacrificed unless Mr. Gray withdraws his Bill, as the medical profession cannot accept it.

The state of the matter is very unfortunate, as Mr. Gray's action will deny to the public the important advantages to public health which would be derivable from an effective system of compulsory notification of infectious diseases in Ireland, solely because he does not consider the compromise offered thoroughly satisfactory; and thus the public interest in the matter may long remain completely sacrificed.

LUNACY LAW ASSIMILATION BILL.

By direction of the Committee of Council, a letter was forwarded to the representative of the resident medical superintendents of lunatic asylums in Ireland, asking whether any effort on behalf of those gentlemen would be made to re-introduce the Lunacy Law Assimilation (Ireland) Bill of last Session, suggesting the advisability of that course being adopted, whereby the opportunity afforded might be availed of to insert a clause to place the retiring allowances of those officers on a satisfactory footing, and offering the warmest support of this Association.

CONSULTATION FEES IN DISPENSARY PRACTICE.

In the report submitted to Council on the 1st November, 1881 (*vide* pp. 14, 15), a case was mentioned in which a dispensary medical officer was (on the required authority of the relieving officer) called in to assist another dispensary medical officer at a difficult case of midwifery; that the consultant had applied to the board of guardians for a fee of two guineas, which was refused, on the ground that the guardians were in the habit of giving only one guinea in such cases; that the Local Government Board had been appealed to, but had declined to interfere; and that the Committee of Council had advised legal proceedings to be taken to recover the fee claimed, which course would be supported by the Association. The Committee of Council have to report that, when the legal proceedings were commenced, the guardians settled the claim, without taking defence, by paying the fee of two guineas and the costs of the solicitor who had been employed at the instance of this Association.

DR. KENNY.

The Committee of Council have observed that Dr. Joseph E. Kenny—to whose dismissal from his appointment as medical officer of the North Dublin Union Workhouse Hospital reference was made in the report submitted on 31st January last (pp. 40, 41, 42)—has lately been re-appointed to his office, with the consent of the Local Government Board.

STATEMENT OF ACCOUNTS.

Dr.				
Balance in hand on 1st June, 1881	...	...	£162	7 3
414 Subscriptions	...	...	217	7 0
1 Donation	...	...	1	0 0
		Total	£380	14 3

Dr.				
Expenditure	...	...	184	8
Transferred to Deposit Account	...	...	150	0 0
Balance in hand, 1st April, 1882	...	...	46	5 6
		Total	£380	14 3

H. MINCHIN, M.B., Hon. Treasurer.

4th April, 1882.

SLIGO DISPENSARY.

ALLEGED ABUSE IN THE ISSUING OF DISPENSARY TICKETS.

MR. KEIGHRON said he wished to bring under the notice of the committee a matter which he would ask their advice upon. As a member of the Dispensary Committee he had given tickets to parties seeking relief, and it would appear that Dr. Laird had taken exception to some of his tickets, on the ground of their ineligibility for dispensary relief. He would like to know what cases these were, and get his position as a member explained, so that he would know how to act in future. He regretted Dr. Laird had occasion to write to him about the matter. Mr. Keighron then read Dr. Laird's letter, in which he complained that he had received more tickets from Mr. Keighron than all the members combined. The letter also contained an expression of opinion as to Mr. Keighron's "position" in regard to his issuing an enormous number of ineligible tickets. He (Mr. Keighron) wished to have his "position" explained and the ineligible cases pointed out.

Dr. Laird explained that the letter which Mr. Keighron read was a private one which he sent in reply to another private letter received from Mr. Keighron with reference to his issuing tickets to persons who were able to attend the dispensary. The Doctor said he was particularly struck with the number of visiting tickets which Mr. Keighron had issued to parties who were well able to attend the dispensary, and also at the number of tickets he had issued to persons well able to pay for medical attendance. Dr. Laird enumerated several cases, and described the circumstances of each person whom he attended on Mr. Keighron's tickets.

Mr. Keighron met the doctor's facts with the statement of the messengers who came for the tickets.

The Chairman said the cases cited were ineligible for tickets.

Mr. Keighron said he was very cautious in giving tickets, so much so that he did not give them to every one who asked, and when he did it was on the statements made to him by the parties themselves, or their messengers.

Dr. Laird said Mr. Keighron should know for himself whom the ticket was for, and the applicant's actual state and circumstances before granting it.

The Mayor was at a loss to know how a member of the committee could possibly ascertain the actual circumstances of an applicant for dispensary relief, when he did not know himself, except by relying on the applicant's own statement. For example, a messenger comes from the extreme end of Dr. Laird's district and states his mother is not able to come to the dispensary. The ticket is granted, and when Dr. Laird visits the woman he finds her walking about the house. He considered it very hard to define the eligibility of dispensary cases under such circumstances.

Secretary—There is no doctor in Sligo more attentive to the poor than Dr. Laird, and there is not one more highly valued or respected among them.

IRISH POOR-LAW INTELLIGENCE.

SUPERANNUATION.

THE following letter has been addressed by the Council of the Irish Medical Association to the Chief Secretary—

Irish Medical Association,
Royal College of Surgeons,
Dublin, April 27, 1882.

To the Right Hon. W. E. FORSTER, M.P., Chief Secretary.

SIR,—By direction of the Council of the Irish Medical Association I have the honour to address you relative to the "Union Officers' Superannuation (Ireland) Bill," now before the House of Commons.

The Council desire respectfully to remind you that on the 23rd of January last you honoured them by receiving their influentially supported deputation, who submitted to you a memorial, a draft Bill, and an oral statement by Dr. Jacob; when you were pleased to inform the deputation that the present system of Superannuation of Poor-law Officers had occupied the attention of Government, and was admitted to be unsatisfactory; that you yourself had carefully considered the question and had come to the conclusion that the circumstances of the case rendered it necessary that the subject should be dealt with by the Government instead of its being brought forward in a Bill to be introduced by a private member.

Mr. Meldon, M.P., interposing, remarked that the draft Bill then submitted had been drawn up as a private measure in consequence of your having, on a previous occasion, suggested that course, to which you replied that your views had since undergone a change in that respect, and that you considered it necessary that the question should be dealt with by Government. You then stated that it was your intention, with the assistance of Mr. Herbert Gladstone, M.P., to prepare and introduce a Bill to regulate the retiring allowances of all union officers, which should propose—

1. To transfer to the Local Government Board the powers now vested in boards of guardians.
2. That the pensions and gratuities to be awarded under it shall be paid out of a general rate to be levied upon the whole of Ireland. And
3. That the scale and regulations to be proposed in the Bill should be the same as those contained in the Act which deals with the pensions of civil servants.

The Council were satisfied with that statement, but, having carefully considered the Bill, desire respectfully to point out that its provisions do not strictly coincide with the terms which you were pleased to give expression to as those which it should contain.

In the second clause of the Bill it is proposed that an annual allowance *not exceeding* so many sixtieths of the salary emoluments may be granted, whereas in the second section of the "Superannuation Act of 1859" it is provided that an allowance of so many sixtieths may be granted. The Council desire to impress on you the effect of the great difference in meaning between the words "not exceeding" and the word "of" in that clause. A trivial

award of the smallest coin of the Realm would be a compliance with the restriction provided by use of the words "not exceeding"—and in the administration of the law by local bodies in Ireland the words "not exceeding" are almost invariably construed as *less than the maximum*; whereas, in England such is not the custom; the Council, therefore, earnestly request that you will take into favourable consideration substitution of the word "of" for the words "not exceeding" in the second and third clauses of the Bill.

With reference to the number of years, viz., *ten*, proposed in Clause 6 of the Bill to be added to those actually served by officers of whom special qualifications are required, it is observed that the number of years prescribed to be so added under the provisions of the "Superannuation Act of 1859," is *twenty*; and the Council trusts you will also be pleased to have the Bill made to correspond with the "Superannuation Act of 1859" in this respect.

Since the introduction of the Bill the Council have learned with feelings of intense disappointment from the reply of Mr. Herbert Gladstone to a question put to him in the House of Commons by Mr. Callan that the Government was prepared to modify the Bill, and allow the Boards of Guardians to retain the discretionary power of fixing the amounts of pensions, subject to an appeal to the Local Government Board.

Against such a change in the most important and essential principle of the Bill the Council respectfully protest. During the past seventeen years the Boards of Guardians have been vested with such powers, and it is wholly in consequence of the gross manner in which they abused the privileges conferred on them (as shown in the memorial presented to you on the 23rd of January last that the necessity for amendment of the law has arisen.

Were the existing law to be properly and equitably administered, there would be no occasion whatever to alter it. In the opinion of the Council, Boards of Guardians have completely forfeited all claim to further consideration, inasmuch as they have during so long a period as seventeen years disregarded not only the interests of the public service, and of their own officers, but also the requirements of the sick poor, who have been in many places left wholly dependent for medical assistance on aged and infirm medical officers who were incapable of discharging their duties efficiently, but who had no other alternative but to hold office or voluntarily deprive themselves of their only means of subsistence. There were many instances in which medical officers who had become so broken down by reason of great age or extreme infirmity that they had to resign office, and in consequence of receiving no consideration whatever from their Boards of Guardians, were obliged to seek charitable assistance as the only alternative to entering the work-house as paupers—a step which many other medical officers were compelled to adopt.

With much experience of the actions of Boards of Guardians the Council trust the Legislature will not

again consent to invest them with powers capable of abuse, and so sacrifice the interests of the public service, the rights of their officers, and the requirements of the sick poor.

The Council are aware that the individuals who constitute Boards of Guardians have been of late, and at present are, to a great extent, not selected from the class who desire to promote and maintain the observance of law and order, but from those who advocate Fenianism, Land-leaguism, and such other forms of agitation as are the bane of Ireland; and the Council fear that the effect of re-investing Boards of Guardians with any powers relative to superannuation of their officers would inevitably tend to demoralisation of those officers and be a strong incentive power to force them to associate themselves with political principles of a disloyal nature.

Under these circumstances the Council firmly trust that you will cause the principle of the Bill as it was introduced to be sustained, and that you will not yield to the clamour of those who are unable to prove that the Boards of Guardians, after seventeen years' trial, are entitled to any respect or confidence as regards this matter.

The Council have no reason to doubt that the Local Government Board would properly and impartially do justice to all interests if endowed with sole powers concerning the superannuation allowances of union officers, but they positively assert that a control divided between the Boards of Guardians and the Local Government Board could not possibly work satisfactorily and afford justice to the claims of retiring officers, because officers who by reason of infirmity were constrained to resign would not be capable of putting forward their claims to the best advantage, and an appeal would at best result in a compromise, and but seldom in an award of the maximum; for Boards of Guardians, judging by past experience, would usually vote but an insignificant amount, which the Local Government Board could neither approve nor yet increase to the maximum.

Under existing law the superannuation allowances of each union officer, who was fortunate enough to be awarded any, is payable out of the rates of the union in which he served, and under such circumstances it was reasonable that the Board of Guardians of the Union should have had a voice in the disbursement of its rates, but Government admits that after seventeen years' trial that system has been found not to work satisfactorily.

Now, however, it is proposed in the Bill that all superannuation allowances shall be paid out of a *general rate*, to which all the unions shall contribute; it therefore seems unreasonable that any single union should have a power to deal with a general fund to which that particular union would be but one contributory out of one hundred and sixty-three, that being the number of Poor-law unions in Ireland.

If that important and satisfactory provision of the Bill be accepted by Parliament, the Council trust that the Local Government Board—the authority to be invested with the right of levying the general rate—will be entrusted with the distribution of it, as any other arrangement would certainly prove unsatisfactory, and lead to confusion.

The Irish Poor-law Service is a very large and important branch of the public service, and it would not conduce to its interests to leave the superannuation claims of its officers to be wrangled over by mere local bodies, and to be dealt with in an uncertain and ever varying manner which could neither afford uniform justice to the officers nor inspire them with confidence that their claims would be dealt with as those of all other officers of the public service are. The Council only expect and hope for what they believe to be your earnest wish, that the claims of union officers to superannuation allowances shall be dealt with in a thoroughly equitable manner.

I am, Sir, yours, &c.,
JOHN H. CHAPMAN,
(late President),

Hon. Sec. Irish Medical Association.

VACCINATION IN IRELAND.

THE Council of the Irish Medical Association has addressed the following important letter to the Chief Secretary for Ireland—

Irish Medical Association, Royal College
of Surgeons.
Dublin, 29th April, 1882.

To the Right Hon. W. E. FORSTER, M.P., Chief
Secretary.

SIR,—By direction of the Council of the Irish Medical Association, I have the honour to address you on the subject of public vaccination in Ireland.

The Council are aware that a very large proportion of the children born who survive the period within which the result of vaccination is required to be certified escape without being successfully vaccinated. A list of defaulters is required to be sent every three months by each dispensary medical officer to his Board of Guardians. Upon receipt of that list by the Board of Guardians, the relieving officer of the district is directed to make inquiries and report the result. The relieving officer's inquiry leads to his obtaining a proportion of certificates of successful vaccinations; of assurances that the children are dead, or have removed from the district, or are in too delicate a state of health to be vaccinated, or that they have been vaccinated. In the latter instances the relieving officer is often shown marks on the children's arms, and though not competent to form an opinion, he very often reports that such children have been successfully vaccinated.

This loose method, which in a very large proportion of the defaulters affords no competent inspection, and no proof that a satisfactory result has been obtained, leads to a great number of children remaining unvaccinated, for once a defaulter is reported there the matter is generally allowed to end; and it is not customary for any further inquiry to be made, or defaulters to be followed up, unless the dispensary medical officers continue to report the same defaulters. The dispensary medical officers, however, do not usually again report defaulters, as they are only required to report those who were born within the preceding three months.

It is thus shown that the present system is eminently unsatisfactory, inasmuch as a very large proportion of the children born each year escape vaccination, chiefly through carelessness and want of supervision, whereby the universal protection against small-pox intended to be provided by law is rendered abortive.

The lamented death of the late Sir Edward Burroughs Sinclair, chief of the vaccine department of the Local Government Board of Ireland, the Council consider affords a fitting occasion to direct your attention to the subject generally, and they avail themselves of the opportunity to suggest for your consideration such reforms as they consider essential in the public interest.

A few years ago a special department of the Local Government Board was inaugurated for the collection and gratuitous distribution of humanised vaccine lymph in Ireland. If that department were to be perfected it would afford possibly the only thoroughly satisfactory means of ensuring to the public at large due protection against small-pox.

The Council deem it essential—

- (1.) That public vaccination in Ireland should be placed under a separate and supreme central controlling authority.
- (2.) That the department should be presided over by a duly qualified medical practitioner, who should be required to devote his whole time exclusively to the business and management of the department.
- (3.) That as many competent assistants, being duly qualified medical practitioners, and as many clerks as may be found necessary, should be appointed.

The Council believe that a chief, with three or four medical assistants, and three or four clerks, would probably be capable of discharging with complete satisfaction all the duties of the department; that the expenses would not be very considerable; and that the results would be eminently satisfactory.

- (4.) That a sufficient number of duly qualified medical practitioners debarred from practice should be connected with the department, whose duty it should be to visit once a year each of the dispensaries in Ireland, examine the vaccination registers, inspect the children vaccinated, and report on the results as far as determined by observation of the stages of vaccination, or the cicatrices following the operation.
- (5.) That upon such inspector reporting favourably as to the results obtained by a public vaccinator, such public vaccinator should be awarded a special sum of money in the same manner as in vogue in England.
- (6.) That the assistants to the chief of the vaccine department should be charged with the duty of gratuitously vaccinating or re vaccinating all persons who, for that purpose, come, or are brought, to them at the office of the department; and also be charged with the duty of collecting and gratuitously circulating, on application, pure vaccine lymph, both humanised and animal.
- (7.) That inasmuch as vaccination is by law made compulsory, and as many persons who object to the use of humanised vaccine lymph would not object to the use of calf lymph, it is desirable that means of obtaining animal or calf lymph directly should be provided, in order that either may be used or supplied to applicants as desired, an arrangement which has recently been adopted by the Local Government Board of England.
- (8.) That the chief of the department be invested with powers to call for all necessary returns and reports, and to issue such regulations, subject to the approval of the Local Government Board for Ireland, as may be deemed necessary in the public interest.
- (9.) That, as regards reports as to vaccination, the workhouse and dispensary medical officers, and the relieving officers, throughout Ireland, be required to observe and carry out such instructions and regulations as may be by the chief of the vaccine department issued with the approval of the Local Government Board.
- (10.) That all prosecutions of defaulters for non-compliance with the provisions of the statutes be instituted in the name of the chief of the vaccine department, and that the Poor-law medical officers and relieving officers be required to assist and give evidence in such prosecutions upon due remuneration being ensured to them for such services.
- (11.) That relieving officers be adequately remunerated for their inquiries and reports as to the defaulters regarding whom they are required to report.
- (12.) That every child born in Ireland be followed up until a definite result as to its vaccination be certified by a qualified medical practitioner.

The Council firmly believe that until some such arrangement be provided the public cannot possibly be thoroughly protected against small-pox, and that such a provision would afford almost complete immunity against further outbreaks of that disease.

I have the honour to be, Sir,

Your obedient servant,

JOHN H. CHAPMAN,
(late President) Hon. Secretary, Irish
Medical Association.

60 Pembroke Road, Dublin.

CORRESPONDENCE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A few months ago a constable of police presented me with a "red ticket" to attend a man who was dangerously assaulted. I went—it was very late at night—and attended him, and paid him six visits. The person who assaulted him was fined at petty sessions, but I was not summoned there.

The man whom I attended was a "steward on the railway," and had £1 weekly, with free house, &c. I sent him a bill for £2 for six visits, and he replied, "Get your fees from the Royal Irish Constabulary. I never called you in, and won't pay you."

Can I recover my fee at petty sessions? If he repeats his reply to my letter—"let the police pay me"—what defence have I?

I don't find in any recent *Medical Press and Circular* particulars as to how I could act to get my fee.

Your obedient servant,

GALWAY.

[If the ticket has been cancelled, the fee may be recovered either from the recipient (if an unfit person), or the issuer, if he knowingly issued it to an unfit person. There are precedents for both courses.—ED. M. P. & C.]

CONSTABULARY ATTENDANCE.

SIR,—Will you please inform me to what extent I am responsible for attendance upon the families of members of the Royal Irish Constabulary, to which I am medical attendant?

Am I supposed to attend the son of one of the men who got into ill health at his situation in a shop, and had to return home in consequence? The boy is aged fifteen years.

I am, &c.,

MED. ATT. R.I.C.

[You are liable to attend "the wives and families of men stationed in your district," which expression includes, we believe, any under-age resident in the house of one of the force.—ED. M. P. & C.]

DISPENSARY HARDSHIP.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have been recently attending a case of ascites, and when the patient became very much swollen and dyspnoea set in I determined to tap her. With this intention I made the arrangements necessary, and fixed a day with the patient's concurrence for the operation. On arriving at the patient's house some time after the appointed hour, I was informed that the clergyman was there previously and prevented the woman from undergoing the tapping. A few days after I heard the woman was next day tapped by a medical tyro, a relation of the clergyman, and who recently was appointed to an adjoining dispensary. This I did not mind, as the case was a dispensary one in my district, and I considered the matter only saved me trouble. But the worst remains to be told. This day I have had a scarlet runner from this identical clergyman to attend the same patient. Now I ask you, am I obliged to do this? I presume the clergyman's relative did not give his services gratis, and as he took charge of the case he has a right to see it out. I have no redress in the matter, as the patient has no available means; but of this I am sure, the clergyman knows best what are this patient's finances. If I am obliged to attend again this patient, who after preventing me performing a very simple operation, called in, and I presume, paid another to do the same operation behind my back, all I can say is that the office of dispensary doctor in Ireland is a very low one.

Can I compel the board of guardians to pay the postage of sanitary reports? With characteristic boorishness, I had no reply to two applications to them.

It is now a month since I wrote the foregoing. I did not attend to that ticket, and I have heard nothing about it since. I would throw up the dispensary sooner than attend to such a case. I presume his reverence did not care to fall out with some independent relations of mine who are his parishioners.

NEMO.

[1. The case is one of great hardship on our correspondent. Nevertheless, he should not refuse attendance on the ticket, or he may get himself into trouble. If he could prove that the patient had paid another practitioner, and was still able to pay, he might cancel the ticket and obtain redress at law, otherwise he must attend to the ticket or run the risk of dismissal.

2. You can compel the guardians to pay postage, and the Irish Medical Association is now suing a Board for a small sum expended for postage by another Dispensary Medical Officer, in order to establish a precedent.—Ed. M. P. & C.]

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF MARCH, 1882.

- March 1.—Marshall, G. A.; Dromore, co. Tyrone; M.B. Univ. Dub. 1882, B.Ch. Univ. Dub. 1882.
2nd.—Baxter, G. S. M.; R. H. M. School, Phoenix Park; Lic. R. Coll. Phys. Edin. 1882, Lic. R. Coll. Surg. Edin. 1882.
3rd.—O'Halloran, John; Listowel, co. Kerry; Lic. R. Coll. Surg. Irel. 1880, Lic. R. Coll. Phys. Irel. 1881.
3rd.—Robinson, A. C.; The Manse, Broughshane; M.D. Q. Univ. Irel. 1881, Lic. R. Coll. Surg. Edin. 1882.
3rd.—Collins, M. J.; Cork; Lic. R. Coll. Surg. Edin. 1882.
4th.—Craig, J.; Killygordon, co. Donegal; M.B. Univ. Dub. 1882, B.Ch. Univ. Dub. 1882.
8th.—Moore, C. J.; Great Dorset Street, Dublin; L.A.H. Dub. 1878.
10th.—O'Keefe, John; Carrick-on-Suir, co. Tipperary; Lic. R. Coll. Surg. Irel. 1881.
14th.—Kennedy, John; Broughshane, co. Antrim; M.D. Q. Univ. Irel. 1881, M.Ch. Q. Univ. Irel. 1881.
15th.—Clark, C. G.; Rossbrook, co. Armagh; Lic. K. Q. Coll. Phys. Irel. 1882, Lic. Mid. K. Q. Coll. Phys. Irel. 1882.
16th.—Preston, M. J.; Ballyhannis; Lic. R. Coll. Surg. Irel. 1881, Lic. K. Q. Coll. Phys. Irel. 1881, Lic. Mid. K. Q. Coll. Phys. Irel. 1881.
17th.—Walsh, Patrick; Youghal; L.A.H. Dub. 1881.
17th.—O'Doherty, E. H.; Brisbane, Australia; Lic. R. Coll. Surg. Irel. 1881, Lic. K. Q. Coll. Phys. Irel. 1882, Lic. Mid. K. Q. Coll. Phys. Irel. 1882.
22nd.—Dodd, John; Dromara, co. Down; M.D. Q. Univ. Irel. 1881, M.Ch. Q. Univ. Irel. 1881.
25th.—Jacob, Hamilton; Maryborough, Queen's County; Lic. R. Coll. Surg. Irel. 1876.
29th.—Kennedy, Arthur; Cloughjordan, co. Tipperary; Lic. R. Coll. Surg. Irel. 1881, Lic. K. Q. Coll. Phys. Irel. 1882.

ARMAGH GUARDIANS.

THE SUPERANNUATION OFFICERS' BILL.

MR. ARMSTRONG alluded to what the committee had done on the Superannuation Bill, and read the resolutions that Mr. McCrum had drawn up on the subject, and which with some exceptions, approve of the bill. He then moved the adoption of the resolutions, and that a copy of them be sent to the county and borough members.

Mr. Gamble seconded the motion.

Mr. Best said that he agreed in the main with Mr. Armstrong, but he thought it did not go far enough. According to it they in the North would not only have to pay for themselves, but they would also have to pay for the South and West. He then proposed the following amendment:—

RESOLVED—"That the Board is of opinion that the law in regard to superannuation of officers is quite sufficient, and considered that the Officers' Superannuation Bill (Ireland) is uncalled for and undesirable; and that

a copy of the resolution be sent to the County and Borough Members."

Mr. Riggs seconded the amendment of Mr. Best. He did not think that they would benefit themselves in any way by getting centralisation over the North. He did not think that there could be any reflection on the Armagh Guardians in the retiring allowances they gave to their officers, perhaps more than the Local Government would do if they had it in their power.

The amendment was then put and carried.

THE FUTURE OF VACCINATION IN IRELAND.

We understand that the Irish Local Government Board has determined to leave the Irish Vaccination System without a head, in order that it may save the noble salary of £150 a year, heretofore paid to Sir Edward Sinclair. The vaccine department of the Board is to get along as well as may be with two assistants, who are to do Sir Edward Sinclair's work for nothing, and thus some infinitely minute decimal of a farthing in the pound upon the expenditure of the Board will be economised.

As this is the policy of the Irish Local Government Board, it would be idle for us to ask whether there is any chance of the use of calf lymph, which is authorised, encouraged, and provided for in England, being extended to Ireland. The responsibility of so revulsive a proceeding would, no doubt, be too much for the Board, but we may venture to ask whether it is also too much to expect that some little effort will be made to enforce vaccination law in Ireland. It is notorious that a considerable proportion of the population now eludes vaccination, and it is rarely that the Board of Guardians make any pretence of enforcing the law against defaulters.

We published last week an excellent letter on this subject, addressed from Dr. Speedy to the North Dublin Guardians, and we find from a subsequent report of the proceedings of that Board, that when the relieving officer has spare time, after all his other work is done, he inspects new born children and makes an amateur estimate of their vaccinal protection by the mark (if any) on their arms. This officer states, and we believe it to be true, that very many medical men, both Poor-law surgeons and others, habitually omit to give certificates of successful vaccination, although they are required to do so under penalty of the law. The result is, that few defaulters are prosecuted, inasmuch as it is quite likely that it is not they, but the medical practitioners, who are in fault. We also believe that certain dispensary doctors are in the habit of putting three or four names of defaulters in their report (Form P.) and never in the least concerning themselves as to the other fifty or sixty defaulters in their district.

We note with satisfaction that the Registrar-General has intimated, by circular of the 11th March, that henceforth he will require to be furnished with full details on these points.

This laxity is everywhere throughout Ireland, and—as far as we know—the Local Government Board does not concern itself about it. When, however, the inevitable small-pox epidemic comes, it will not be possible for the Board to relieve itself of the responsibility of the plea that it has saved £150 a year of the public money and trusted to relieving officers to diagnose the successful vaccinations whenever it pleased them.

IRISH POOR-LAW INTELLIGENCE.

CORRESPONDENCE.

VACCINATION DEFAULTERS—"FORM P."

THE following letter has been sent to the Guardians of South Dublin Union:—

SIR,—Mr. McKay, relieving officer, has presented to me my list of vaccination defaulters, "Form P.," bearing date 31st March last, to which he has added observations showing the result of his inquiries. He has also read to me a copy of his letter to the Board relative to that return.

I may here state that Mr. McKay's duty in the matter must have been exceedingly troublesome, for before reporting any case of default of vaccination, I invariably send two or three applications to the parents to forward a certificate of successful vaccination, or bring the child to be vaccinated, or show cause why the vaccination has not been certified, or may not now be performed; consequently the defaulters with whom Mr. McKay has to deal are only those who pay no attention to my applications.

I am confident Mr. McKay has carefully carried out the instructions given to him, but I feel bound to state that it is impossible to give due effect to the provisions of the law unless something more be done, as the Vaccination Act can never be worked satisfactorily until *positive proof* as to the result regarding successful vaccination, unfitness, insusceptibility, or death be produced in *every instance*.

Under the present system of inquiry any parent can evade the law by merely telling the relieving officer that his child is "dead," or that it has been "removed from the address, leaving no trace."

"Not found at address" is not a satisfactory reason why the law should be permitted to be evaded.

Such mere statements—without any proof of their accuracy or anything to show that the provisions of the Act have been complied with—ought not to be accepted as final.

When death is alleged to be the reason for default, the relieving officers should be required to ascertain the date and place of death, and of its registration, in order that inquiry may be made and proof obtained.

When "removal from address, leaving no trace" is alleged, nothing short of failure of the *most strenuous* and oft-repeated efforts to trace the defaulters should be accepted as final; such efforts would not often fail.

The law provides that every child born in Ireland who survives the period (3 months) within which its successful vaccination is required to be performed, shall, under penalty, be successfully vaccinated, and the same be duly certified to the registrar of births for the district in which said child was born, unless the child be *duly certified* to be unfit every two months, or to be insusceptible of vaccination.

The law further provides that upon, and immediately after the successful vaccination of any child, the medical practitioner who successfully vaccinated such child *shall*, under penalty, certify the result in the prescribed form, and forthwith send such certificate to the registrar of births for the district in which the child was born.

I would most earnestly and respectfully urge the Board to rigorously insist upon the provisions of the law being strictly complied with, and to direct a continuance of inquiries to be made, and legal proceedings to be promptly instituted when necessary *in every case*, until the law be fully complied with; and not rest satisfied with mere statements such as those I have quoted from the printed form of relieving officer's report.

I have regularly forwarded the lists required of me concerning all vaccination defaulters, but the result is far from satisfactory, as I find in the books of my own district names of several hundred children regarding the result of whose vaccination I have never received any certificate; and I can again, if necessary, give the required particulars concerning them.

I have no doubt that many of them have been successfully vaccinated, though not certified, while I have no reason whatever to doubt that many others have never been vaccinated.

If the provisions of the law were rigorously enforced in every instance I firmly believe that epidemics of small-pox would much less often occur, and never produce such serious results as heretofore.

I am, Sir, yours, &c.,

JOHN H. CHAPMAN,
Medical Officer, Donnybrook District, Dublin.

May 16, 1882.

To Thos. Phelan, Esq., Clerk,
South Dublin Union.

EAR VERTIGO.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I see by the papers that the Attorney-General for Ireland, in reply to Mr. Metge's question, stated in the House of Commons that the court of inquiry into the case of Sub-Constable Forbes, which was held in Kells on the 21st of October, had decided according to the weight of evidence, and that therefore he refused to remit the fine—£3. As one of the medical men whose evidence afforded so much amusement to some of the Members of the House of Commons, allow me to lay before you the facts of the case.

Sub-Constable Forbes went on duty in the town of Kells about 2 p.m., at which time it was allowed by the prosecution that he was perfectly sober. After being some time on duty he was observed by the sergeant to stagger and reel. The sergeant drew the attention of the head-constable to him, who, concluding that Forbes was drunk, brought him back to barracks, but did not inform him why he did so until an hour had elapsed. On Forbes being then told that he was charged with being drunk, he stated that he was slightly ill—not drunk—and sent immediately for me, as I was acting *locum tenens* for the constabulary medical officer of the district. As I was not at home he sent, at his own expense, for Dr. Sparrow, who, on seeing him, found him perfectly sober, and without any symptom of having been recently under the influence of drink. On my return home I went at once to see him, and found him sober, but complaining of the symptoms of Menier's disease—noise in left ear, numbness behind ear and down left arm, nausea, depression, giddiness, the left Eustachian tube plugged, and drum of ear inflamed. At the inquiry the sergeant and head-constable swore Forbes was drunk when brought back to barracks. This was the only evidence for the prosecution. Four sub-constables who were with Forbes constantly from his return to barracks until seen by Dr. Sparrow and myself, swore that he was perfectly sober. Dr. Sparrow swore he was sober, and agreed with my evidence that the giddiness was the result of illness—not drink. I stated that disease of the left ear caused the vertigo. However, the court, composed of two sub-inspec-

tors from adjoining districts, decided that Forbes had been drunk, and fined him £3.

I certainly fail to see on what grounds the Attorney-General stated that the decision of the court was according to the weight of evidence; or why the head-constable did not inform Forbes that he was charged with drunkenness or any offence until an hour had elapsed, and so prevented his being seen by a medical man for nearly two hours after his return to barracks.

After the inquiry Sub-Constable Forbes, continuing to suffer from symptoms which were rather too protracted for those of intoxication, was sent by the authorities to St. Mark's Eye and Ear Hospital for treatment for the disease of the left ear, for suffering from one of the symptoms of which he had been already severely fined.

After remaining some time in hospital, and having derived much benefit from the treatment adopted, Forbes resumed duty at another station. Still his position is far from enviable. Constantly exposed to all the hardships and extra duties which at present devolve on the Irish Constabulary, he is liable to be tried and fined whenever his labyrinth becomes congested, the authorities evidently considering an occasional drain on his purse the best treatment for such congestive attacks. Though my evidence—that there was a disease of the ear that gave rise to vertigo, which might easily be mistaken for the effects of drunkenness—was received in the House of Commons with loud laughter, and by the general press as ridiculous, if ingenious, still I cannot help feeling that the total ignoring of the medical evidence is a very serious matter in such cases, more especially when we recall how many cases have terminated fatally in police stations where those really suffering from the effects of injury or disease have been charged with drunkenness by police officers of many years' experience in the varying phases of intoxication, but who were not sufficiently experienced to make a correct medical diagnosis.

I am, Sir, yours, &c.,

JOHN RINGWOOD.

Kells, co. Meath, 22nd April, 1882.

LIST OF ENTRIES IN THE REGISTER OF THE
BRANCH MEDICAL COUNCIL (IRELAND) FOR THE
MONTH OF APRIL, 1882.

- April 1st.—Shea, W. K.; 29 York Street, Dublin; Lic. R. Coll. Surg. Irel. 1881.
1st.—Nelson, W.; New Ferry, co. Antrim; M.D. Q. Univ. Irel. 1881, M.Ch. Q. Univ. Irel. 1881.
3rd.—Dunlop, J. B.; Bushmills, co. Antrim; Lic. R. Coll. Surg. Irel. 1881, Lic. K. Q. Coll. Phys. Irel. 1882; Lic. Mid. K. Q. Coll. Phys. Irel. 1882.
3rd.—Skerrett, P. De Be; 21 Mountjoy Square; Lic. R. Coll. Surg. Irel. 1881, Lic. K. Q. Coll. Phys. Irel. 1881, Lic. Mid. K. Q. Coll. Phys. Irel. 1881.
4th.—Kirwan, W. P.; Galway; Lic. R. Coll. Phys. Edin. 1882; Lic. R. Coll. Surg. Edin., 1882.
5th.—McKeown, David; 20 College Square, E., Belfast; M.D. Q. Univ. Irel. 1880, M.Ch. Q. Univ. Irel. 1880.
5th.—Neill, J. H.; Lallaght, co. Dublin; Lic. R. Coll. Surg. Irel. 1881.
12th.—Nugent, R. M. C. D.; Kells, co. Meath; Lic. R. Coll. Surg. Irel. 1881.
17th.—Dennehy, P. R.; Clonmel; Lic. K. Q. Coll. Phys. Irel. 1880, Lic. R. Coll. Surg. Edin. 1881.
18th.—Muloch, F. J.; Athlone; Lic. R. Coll. Surg. Irel. 1880, Lic. R. Coll. Phys. Edin. 1882.
20th.—MacCormack, C. J.; Castlebar; Lic. R. Coll. Surg. Irel. 1881, Lic. K. Q. Coll. Phys. Irel. 1882, Lic. Mid. K. Q. Coll. Phys. Irel. 1882.
20th.—Daly, J. H.; 84 Leinster Road, Rathmines; Lic. R. Coll. Surg. Irel. 1881, Lic. K. Q. Coll. Phys. Irel. 1882, Lic. Mid. K. Q. Coll. Phys. Irel. 1882.
20th.—Kingsbury, G. C.; Sir Patrick Dun's Hospital, Dublin, M.B. Univ. Dub. 1882, B.Ch. Univ. Dub. 1882.
25th.—Browne, G. H.; Ballingarry, Limerick; L.A.H. Dub. 1878, Lic. R. Coll. Phys. Edin. 1882, Lic. Fac. Phys. & Surg. Glasgów, 1882.
27th.—Swann, J. A.; Warrenpoint, Down; Lic. R. Coll. Surg. Irel. 1881, Lic. R. Coll. Phys. Edin. 1882.
29th.—Hamilton, J. B.; 84 West Street, Drogheda; L.A.H. Dub. 1876.

29th.—Purdon, R. J.; Donegal Place, Belfast; L.A.H. Dub. 1882.

DUBLIN CORPORATION.

DR. CAMERON'S SALARY.

A LETTER was received from the Local Government Board acknowledging the receipt of the Solicitor General's opinion relative to the amount to be recouped to the Corporation on account of the proposed salary of Dr. Cameron as Medical Superintendent Officer of Health and Executive Sanitary Officer, and stating that the Board have again given the subject careful consideration and they do not see any reason to alter the views expressed in their letter of the 13th of January last.

Mr. M'Evoy said he had a motion on the paper on this subject, and he thought this was the best time to bring it forward. He moved—

"That in consequence of the refusal of the Local Government Board to sanction a Government Contribution of £500 to the salary of Dr. Cameron, as contemplated in report (No. 173) of the Public Health Committee, it is expedient to rescind the resolution, No. 404, on the minutes of 19th September, 1881, adopting said report, That the Governmental contribution being fixed at £95, the future salary of Dr. Cameron be £500 per annum."

The law as to the salaries of sanitary officers was of a very vague and unsatisfactory character, and were not based upon population, but fixed upon accident to a great extent, and mainly depended upon the local authority increasing the salary of their officials. Since the year 1874, when the Public Health Act was passed, a city which was at that time furnished with a sufficient number of officers would get nothing from the Government, whilst another city which began then *de novo* at sanitary work would get a great deal of help from the Government in the payment of its officers. It would be absurd to think that Dr. Cameron would give the whole of his time to the city for the salary at present given to him, and he considered that it would be better to go back to their original arrangement with him.

Mr. Johnston seconded the resolution.

Mr. Gray said the motion was clearly out of order, as it rescinded without notice a former resolution of the house.

Alderman Meagher agreed with Mr. Gray, and ruled that Councillor M'Evoy was out of order.

Councillor Mayne then moved that the letter of the Local Government Board be referred to a committee of the whole house to consider the matter.

Mr. M'Evoy seconded the motion, and he considered that this was the best way for dealing with the matter.

Alderman Kernan spoke at some length of the great amount of work done by Dr. Cameron in the city as a sanitary officer. The matter was solely one of an increase of salary, and he considered that such a matter should not be considered when the health of the city was involved. He proposed as an amendment to the motion, that the Public Health Committee be directed to award Dr. Cameron a salary of £1,000 a year, and that the members of the house who were also members of the House of Commons, be directed to draw the attention of that assembly to the refusal of the Local Government Board to recoup £350 a year of the salary paid at present to Dr. Cameron, notwithstanding that it had been sanctioned. True economy was the economy which looked into the health of the inhabitants of the city.

Mr. Dennehy said that there was not a city in the world, he believed, which paid its sanitary officer £1,000. Sir John Barrington—Yes, and a great deal more.

Mr. Dennehy said, as representing one of the poorest districts of the city, he had been asked to oppose this motion. It was very well for rich gentlemen to talk

contemptuously of expense, but it was another thing for the unfortunate people who were paying the rates at the point of the bayonet.

Mr. Finigan seconded Alderman Kernan's resolution.

Mr. Mayne proposed that the matter be again referred to a committee of the whole house.

On a division, the voting was as follows:—For Alderman Kernan's amendment, 32; against, 9.

The amendment was therefore carried, and Mr. Mayne's resolution was lost on the same division.

The Council soon after adjourned.

THE VITAL STATISTICS OF IRELAND FOR THE PAST QUARTER.

ACCORDING to the quarterly summary of the births and deaths in Dublin, and fifteen of the principal sanitary districts in Ireland, just published by authority of the Registrar-General, in the Dublin district there was registered during the thirteen weeks ended on Saturday, 1st April, 1882, an annual ratio of 30·6 in every 1,000 of the population. There was registered in London during the same period an annual birth-rate of 36·0; in Glasgow, 38·9; and in Edinburgh, 31·1 in every 1,000.

The number of deaths in the Dublin district during the quarter amounted to 3,048, affording an annual ratio of 35·0 in every 1,000 of the population. The 10-year average was 32·7 per 1,000 persons. The ratio of deaths north of the Liffey registered last quarter was 38·3; south of the river, 39·0. In the suburban districts the number of deaths was equal to an annual death-rate of 23·0. The rate of deaths in London during the quarter was 25·5; in Glasgow, 25·2; and in Edinburgh 19·9 in every 1,000 of the estimated population.

The number of deaths from zymotics registered was 607, being 278 over the number for the preceding quarter, and 89, or 17 per cent., over average of ten years. The rate from these diseases was 7·0 per 1,000 of the population. The high rate from zymotics is due to the extended prevalence of measles, which disease proved fatal in no less than 432 cases during the quarter, equivalent to 71 per cent. of the total number of deaths from diseases of the zymotic class. Of these 432 deaths, 186 occurred in the North City Districts (where, in December last, the epidemic first assumed serious proportions); 165 in the South City, and 77 in the suburbs. The weekly number of deaths from measles registered varied from 47 in the fourth week of the quarter, to 21 in the last week. No deaths from small-pox have been registered in Dublin during the last ten months, nor have any cases been admitted to hospital during that period. Fever caused 60 deaths last quarter (25 typhus, 28 typhoid, and 7 simple continued or ill-defined fever), being 13 over the number for the preceding quarter. During the first quarter of 1881, there were 470 cases of typhus admitted into Dublin hospitals; in the first quarter of this year the number was 126. Ninety-eight typhus patients were discharged during the last quarter; 19 died. Among the remaining deaths from zymotics are 18 from scarlatina, 14 from whooping-cough, 7 from diphtheria, 32 from diarrhoea, and 13 from erysipelas. There were 226 deaths of children ascribed to convulsions. Phthisis caused 325 deaths, or 19 over average. Diseases of the respiratory system proved fatal in 758 instances, being 157 in excess of the number for the previous quarter, but 3 under average; the deaths in this group comprise 537 from bronchitis, 147 from pneumonia or inflammation of the lungs, 27 from croup, and 5 from pleurisy.

The average annual death-rate in the Dublin Registration District, and fifteen sanitary districts was 30·0 per 1,000, the respective rates being as follow:—Dundalk 17, Drogheda 21, Sligo 22, Newry 22, Wexford 23, Waterford 25, Galway 25, Kilkenny 25, Clonmel 25, Londonderry 26, Belfast 26, Queenstown 27, Lurgan 28, Cork 29, Limerick 33, Dublin 35. The deaths from the seven zymotics in the sixteen districts were equal to an annual rate of 4·2 per 1,000, the rates ranging from 0·0 in

Drogheda, to 6·0 in Newry, and 6·4 in Dublin; the 84 deaths from all causes in Newry comprising 16 from scarlatina, 2 from whooping-cough, 2 from diphtheria, and 2 from diarrhoea. The rate in Limerick was 4·1 per 1,000, the 319 deaths from all causes comprising 23 from scarlatina, 1 from enteric fever, 2 from simple fever, and 14 from diarrhoea.

STATEMENT OF CASES WHERE GUARDIANS REFUSED TO GRANT SUPERANNUATION ALLOWANCES, AND WHERE AMOUNT AWARDED WAS INSUFFICIENT.

No. 1. *Matron*—70 years of age, 27 years in the service. Has been for several years in receipt of Poor-law relief as a pauper in the workhouse.

No. 2. *Dispensary Medical Officer*—66 years of age, and many years in the service. This officer was recommended by his dispensary committee for superannuation. He suffered from heart disease and lameness of both feet, and was supported by his relations until death.

No. 3. *Workhouse Tailor*—71 years of age. Suffered from paralysis, was in receipt of out-door relief, and afterwards became an inmate of the workhouse.

No. 4. *Nurse*—60 years of age, 17 years in the service. No reason given for refusal, except that other officers would be applying for it.

No. 5. *Clerk of Union*—22 years in the service. No reason.

No. 6. *Fever Hospital Nurse*—68 years of age, 24 years in the service. Refused on the grounds that a portion only of service had been given in that union. Since a pauper in the workhouse.

No. 7. *Believing Officer*—75 years of age, 13½ years in the service. No cause assigned. At present an inmate of the workhouse, being granted but £6 a year, although entitled to £16.

No. 8. *Fever Hospital Nurse*—70 years of age, 20 years in the service. Kept in office, and a substitute paid, for years after she was incapacitated, rather than sanction a precedent.

No. 9. *Porter*—74 years of age, 15 years in the service. Kept in office when unfit, rather than grant superannuation.

No. 10. *Porter*—70 years of age, 10 years in the service. Also retained in office after age rendered him unfit.

No. 11. *Dispensary and Workhouse Medical Officer*—65 years of age, 25 years in the service. Called upon to resign, and would have been entitled to superannuation, but he did not seek for it, as the guardians would not entertain his application.

No. 12. *Shoemaker*—50 years of age, 10 years in the service. No reason assigned.

No. 13. *Dispensary Medical Officer*—65 years of age, 15 years in the service. No cause assigned.

No. 14. *Relieving Officer*—60 years of age, 24 years in the service. Refused on the grounds that his entire time was not devoted to the duties of his office.

No. 15. *Porter*—60 years of age, 18 years in the service. No cause. Himself and family became paupers in the workhouse, where he remained till death.

No. 16. *Porter*—60 years of age, 8½ years in the service. Insufficient service.

No. 17. *Rate Collector*—82 years of age, 30 years in the service. Economy.

No. 18. *Master*—85 years of age, 27 years in the service. This officer served 17 years in one workhouse, and 10 in a second. Refused, although induced by promises of pension to resign office.

No. 19. *Master Tailor*—65 years of age, over 10 years in the service. No cause assigned.

No. 20. *Relieving Officer*—75 years of age, 13 years in the service. As this officer lived with his son, the guardians did not consider he required superannuation.

No. 21. *Dispensary Medical Officer*—60 years of age, 32 years in the service. Economy.

No. 22. *Shoemaker*—68 years of age, 30 years in the service. Necessity of saving the rates. He entered the workhouse as a pauper, where he remained till death.

No. 23. *Infirmiry Nurse*—65 years of age, 10 years in the service. No cause assigned.

No. 24. *Fever Hospital Nurse*—50 years of age, 24 years in the service. No cause assigned.

No. 25. *Dispensary Medical Officer*—60 years of age. Refused, the grounds being that the dispensary committee objected, as it would have been a district charge.

No. 26. *Porter*—70 years of age, 15 years in the service. The guardians consider he should have saved sufficient money out of £20 a year, and he became a recipient of out-door relief some time after.

No. 27. *Nurse*—65 years of age, 20 years in the service. Same cause as in previous case.

No. 28. *Relieving Officer*—70 years of age, 33 years in the service. Same cause.

No. 29. *Workhouse Master*—67 years of age, 24 years in the service. No cause assigned.

No. 30. *Fever Hospital Nurse*—70 years of age, 28 years in the service. No cause assigned.

No. 31. *Master Tailor*—78 years of age, 40 years in the service. No cause assigned. Since received out-door relief.

No. 32. *Master Tailor*—60 years of age, 13 years in the service. The guardians averse to granting. He was obliged to enter the workhouse as a pauper, and is still an inmate.

No. 33. *Dispensary Doctor*—70 years of age, 47 years in the service. No cause.

No. 34. *Workhouse Baker*—61 years of age, 16 years in the service. He was granted 10s. per week by resolution of the Board, which was afterwards rescinded.

No. 35. *Infirmiry Nurse*—Amount of salary and emoluments, £21. Allowance granted, £6 per annum. Is now a pauper in the workhouse, owing to the insufficiency of superannuation.

No. 36. *Matron*—65 years of age, 27 years in the service. Because she had money saved.

No. 37. *Porter*—81 years of age, 21 years in the service. Granted £8 per annum. Died in workhouse, allowance being insufficient to support him.

No. 38. *Hospital Nurse*—70 years of age, 22 years in service. Died a pauper in the workhouse soon after learning she had been refused superannuation.

No. 39. *Poor Rate Collector*—66 years of age, 18 years in the service. Not having given all his time to his duties.

No. 40. *Fever Hospital Nurse*—50 years of age, 22 years in the service. No cause assigned.

No. 41. *Dispensary Medical Officer*—60 years of age, 13 years in the service. No cause assigned.

No. 42. *Clerk of Union*—68 years of age, 38 years in the service. No cause assigned.

No. 43. *Dispensary Medical Officer*—Upwards of 60 years of age, 28 years in the service. The guardians "could not see their way to increase the rates by granting superannuation."

No. 44. *Poor Rate Collector*—Upwards of 60 years of age, 25 years in the service. £10 per annum proposed as superannuation in this case, but lost on a division by 15 votes to 6.

No. 45. *Dispensary Medical Officer*—74 years of age, 38 years in the service. Guardians were opposed to the principle.

No. 46. *Shoemaker*—70 years of age, 22 years in the service. Same grounds. Obligated to seek out-door relief.

No. 47. *Workhouse Master*—50 years of age, 20 years' service. Same grounds as above.

No. 48. *Nurse*—65 years of age, 32 years in the service. She did not apply, knowing that the Guardians were opposed.

No. 49. *Porter*—75 years of age. Although for years unfit for his duties, he died in office, being afraid to resign.

No. 50. *Porter*—74 years of age, 11 years in the service.

He was awarded two-thirds of £8 per annum, being all that could be granted, but died in the workhouse, the amount of allowance not being sufficient to support him.

No. 51. *Relieving Officer or Collector*—70 years of age, 33 years in the service. Not having devoted his whole time to the service.

No. 52. *Relieving Officer or Collector*—65 years of age, 25 years in the service. Same cause as above.

No. 53. *Dispensary Doctor*—75 years of age, 40 years' service. Stated to have private means.

No. 54. *Office not stated*—80 years of age, 33 years in the service. Against increasing the rates.

No. 55. *Dispensary and Workhouse Medical Officer*—60 years of age, over 18 years in the service. This officer, on retiring, was presented with a complimentary address, but when the question of superannuation was before his Board the proposition was not even seconded, the guardians considering he had sufficient private means.

No. 56. *Suicide*—Mary Ryan, infirmiry nurse, Roscrea Workhouse. The woman, 65 years of age, found herself ailing, applied for a week's leave of absence, which the guardians granted, but hardly had they done so when the master returned with the intelligence that the woman had poisoned herself. Under the proposed superannuation scale, having but twelve years' service, she would be only entitled to a retiring allowance of £7 per year, and the poor woman dreaded becoming a pauper inmate of the workhouse if the guardians dispensed with her services—a fear that she more than once expressed.

No. 57. *Nurse*—Over 70 years of age, 16 years in the service. Refused superannuation because she occasionally earned a few shillings as a midwife, and as such, her "whole time" was not being given in the service of the Union; she was obliged to seek refuge in the workhouse, in which she died within a few months after her admission.

No. 58. *Relieving Officer*—Over 60 years of age, over 20 years in the service. This officer got a blow of a brick in the head by a lunatic pauper, from the effects of which he never quite recovered. At the time of his resignation he was an inmate of the workhouse hospital, but in consequence of being the owner of some small house property, and having assisted his wife, who was in business in a small way as a vendor of tobacco, the Guardians did not vote him any superannuation whatever, inasmuch as his "whole time" was not given to the Union.

No. 59. *Porter*—Over 70 years of age, nearly 40 years in the service. Guardians gave what they believed to be the full amount, but were mistaken, and the amount granted being so small, he took refuge in the workhouse, in which he is at present an inmate, and has been for years past.

No. 60. *Dispensary Medical Officer*—64 years of age, 39 years in the service. This officer held office under the old Grand Jury System since 1843 to the date of the introduction of the Irish Poor Law Medical Charities' Act.

No. 61. *Nurse*—50 years of age, over 20 years in the service. Although suffering from paralysis, caused by repeated attacks of fever contracted in the discharge of her duty as a fever-nurse, was refused superannuation, and, although no reason was officially assigned, it is well known that the refusal was caused by her having changed her religion, the majority of the Board at that time being of a different religious persuasion to that to which she belonged.

In addition to the foregoing, cases have occurred where the officers remained in office until removed by death, and in other instances many officers are at present holding office although unable, from old age and infirmity, to efficiently perform their duties, sooner than resign and trust to the boards of guardians to exercise with justice the discretionary power vested in them to grant superannuation.

No. 62. *Dispensary Medical Officer*—78 years of age, 30 years in the service. Would have sought retiring allowance long since had there been any probability of a moderate pension being granted.

(To be continued.)

IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

THE Annual General Meeting of this Association was held on Monday last at the Royal College of Surgeons in Ireland, and was very largely attended, a large number of provincial practitioners having come to town for the occasion. The usual antecedent breakfast was held at the Shelbourne Hotel at 9 a.m., and at 12 o'clock the chair was taken at the College by Dr. Banks, President of the Association. The Report, which we print *in extenso* in our Irish Supplement, epitomises the work of the Association for the past year, and is specially interesting in reference to the question of Poor-law medical superannuation. The President for the ensuing year is Dr. Molony, of Tulla, co. Clare, one of the oldest and most respected provincial members of the Association. The annual dinner, which took place, as usual, at the College, by permission of the Council, was also a very largely attended social gathering. We hope to give a fuller report next week.

Report of Council for the Year ending 31st May, 1882.

MR. PRESIDENT AND GENTLEMEN,

During the past year your Council held six meetings, and the Committee of Council forty-four meetings.

In preparing this annual report, your Council have deemed it unnecessary to refer to matters of less general importance, which have already been brought under the notice of the members in the intermediate reports issued since the last annual general meeting of this Association.

MEDICAL REFORM BILLS.

Your Council have to report that a Royal Commission was last year appointed, to report to Parliament on the whole question of medical reform, including the various Bills on that subject which have been presented, with power to call and examine witnesses. The 19th October last was the day appointed to receive evidence on behalf of this Association, and your Council again having carefully considered the evidence which Dr. John William Moore, then late Chairman of Council, had kindly and ably prepared, re-approved of it, and authorised that gentleman to proceed to London, for the purpose of being examined on behalf of this Association, before the Royal Commission, the following resolution having been previously communicated to him, viz. :—

“That the Association strongly disapproves of any proposition to admit to medical practice, or registration, under any circumstance, a person whose competency had not been proved by passing a conjoint or State examination, and that Dr. J. W. Moore be requested to press this view strongly on behalf of the Association in his evidence before the Royal Commission.”

Upon Mr. Moore's return to Dublin, he promptly made a detailed statement to the Committee of Council, relative to the subjects which had been specially referred to, and the questions put to him orally in cross-examination; and the following resolution was unanimously adopted by the Committee of Council, viz. :—

“That the best thanks of the Committee of Council are due to Dr. J. W. Moore for the able manner in which he prepared and gave the evidence on behalf of the Irish Medical Association before the Medical Acts Commission, on the 19th October, 1881.”

Your Council understand that the Royal Commission is still pursuing its object, and they understand that the Report is now in course of completion, but until it is in circulation, the evidence given by Dr. J. W. Moore will not appear in print.

The following are the reforms advocated by this Association, viz. :—

1. A revision of the constitution of the General Medical Council—

- (a) By a more equitable distribution of seats amongst the licensing authorities.
- (b) By widening the constituencies which elect the representatives of several of those bodies.
- (c) By a more direct representation of the general body of the profession.

2. The grant to the Medical Council of complete control over the education and examination of candidates for admission to the profession.

3. The compulsory establishment of a single conjoint examination for each division of the United Kingdom, which examination should be essential for admission to the licence or degrees of any of the medical authorities.

4. The enforcement of absolute uniformity in standard of examination, extent of curriculum, and amount of fees payable, required by each and all of the conjoint examining bodies.

SUPERANNUATION.

Your Council devoted unceasing attention to the subject of Superannuation of Union Officers, with a view to obtain such an amendment of the law as would secure justice being invariably afforded to the claims of those officers to superannuation allowances upon compulsory retirement in consequence of permanent disability to discharge their duties with efficiency.

At first the efforts of your Council in this direction were confined to the interests of medical officers only, the claims of other union officers not coming within the scope or objects of this Association; however, it soon became manifest that Government was willing to deal with the claims of all union officers, in a single measure, and accordingly your Council with pleasure heartily co-operated with the representatives of the Poor Law Officers' Association, in an effort to obtain an amendment of the law which would be satisfactory in the public interest, as well as that of the officers themselves.

On the 23rd January last a deputation from the Council

—which was kindly supported by the presence of Mr. Brooks, M.P.; Dr. Lyons, M.D., M.P.; the Right Hon. Edward Gibson, Q.C., M.P.; Mr. Meldon, Q.C., M.P.; and Mr. Findlater, M.P.—had the honour of an interview with Mr. Forster, M.P., then Chief Secretary for Ireland, with whom were Mr. Herbert Gladstone, M.P., and Mr. Henry Robinson, Vice-President of the Local Government Board. The deputation consisted of Dr. Banks, Physician to the Queen, President of the Association; Dr. Johnston, President of the College of Physicians; Dr. Kidd, President-nominate of the Dublin Branch of the British Medical Association; Mr. Porter, Surgeon to the Queen; Dr. J. W. Moore, Vice-President of the College of Physicians; Dr. Pollock, Chairman of Council of Irish Medical Association; Dr. Duffey, Hon. Sec. of the Dublin Branch of the British Medical Association; Dr. Robert McDonnell, Dr. Jacob, Dr. Morrogh, J.P.; Dr. Molony (Tulla), Dr. Tagert (Monkstown), Dr. Purcell, Dr. Speedy, Dr. Robert Browne, Dr. Hayes (Naas), Dr. Bellew-Kelly (Drogheda), Dr. Chapman (late President), Hon. Sec., &c.

The deputation was introduced by Mr. Brooks, M.P., senior member for Dublin City, and the Hon. Secretary handed to Mr. Forster the proposed Draft Bill (see last Annual Report, pp. 21-23), and the following Memorial, viz. :—

The Memorial of the President and Council of the Irish Medical Association, to the Right Hon. W. E. Forster, M.P., Chief Secretary for Ireland.

HUMBLY SHEWETH—

That Irish Poor-law medical officers, upon retirement in consequence of advanced age or permanent infirmity of mind or body rendering them incapable of performing their duties with efficiency, may be granted, by Boards of Guardians, retiring allowances not exceeding two-thirds of the amount of their salaries and emoluments, subject to the sanction of the Local Government Board for Ireland.

That the power thus conferred on Boards of Guardians is but a discretionary power, which is variously and often capriciously exercised; while the power conferred on the Local Government Board with regard to sanctioning the amount of such allowances, if any, which may be proposed by Boards of Guardians, extends only to confirmation or reduction of the amount proposed, but not to its increment; thus, while the Local Government Board has power to check abuse in the direction of an excessive allowance—a power which by recent circular it has declared its intention of exercising—that Board has no power whatever to compel the guardians to use their privilege reasonably and fairly by awarding equitable retiring allowances.

That many Poor-law medical officers who have retired in consequence of advanced age, or mental or bodily incapacity to perform their duties efficiently, have, after very lengthened periods of service (forty years and upwards), been refused any retiring allowance whatever, though, in some instances, voted the marked thanks of the boards of guardians for the manner in which their duties had been performed.

That many medical officers, though quite unequal to discharge their duties thoroughly, are, by reason of having no other means of subsistence, compelled to hold office and to struggle on, knowing they would not be pensioned; and, as a consequence, the sick poor of their districts do not receive the efficient medical services intended by the Legislature to be afforded to them.

That the discretion at present vested in boards of guardians is open to grave abuse, inasmuch as some medical officers have been awarded the maximum rate of superannuation allowance after comparatively short periods of service (such as ten years or less), solely in consequence of their having been able to command the personal favour of a majority of individual members of their boards of guardians.

That under the present system a medical officer is

required actually to resign office, and so deprive himself of his income, at least one month before the question of his superannuation can be considered by the board of guardians; and he must then trust to chance whether he will be awarded any retiring allowance at all.

That the present discretionary system is not only unjust but demoralising and mischievous, inasmuch as it tends to induce medical officers to rely upon political, religious, or personal influences, rather than upon just and proper claims for favourable consideration.

That in some unions the invariable rule is not to pension any officer, no matter what his claims may be, while in others none but special favourites receive any consideration; and that the instances have been very rare indeed in which the question of amount of a medical officer's retiring allowance has been decided solely on its merits, viz., length and quality of service.

That by the circular order above referred to the Local Government Board, whilst exhorting boards of guardians to be more liberal in their consideration of long and faithful services, declares at the same time that, in giving its sanction to retiring allowances voted by boards of guardians, it will be guided by the provisions of the "Superannuation Act of 1859," which deals with the pensions of Civil Servants, and that it will not sanction any such vote which is in excess of the scale laid down in that Act.

That for the efficient discharge of the duties of a Poor-law Medical Officer it is essential that such officer should be of strong physique, he being liable to be called upon at any hour of the day or night, inclusive of Sundays and public holidays. It is his duty to proceed, regardless of weather, to great distances, often on foot across bogs and mountains, where access by any other means is impossible, to attend urgent and difficult cases, especially of child-birth, and to perform important or capital surgical operations. He is also called upon to visit, often two or three times a day, serious cases of dangerous infectious diseases, whereby not only his own life, but that of each member of his family, is imperilled.

That Poor-law Medical Officers are not entitled as are Civil Servants to any period of rest except at their own expense, and, even when struck down by illness, are often required to pay their substitutes; they must usually marry early in life—must be householders—and generally must keep a horse and carriage, especially in country districts, where there are no public conveyances in which to proceed to the ever-varying positions of their duty. Their work, more than that of any other class of the community, tends to shorten life, and renders it necessary for them to retire earlier, the vast majority dying long before anything like forty years' service has been attained, and usually utterly worn out at a comparatively early age. They are often rendered physically incapable of efficient service by delicacy or diseases which would not preclude the efficient discharge of the duties usually required of Civil servants.

That, in consequence of the facility of obtaining the services of Poor-law Medical Officers under the Medical Charities Act, those officers are deprived in a great measure of the income derivable from private practice, whereby they are disabled from making provision for old age; and consequently they, therefore, have to rely for support almost altogether upon their official incomes.

That they seldom get any material increase of salary; that when they have to retire their official income is usually so small that even the maximum pension of two-thirds is insignificant in amount, and hardly sufficient to provide for them the bare necessities of humble life.

That the granting of superannuation allowances to Poor-law medical officers generally would not involve any serious public expenditure, or be liable to abuse, inasmuch as the circumstances of those officers are such as to cause them to be most unwilling to resign the official appointments which connect them with their districts as long as they have any hope of retaining private practice. Even if the maximum pensions were granted

in all cases of retirement, the aggregate would not be a large annual sum, for but few medical officers long survive retirement.

That, in consequence of the medical officer having to devote many years and considerable expense in obtaining his professional qualifications, he is necessarily placed at a double disadvantage as compared with Civil Servants, he being unable to commence official life until several years later, and compelled to retire earlier, owing to the nature of his work.

That, under these circumstances, Poor-law medical officers are entitled to special considerations as regards retiring allowances.

Your memorialists therefore humbly pray that you will be pleased to accord the approval of Government to the Bill now submitted.

J. T. BANKS,
Physician in Ordinary to her Majesty the
Queen; President of the Irish Medical
Association.

JOHN H. CHAPMAN (late President),
Hon. Secretary.

The President then obtained permission for Dr. A. H. Jacob to offer a few remarks on the subject of the interview; and in an able, eloquent, and telling speech, Dr. Jacob adduced instances of the evil effects of the present permissive system, under which grave injustice so frequently occurs, not only as regards medical officers, but also the sick poor entrusted to their charge.

In reply to the deputation, the Chief Secretary stated that the subject of superannuation of Poor-law medical officers had occupied the attention of the Government since it had been brought under his notice by the Irish Medical Association last year, and that the present system of superannuating union officers was unsatisfactory. He himself had carefully considered the question, and he had come to the conclusion that the circumstances of the case rendered it necessary that the matter should be dealt with by the Government instead of being brought forward in a Bill introduced by a private member.

Mr. Meldon, interposing, remarked that the Draft Bill now submitted had been drawn up as a private measure at the instance of the Chief Secretary.

The Chief Secretary stated that his views on the question had since undergone a change in that respect, and that he now considered it was necessary that it should be dealt with by the Government, and accordingly it was his intention, with the assistance of Mr. Herbert Gladstone, M.P., to introduce, early in the coming Session, a Bill to regulate the retiring allowances of union officers, including the medical and all other union officers, but that such a measure could not be made to operate retrospectively.

The Bill, he said, would propose that the discretionary power of granting pensions to the union officers, now vested in boards of guardians, shall be transferred to the Local Government Board; that the pensions and gratuities to be awarded under it shall be paid out of a general rate for that special purpose, to be levied upon the whole of Ireland; and that the scale and regulations to be proposed in the Bill would be similar to those laid down in the Act which deals with the pensions of Civil Servants.

The President having thanked the Chief Secretary for the interview, the deputation then withdrew.

Letters of apology for unavoidable absence were received from the President of the Royal College of Surgeons and the Right Hon. David Plunkett, M.P.

On the 20th of February last, "A Bill to make better provisions for the Superannuation of the Officers of Poor-law unions in Ireland" was introduced in the House of Commons by Mr. Herbert Gladstone, Mr. Forster, and Mr. Attorney-General for Ireland, as a Government

measure, bearing the short title, "The Union Officers' Superannuation (Ireland) Bill."

To the provisions of that Bill your Council have given earnest and unremitting attention. The principle of the Bill, as introduced, was to transfer to the Local Government Board for Ireland the power of granting pensions to medical and other officers of unions and dispensaries as they see fit, which power hitherto had been confided to boards of guardians.

The scale of pensions proposed in the Bill resembles that in force for determining the amounts of pensions to be granted to officers of the Civil Service, or, in other words, the scale proposed in the Bill suggested by this Association. However, in the second clause of the Bill, which defines the scales, the words "not exceeding" are inserted instead of the word "of," which is the word contained in the Civil Servants' Superannuation Act (22 Vic., c. 26), and also in the Bill suggested by this Association. The effect of substituting the words "not exceeding" for the word "of" might, and doubtless often would, prove prejudicial to the interests of officers seeking pensions, as will thus be seen—viz., the Bill provides that a superannuation allowance *not exceeding* the rate specified may be granted, whereas the Civil Servants' Superannuation Act provides that a superannuation allowance *invariably of the rate specified* may be granted.

The terms of the Bill in some other details did not correspond with those of the Act regulating the retiring allowances of Civil Servants, the deviations being unfavourable to union officers. Your Council, however, regarding the proposed measure in its entirety, and believing that the expressed intentions of Mr. Forster would not be set aside, deemed it worthy of support, and recommended its favourable consideration to the members of this Association. A similar course was adopted by the Union Officers' Association, and the result of this concerted action was to elicit a very large number of petitions to the House of Commons in favour of the Bill. Your Council are pleased to observe that some of the most influential boards of guardians also petitioned in its favour.

Soon afterwards, however, your Council with feelings of deep disappointment learned from a statement made in the House of Commons by Mr. Herbert Gladstone, M.P., that the Government was prepared, after the second reading of the Bill to forego its most important principle, and allow the boards of Guardians to retain a discretionary power to fix the amounts of the retiring allowances of their officers, subject to an appeal to the Local Government Board.

Your Council accordingly addressed a letter to Mr. H. Gladstone (v. Report, April, 1882, pp. 62-63), pointing out that were the intended alteration carried into effect, the Bill could not work satisfactorily; that the Council believed the medical officers were willing to entrust their claims to any tribunal, such as the Local Government Board, which can be relied upon to deal fairly with them, but not to the boards of guardians, who doubtless, would continue, as hitherto, to consider the claims from a political, religious, or financial point of view; and that an appeal to the Local Government Board, after refusal by a board of Guardians to grant any superannuation allowance, would be a method irksome and unsatisfactory to the officers, and inconvenient to the Local Government Board.

In Mr. H. Gladstone's reply to that letter he confirmed the statement made by him in the House as to the intention of Government to leave the power of granting pensions in the hands of boards of guardians, subject to an appeal to the Local Government Board.

Your Council would observe that under the present law boards of guardians have power to award to any permanently disabled officer a pension not exceeding two-thirds of his salary and emoluments, subject to the sanction of the Local Government Board—a power

they have enjoyed for seventeen years, and which, if it had only been fairly exercised would have rendered any amendment of the law unnecessary. Boards of guardians, however, speaking generally (and your Council gratefully acknowledge that there have been some notable exceptions), have not reasonably and fairly exercised the discretionary powers confided to them. Seventeen years' experience of their action in the matter, has clearly proved, as admitted by Government, that they had not treated with justice the claims of the officers. The time has, therefore, surely arrived for making such an amendment of the law as will ensure uniform justice being done to the officers, the public service and the sick poor.

Your Council firmly believe that as long as the boards of guardians are invested with power to disregard the claims of their officers to equitable retiring allowances, so long will there be frequent instances of that privilege being exercised after that fashion, notwithstanding the right of appeal. Officers broken down in health would not usually be capable of representing their claims adequately, and the result of an appeal could only be expected to be a compromise; or, in other words, the awards on appeal would seldom reach the maximum. Such results are inevitable in any system, which divides the responsibility between two separate authorities, whose wishes and intentions do not generally harmonise.

Your Council, therefore, warmly protest against any further tentative legislation on so important a question. The boards of guardians (again speaking generally) have proved themselves unworthy of such powers, and their officers, who for so long a period have been compelled to submit to their caprice, are now all the more entitled to absolute security against further injustice.

Your Council have proved that in consequence of the abuse of privilege under existing law by boards of guardians, many medical officers, who, after long and faithful service, were, on account of ill health or extreme age and infirmity, constrained to resign their appointments were compelled to rely on charity. Were it not for that most estimable organisation, the Royal Medical Benevolent Fund Society of Ireland, many of them might have been forced to enter the workhouse as paupers—a course which many other union officers had to adopt, because their boards of guardians refused to exercise in an equitable manner, the discretion given to them by the Legislature as regards the granting of superannuation allowances.

The particulars of scores of cases of this kind have been published, and challenge refutation.

Apart altogether from the personal interests of incapacitated medical officers, is the consideration of the interests of the sick poor who, in many districts have no alternative but to depend for medical services upon infirm and, therefore, incompetent officers. These officers, however, in justice to the poor, ought long since to have been superannuated, but, having no means of subsistence, and having no prospect of receiving retiring allowances, they have been forced to hold office, rather than place themselves in the uncertain position of alms-seekers.

This Association and the public have a right to demand that a reasonable superannuation allowance shall be granted in all proper cases; and, inasmuch as the Local Government Board is invested with power to prevent abuse in the direction of excess, there is no likelihood of such being permitted. Equal security should also be afforded that there shall not be abuse of privilege in the opposite direction. Uniform justice is all that is sought, but your Council fear that, under existing circumstances, there is not much reason to expect that it will be afforded.

In some respects the Bill at present before Parliament would be an improvement of the law, but in others it would place retiring officers at a disadvantage. A resolution on the subject will be submitted to the consideration of this meeting.

NOTIFICATION OF INFECTIOUS DISEASES.

In the quarterly report of the Committee of Council to

31st January last, which was adopted by your Council, the members of this Association were informed that Dr. A. H. Jacob and Dr. Chapman had been appointed as delegates from this Association to confer with Dr. J. W. Moore (Vice-President of the College of Physicians), and Dr. Duffey, the representative of the Dublin branch of the British Medical Association, as to the possibility of drawing up an effective Bill to provide for the compulsory notification of infectious diseases in Ireland which would meet with the support of the two Associations, the College of Physicians, and the Royal College of Surgeons, and at the same time deserve the support of the public and the medical profession generally.

The Bill, which was drafted by the delegates, met with the entire approval of your Council, and they have pleasure in informing this meeting that the College of Physicians, the Royal College of Surgeons, and the Dublin branch of the British Medical Association, have signified their warm approbation of the suggested measure, which has since been introduced in the House of Commons by Mr. Meldon, M.P., and read the first time, but it stands "blocked" by Mr. Thomassen, M.P., and Mr. Gray, M.P.

The principle of the new Bill is to make the notification of Infectious Diseases throughout Ireland compulsory on the householder or custodian of the patient, with a voluntary right on the part of the medical practitioner to notify the case to the sanitary authority; provided that whenever a medical practitioner voluntarily undertakes to notify a case, but not otherwise, he shall be bound to do so.

Your Council consider this a happy solution of the difficulty, and trust that so important a public benefit and protection as must necessarily arise from a good and efficient system of early notification of infectious diseases may soon be conferred on the community.

Mr. Gray, M.P., has re-introduced his Bill of last session, but it, too, stands "blocked" by Mr. Thomassen.

The principle of Mr. Gray's Bill is that the medical practitioner shall, under penalty of five pounds, notify to the sanitary authority each case of infectious disease—a method to which the medical profession is strenuously opposed.

The enactment of a good and effective system of early and compulsory notification of infectious diseases is a matter of much importance in the public interest, and no opposition appears to have been offered to it. Mr. Gray, M.P., admits its importance, but at the same time does not appear willing to consent to the passing of any Bill but his own. The consideration of public health must, therefore, patiently await the withdrawal of Mr. Gray's Bill before any system can be legalised which would effectively check the avoidable spread of infectious diseases in Ireland, but your Council trust all obstacles to legislation regarding a subject so essential may soon be overcome.

(To be continued.)

WHOLESALE POISONING.

On Friday week a large number of children were taken to the Liverpool Dispensary by their parents, when it was discovered that all the little patients, fifteen in number, were suffering from the effects of some irritant poison. The symptoms were of a most alarming kind, and many of the children were so seriously ill that their recovery seems to be a matter of considerable doubt. The explanation of the occurrence has been found in the fact that all the victims had eaten some beans, of which they had found a quantity in the yard behind a chemist's shop. It remains, however, to be cleared up how these articles came to be there, and in a poisoned condition!

IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

ON Saturday week the annual meeting of this Association was held at the College of Surgeons at 12 o'clock. The chair was taken by the outgoing president, J. T. Banks, Physician to the Queen.

There was a large attendance of members.

Dr. Chapman, hon. sec., read the report, already published in our pages.

Dr. Martin, of Portlaw, moved the adoption of the report. He recommended young medical men to endeavour to be friendly with Poor-law guardians. The scale of remuneration allowed by the judges to medical witnesses was entirely too low, and he hoped the Council would energetically protest against it.

Dr. David Jacob seconded the motion, which was unanimously agreed to.

Dr. Jacob, of Dublin, moved the following resolution:—
"That the Union Officers' Superannuation (Ireland) Bill, now before Parliament, when altered in the manner promised by Government, would not afford uniform justice to the claims of medical and other union officers, and would not meet the requirements of the public service. That the Council, therefore, be requested to endeavour to have said Bill so amended that it shall become a thoroughly satisfactory measure."

There was no information as to whether the Government intended to proceed with their bill or not; on the contrary, it was apprehended that it would be included amongst the slaughtered measures. The Government had left on the face of the measure the blot of making the granting of pensions discretionary with Poor-law guardians. No such principle could ever be satisfactory (hear, hear), and it was the intention of the Council to use every possible exertion to have superannuation made a matter of right. Of course guardians were entitled to a large amount of power in the matter. But Government had accepted the principle that Poor-law medical officers were civil servants, and if so they should have all the advantages accruing to civil servants. This the Bill did not give. The Bill gave the guardians power to cut down the civil service rates to a nominal sum; consequently, if Mr. Herbert Gladstone should not succeed in carrying his measure, the Council would agitate in favour of a bill of their own, which they hoped to be able eventually to introduce with the support of Government.

Dr. Walsh, in seconding the resolution, expressed a hope that the Association would bring forward a strong bill and stick to it.

Dr. Bellew, of Kerry, believed the Poor-law medical service would never be what it ought to be until the medical men were appointed by the Government like the other civil servants.

Dr. Darby, of Bray, said the Association had nothing left for them to do but to back up their Council in this matter. Respectable, good men could not possibly be expected to enter into the Poor-law service unless their position were made what it ought to be.

Dr. Jacob remarked that he was sure they all desired to

speaking with the utmost respect of the Local Government Board; but the experience of other cases showed that that Board could not be expected to be very firm in favour of a medical officer whose pension should be cut down or refused by a board of guardians. Therefore, no appeal to the Local Government Board should exist at all, but the superannuation should be granted as of right.

The resolution was unanimously carried.

Dr. John W. Moore moved—"That this Association approves of the principle of Mr. Meldon's Bill to provide for the notification of infectious diseases in Ireland now before Parliament; that the Council be requested to give that measure cordial support, and to endeavour to cause Mr. Gray's bill on the same subject to be withdrawn."

Mr. Meldon proposed to make it compulsory upon the householder or person in charge of the patient to give immediate notice of an infectious disease to the central authority; but to grant to the medical attendant the power, if he should think fit, of assuming to himself the responsibility of notifying. He (Dr. Moore) believed that what would happen would be this—that in many cases the householder would say to the medical man "I would be glad if you would relieve me of the responsibility." He regretted that, notwithstanding the unanimous approval by the profession of Mr. Meldon's Bill, the High Sheriff of Dublin should have not merely passively but actively opposed it by reintroducing his own bill of the previous session. He had in this instance—though he did not often do so—failed to gauge the current of opinion in the matter. He (Dr. Moore) was quite certain that the general public opinion of the country would ultimately go with the opinion on this matter which had been already expressed by the medical profession. If Mr. Gray did not withdraw his bill there would be no chance of legislation.

Dr. Quinlen, in seconding the resolution, said he entirely concurred in the view now taken by Dr. Moore.

The resolution was unanimously agreed to.

Dr. Nolan, of Gort, moved—

"That, in the opinion of the Irish Medical Association, the administration of the law regarding public vaccination in Ireland is unsatisfactory, and that a more vigilant supervision and improved system of inspection are essential for the better protection of the public against small-pox. That it is desirable that a distinct department of the Local Government Board should be created, with power to make and enforce the general observance of such regulations as may in the public interest be necessary; and that the English system of inspection of public vaccinations, under which awards are granted for excellence in results, should be extended to Ireland."

Dr. Spencer seconded the resolution, which was unanimously carried.

Dr. Molony, of Tulla, moved—

"That the indiscriminate issue of tickets for dispensary medical relief to persons who can well afford to pay has a demoralising effect on such persons, improperly imposes upon the ratepayers heavy expense, and upon the medical officers much illegitimate labour and considerable loss;

that the Council be requested to take such steps as they deem best with a view to prevent abuse of the present system."

In his own district he had not much to complain of; but he knew that abuses were practised in other districts, and he considered that some means should be devised of preventing the issue of relief tickets to persons who were able pay fees.

Dr. M'Dowell, of Baltinglass, seconded the resolution, which was agreed to.

Dr. Darby moved—

"That, in the opinion of this Association, it is desirable that legislation be sought with a view to enactment of the system to provide for the support of the widows and orphans of Poor-law medical officers, which was submitted by the Council to the last annual general meeting."

He had long been of opinion that the object in question was one which should be accomplished by the annual allocation of a certain sum from the incomes of the medical officers, and he considered that the profession had been very remiss in not having this carried out before. Eleemosynary relief was most painful and degrading, as those who were connected with the Medical Benevolent Society knew. If the profession urged the idea of having a systematic stoppage from the salaries of medical officers, the Government would meet them half way.

Dr. Bellew Kelly, of Drogheda, seconded the resolution.

The Chairman (Dr. Taggart) remarked that nine-tenths of the applications for relief from the Medical Benevolent Fund came from the families of men who had never contributed a sixpence to that fund during their lives.

The resolution was agreed to.

On the motion of Dr. Taggart, seconded by Dr. Thompson, of Omagh, thanks were passed to the professional and general Press for their support of the medical profession and of the Association.

Dr. Molony, of Tulla, the newly-elected President, was then called to the chair, and the proceedings terminated with a vote of thanks to Dr. Banks, which was moved by Dr. Chapman, and seconded by Dr. Darby.

In the evening the annual dinner of the Association took place in the Albert Hall, College of Surgeons, at seven o'clock. There was a large attendance of members.

The newly-elected President of the Association, Dr. James Molony, occupied the chair.

Amongst those present were Dr. Lyons, M.P., and Mr. Meldon, M.P.

The usual loyal toasts of "The Queen" and "The Prince and Princess of Wales" having been given and responded to,

The President gave "The Houses of Lords and Commons."

Dr. Lyons, M.P., on rising to respond, was received with warm applause. He said the name of the House of Lords properly stood first in the toast. That body had taken, in regard to a great measure, a step that the majority of the House of Commons at least did not think was precisely the one that was desirable to take in the presence of a political crisis. But all candid men must see that the action taken by the House of Lords on that great occasion showed that they were capable of rising and did rise to the highest possible level of patriotism in reference to a question that specially affected them. With respect to the House of Commons, nothing had more strongly forced itself on his mind since he had had the honour of a seat there than the necessity for a further and still higher representation of the profession of medicine in the House of Commons. Until medical men were prepared to make the sacrifices necessary for that purpose they should never occupy before the public and the Empire the position to which they were fully entitled (hear, hear). The fact was now universally recognised that the public wanted more thorough information in the legislature on the subject of hygiene and sanitary legislation than they had hitherto enjoyed. There was only one way of giving that information, and that was by an adequate representa-

tion of the profession of medicine in the House of Commons (hear, hear).

Mr. Meldon, M.P., on rising to respond, was also warmly applauded. He quite agreed with Dr. Lyons as to the necessity of a better representation of the medical profession in the House of Commons. There was an organised party in that House which opposed all kinds of sanitary legislation. But he also wished to know why the medical profession were not represented in the House of Lords (hear, hear). The rewards and prizes which were at present open to the medical profession were most insignificant. Great legal reforms had lately been originated in the House of Lords, and, with a medical representative there, legislation of great practical utility in a medical point of view, might also be originated. With respect to the question of the superannuation of Poor-law medical officers, the promises of the late Chief Secretary for Ireland were most fair; but the Government gave up those promises, and ran away before the fight commenced. They abandoned the principle of taking from boards of guardians a control which those bodies should not possess, and had thus taken the backbone out of their Bill. He wished that the House of Lords would take the question up. Improved legislation was also wanted as to vaccination, for we have not here the system of rewards that exists in England. With respect to the notification of infectious diseases, there was undoubtedly an onward movement in this country. The public were opening their eyes to the necessity for legislation, and the medical profession should see that the right thing was done, and that there was not over-legislation (hear, hear).

The "Army and Navy" was responded to by Surgeon-General Furlong and Mr. Davis.

The next toast was the "Colleges of Physicians and Surgeons."

Dr. Banks responded for the College of Physicians.

Dr. Chaplin, in responding for the College of Surgeons, said that, thanks to the efforts of Dr. Kidd, great strides had recently been made in the education of students. The educational scheme to which he referred would be one of the greatest of boons to students and to the public also.

The next toast was the "British Medical Association and its Dublin Branches."

Dr. Kidd, in responding, said the object of all those whom he addressed was to raise the honour and dignity of their great profession, and to advance its interests. There was no more effectual way of doing that than by improving the education of their students. For that purpose the College of Surgeons had laboured, and he was happy to think that in its efforts it had the sympathy and support of the profession at large (applause).

The "Health of Dr. Molony, the President," was next proposed by Dr. Banks, and drank with enthusiasm, and the President briefly responded.

The toasts of "The Visitors," "The Council and Officers of the Irish Medical Association," and "The Press, general and professional," having been duly honoured, the company separated.

Report of Council for the Year ending 31st May, 1882.

(Continued from our last.)

VACCINATION.

YOUR Council consider that the condition of public vaccination in Ireland is eminently unsatisfactory, chiefly in consequence of an inadequate system of supervision and careless administration of the law.

The existing laws relating to public vaccination appear to afford sufficient power to the authorities charged with their administration to satisfy themselves—and it is their imperative duty to do so—that every living child born in Ireland who shall have reached the age of three months shall forthwith be duly certified to have been successfully vaccinated or insusceptible of vaccination, save and except those who, being in a delicate state of health, are, every two months, duly certified to be unfit for vaccination, until their successful vaccination be certified.

Under the regulations of the Local Government Board for Ireland, each dispensary medical officer is bound to report every three months to the Board of Guardians of his Union the names of all children more than three months old whose successful vaccination has not been certified to the Registrar of Births for the district in which the child was born.

Upon receipt of the report which is known as "Form P," the guardians direct the relieving officers to inquire at the residences of the parents or guardians of the children who are reported as not appearing to have been successfully vaccinated whether such children have been so vaccinated, and, if not, why not? The relieving officers occasionally see certificates of successful vaccination the duplicates of which had not been duly forwarded to the Registrar of Births for the district in which the child was born.

Your Council desire to impress upon all medical practitioners the great importance to the public interest of punctually complying with the provisions of the law regarding certificates of vaccination, and your Council would remind medical practitioners that, by non-compliance with the law, they, as well as the public, become liable to be prosecuted—a position which it is most undesirable either they or their patients should be placed in.

The relieving officers are often told that a child regarding whom inquiry is made is dead, and that mere statement without any proof of its accuracy is usually accepted as a satisfactory reason for non-compliance with the law; in such instances your Council consider proof should be afforded.

Other children are alleged to be unfit to be vaccinated, but such unfitness is required by law to be duly certified every two months until the successful vaccination, or insusceptibility, be certified; however, one such statement, or one certificate of unfitness, which remains in force during only two months, is generally considered a sufficient excuse for all time, and no further inquiry is usually made in such instances. These form the great bulk of real defaulters, and they should be carefully looked after, from time to time, until a satisfactory and final result be duly certified in every instance.

Some children are alleged to have been successfully vaccinated by a duly qualified medical practitioner—even marks resembling those of vaccination are shown—but the result not certified, and fruitless inquiries are again and again made; but, unless some more decided and effectual action be taken, the vaccination remains uncertified, and there is no proof that it has been properly performed.

"Removal from the address, leaving no trace," is very often the reported result of the relieving officer's inquiry, and it is frequently, if not invariably, accepted as a satisfactory termination to the inquiry. Such instances also greatly swell the list of real defaulters; but determined exertions should, in the opinion of your Council, be made to trace all children whose change of residence is alleged, and they believe such efforts would not often fail.

If the authorities charged with the administration of the law would but strictly enforce its provisions, the means of protection to the public against small-pox provided by the Legislature would prove much more efficacious than at present, and no real hardship would be caused, for the law provides that children who are not fit to be vaccinated may remain unvaccinated so long as the unfitness be duly certified every two months.

The Local Government Board issued instructions that the provisions of the law should be carried out, and the Boards of Guardians did likewise, but there is no one to see and insist upon those instructions being carried out thoroughly, until the provisions of the law be completely satisfied in every instance.

Your Council are thoroughly convinced that the statutes regarding vaccination in Ireland will not and cannot afford thorough protection against small-pox until some important changes be made, which they brought under the notice of His Excellency the Lord Lieutenant of Ire-

land in a letter bearing date the 29th April last, addressed to the Right Hon. W. E. Forster, M.P., then Chief Secretary, of which the following is a copy, viz. :—

Irish Medical Association,
Royal College of Surgeons,
Dublin, 29th April, 1882.

To the Right Hon. W. E. Forster, M.P., Chief Secretary

SIR,—By direction of the Council of the Irish Medical Association, I have the honour to address you on the subject of public vaccination in Ireland.

The Council are aware that a very large proportion of the children born who survive the period within which the result of vaccination is required to be certified escape without being successfully vaccinated. A list of defaulters is required to be sent every three months by each dispensary medical officer to his Board of Guardians. Upon receipt of that list by the Board of Guardians, the relieving officer of the district is directed to make inquiries and report the result. The relieving officer's inquiry leads to his obtaining a proportion of certificates of successful vaccinations; of assurances that the children are dead, or have removed from the district, or are in too delicate a state of health to be vaccinated, or that they have been vaccinated. In the latter instances the relieving officer is often shown marks on the children's arms, and though not competent to form an opinion, he very often reports that such children have been successfully vaccinated.

This loose method, which in a very large proportion of the defaulters affords no competent inspection, and no proof that a satisfactory result has been obtained, leads to a great number of children remaining unvaccinated, for once a defaulter is reported, there the matter is generally allowed to end; and it is not customary for any further inquiry to be made, or defaulters to be followed up, unless the dispensary medical officers continue to report the same defaulters. The dispensary medical officers, however, do not usually again report defaulters, as they are only required to report those who were born within the preceding three months.

It is thus shown that the present system is eminently unsatisfactory, inasmuch as a very large proportion of the children born each year escape vaccination, chiefly through carelessness and want of supervision, whereby the universal protection against small-pox intended to be provided by law is rendered abortive.

The lamented death of the late Sir Edward Burroughs Sincláir, Chief of the Vaccine Department of the Local Government Board of Ireland, the Council consider affords a fitting occasion to direct your attention to the subject generally, and they avail themselves of the opportunity to suggest for your consideration such reforms as they consider essential in the public interest.

A few years ago a special department of the Local Government Board was inaugurated for the collection and gratuitous distribution of humanised vaccine lymph in Ireland. If that department were to be perfected it would afford possibly the only thoroughly satisfactory means of ensuring to the public at large due protection against small-pox.

The Council deem it essential—

- (1.) That public vaccination in Ireland should be placed under a separate and supreme central controlling authority.
- (2.) That the department should be presided over by a duly qualified medical practitioner, who should be required to devote his whole time exclusively to the business and management of the department.
- (3.) That as many competent assistants, being duly qualified medical practitioners, and as many clerks as may be found necessary should be appointed. The Council believe that a chief, with three or four medical assistants, and three or four clerks, would probably be capable of discharging with complete satisfaction all the duties of the department; that the expenses

would not be very considerable; and that the results would be eminently satisfactory.

- (4.) That a sufficient number of duly qualified medical practitioners debarred from practice should be connected with the department, whose duty it should be to visit once a year each of the dispensaries in Ireland, examine the vaccination registers, inspect the children vaccinated, and report on the results as far as determined by observation of the stages of vaccination, or the cicatrices following the operation.
- (5.) That upon such inspector reporting favourably as to the results obtained by a public vaccinator, such public vaccinator should be awarded a special sum of money in the same manner as in vogue in England.
- (6.) That the assistants to the chief of the vaccine department should be charged with the duty of gratuitously vaccinating or re-vaccinating all persons who, for that purpose, come, or are brought, to them at the office of the department; and also be charged with the duty of collecting and gratuitously circulating, on application, pure vaccine lymph, both humanised and animal.
- (7.) That inasmuch as vaccination is by law made compulsory, and as many persons who object to the use of humanised vaccine lymph would not object to the use of calf lymph, it is desirable that means of obtaining animal or calf lymph directly should be provided, in order that either may be used or supplied to applicants as desired, an arrangement which has been adopted by the Local Government Board of England.
- (8.) That the chief of the department be invested with power to call for all necessary returns and reports, and to issue such regulations, subject to the approval of the Local Government Board for Ireland, as may be deemed necessary in the public interest.
- (9.) That, as regards reports as to vaccination, the workhouse and dispensary medical officers, and the relieving officers, throughout Ireland, be required to observe and carry out such instructions and regulations as may be by the chief of the vaccine department issued with the approval of the Local Government Board.
- (10.) That all prosecutions of defaulters for non-compliance with the provisions of the statutes be instituted in the name of the chief of the vaccine department, and that the Poor-law medical officers and relieving officers be required to assist and give evidence in such prosecutions upon due remuneration being insured to them for such services.
- (11.) That relieving officers be adequately remunerated for their inquiries and reports as to the defaulters regarding whom they are required to report.
- (12.) That every child born in Ireland be followed up until a definite result as to its vaccination be certified by a qualified medical practitioner.

The Council firmly believe that until some arrangement be provided the public cannot possibly be thoroughly protected against small-pox, and that such a provision would afford almost complete immunity against further outbreaks of that disease.

I have the honour to be, Sir,
Your obedient Servant,
JOHN H. CHAPMAN,
(late President) Hon. Secretary,
Irish Medical Association.

60 Pembroke Road, Dublin.

In consequence of the recent changes which have taken place in the appointments of high officials of the State, and the difficulty in their position, caused by the diabolical and atrocious outrage to humanity recently perpetrated in the fairest precincts of the city, which spread feelings of intense horror and grief amongst the members of the medical profession and all other loyal and respectable classes of the community, nothing more than the formal acknowledgment, which was duly made, of the receipt of that letter could then have been expected. Your Council,

however, trust that in a short time they may feel justified in again referring to the subject, when they hope it will receive the attention of which it is worthy.

MEDICAL WITNESSES.

Scale of Fees under Judicature Act.

Your Council have had under serious consideration the scale of fees to be allowed to medical witnesses in civil cases by the supplemental rules made under the Judicature Act, viz:—

To a medical witness who resides within five miles of the place of trial, £1 1s. per diem. To a medical witness who resides within ten miles of the place of trial, if there be a railway for three-fourths of the distance, £1 1s. per diem.

To a medical witness who resides beyond ten miles from the place of trial, £3 3s. a day. The amount of reasonable travelling expenses actually paid to be allowed in each case.

These allowances being manifestly insufficient, your Council appealed to the Committee of Judges then sitting, who were appointed to reconsider and regulate the scales of fees to be paid to witnesses, to increase the fees for medical witnesses. Your Council pointed out to their Lordships the inadequacy of the fees prescribed, which would bear with great harshness upon medical witnesses; that the skill, experience and, scientific attainments of medical witnesses ought to be taken into account, as well as the loss of income and great inconvenience they must suffer when called away from the locality of their practice to attend at court; and that such inconvenience and loss of income in the case of medical practitioners, more than any other class, were generally irreparable.

Your Council expressed a fervent hope that, under these circumstances, their Lordships' Committee would see the propriety of revising the scale of fees, with a view of substantially increasing the allowances.

Their Lordships have not as yet forwarded a final reply to the communication, but have stated that the matter is still under consideration.

Your Council cannot believe that their Lordships' Committee will consider a fee of one guinea sufficient remuneration to any qualified medical practitioner for his skilled evidence, and a whole day's attendance at court, at a distance of five miles from his residence, or at ten miles distance, if there be a railway for three-fourths of it; or that a fee of three guineas a day would be adequate for one who had to travel any further distance than ten miles,—possibly fifty or a hundred miles, instances of which occasionally occur.

A medical practitioner's daily income is generally a very variable quantity, and it often occurs that even one day's absence—for which he, of course, must provide and pay a substitute to discharge his duties—involves to him the loss of most remunerative cases, which, had he been available, might possibly have yielded, at least, a considerable portion of his whole year's income.

It could not be considered fair and reasonable to compel any person to give his services, at a decided pecuniary loss to himself, but the above-quoted rules would unquestionably have that effect.

Hitherto medical practitioners were entitled to three guineas a day, and "experts" to five guineas a day, for attending at court and giving skilled evidence; but even that remuneration was often found insufficient.

Your Council consider that whatever rules be made for the remuneration of medical witnesses they should be such as to ensure a profit proportionate at least to the value of their time and attainments, in every instance; or that it should be left optional to give or refuse evidence, as no medical practitioner would refuse to give services for which he considered he would be fairly required.

(To be continued.)

Owing to the length of the Report of the Proceedings of the Irish Medical Association, we are compelled to hold over Report of Royal Medical Benevolent Society, List of Entries, &c., &c.

IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

(Concluded.)

ABUSE OF THE DISPENSARY MEDICAL RELIEF SYSTEM.

Your Council have to report that the system of dispensary medical relief, continues to be much abused, and that in almost every district, especially those of towns and cities, a very large proportion of tickets for such relief are issued to all applicants without sufficient inquiry as to their claims. Such carelessness throws upon the dispensary medical officers much work which they could not, under proper supervision, be legitimately called upon to perform, and, at the same time, deprives them of fees which could and would be paid by the persons to whom such tickets are issued.

The indiscriminate issue of tickets not only tends to demoralise persons who could pay by encouraging them in habits of improvidence and intemperance, but, at the same time, involves a serious and improper expenditure of the rates.

Your Council are assured on reliable authority that tickets for dispensary medical relief are seldom refused, even to persons possessing substantial capital and good means, to small farmers in good circumstances, to tradesmen and others in receipt of from two to three pounds or more as weekly wages, as well as to persons who, by contributions to clubs or societies, are entitled to the services of a qualified medical practitioner, and medicines free of additional expense.

Your Council would not willingly suggest any alteration which would have the effect of depriving of the benefits of the dispensary medical relief system any person who really is fairly entitled to it, or in other words, is unable to pay for or provide medical attendance and physic; but in the hope that proper instructions to exercise thorough discrimination may be given to those vested with the power of issuing tickets, in order that demoralising results may be avoided, they would direct the attention of the authorities and the public to the fact that gross abuse of the system is of every-day occurrence.

The only protection—if such it can be considered—against such abuse of which a dispensary medical officer can avail himself is to represent the facts of the case to the dispensary committee, and request that the ticket be cancelled; but that course cannot usually be taken until after the medical officer's services have been given; if the ticket be then cancelled he becomes entitled to sue for the amount of his fees either the person who improperly issued the ticket or the person who improperly accepted the relief.

A few instances of the recovery of fees in such cases during the past year have been reported to your Council, but dispensary medical officers naturally avoid rendering themselves unpopular by the adoption of such a course, and but very few, even in the most flagrant instances of abuse, think the remedy worth the trouble.

In the opinion of your Council, this subject demands the fullest consideration, and is of great importance, not

so much in the interests of the medical officers—who unquestionably are materially aggrieved—but on account of the way in which it affects persons who, by being improperly made the recipients of public charity, are thus degraded.

Improvidence, unfortunately, is a very prominent characteristic of at least the lower grades of society in Ireland, but it is one which is deprecated by all philanthropists, its evil effects being undeniable.

In the true interests of the humbler classes, it is highly important that habits of thrift and providence should be encouraged, and that any course which has a directly opposite effect should not be merely discouraged, but as far as possible prevented. Your Council consider that effective prevention of abuse of the dispensary medical relief system would be extremely beneficial from a public point of view.

INCORPORATION OF THE ASSOCIATION.

In compliance with the instructions given to your Council, they have taken the steps necessary for incorporation of this Association.

The "Articles of Association and Memorandum of Agreement," or, in more familiar phraseology, the "Objects and Rules" of this Association, have been submitted to the Board of Trade, and the necessary application for a licence to incorporate the Association under the Acts of Parliament has been duly made.

The Board of Trade so far has approved of the application, and, in obedience to its directions, Mr. Lloyd, solicitor to the Association, has caused the required advertisements to be published.

If no objection to the application be made on or before the 12th day of this month, the Board of Trade will, doubtless, grant the licence forthwith.

NEW MEMBERS.

During the past year 36 new names have been added to the list of members of this Association.

OBITUARY.

Your Council, with deep regret, have to report the loss by death during the past year of seven members of the Association, viz., Dr. Alfred H. M'Clintock, Dr. Thomas Hayden, Dr. Sydney Murdoch, Dr. C. Garland, Dr. H. J. Madden, Dr. J. F. Rowan, and Dr. Battersby. The late Dr. M'Clintock was President elect of the Dublin branch of the British Medical Association and late President of the Royal College of Surgeons. Dr. Hayden was President of the Dublin Branch of the British Medical Association, and had lately been Vice-President of the College of Physicians. Both he and Dr. M'Clintock evinced great interest in the work of this Association.

DEFAULTERS.

Your Council have to submit to you a list of members whose subscriptions for two or more years still remain unpaid, notwithstanding numerous applications for them, and regret they have no other course open to them than to recommend that all the names on that list be expunged from the list of members of this Association.

ROYAL MEDICAL BENEVOLENT FUND
SOCIETY OF IRELAND.

ON June 5th the fortieth annual meeting of this society was held at the College of Physicians, Kildare Street. There was a numerous attendance of members.

The chair was taken by Dr. George Johnson, President of the College of Physicians.

Dr. Arthur Benson, hon. secretary, read the report, which repeats the announcement as to the continued prosperity and usefulness of this charity, and states that, notwithstanding the distracted state of the country, it has met the many claims made upon it with undiminished liberality. The number and urgency of the cases relieved were not less than usual. *Ad interim* applications were made in ten cases, in five of which assistance was at once granted, the amount varying from £5 to £30. Of the applications five were from medical men; eighty-seven were from the widows of medical men, twelve of whom were applying for the first time; and twelve were from orphans, three of whom were new on the list—making in all 104 applications, fifteen of which were new. It is difficult to estimate the immense value of the grants thus made, but two instances may serve to show how timely assistance is offered. One medical man was by a grant of £50 enabled to emigrate to South Africa, where he hopes to gain a livelihood, which from circumstances he was unable to do in this country. By a grant of £30 a widow lady was enabled to emigrate with her six children to New York, where friends had promised her a home. During the past year four medical men, who had been in receipt of assistance, were by death removed from the list. Of these, one, aged 75 years, received £451; another, aged 79 years, got £194 10s.; a third, also aged 79, got £70; whilst a fourth got £60. It will thus be seen that the assistance given in such cases, though far from being adequate to the distress, was still of vast help in staving off from declining years the dread of absolute destitution. The financial condition of the society is thus stated by the Hon. Treasurer:—Anticipatory grants to urgent cases have been made to the amount of £65; the amount at present available for distribution is £1,210 18s. 2d., of which £1,024 has been adjudicated in the awards recommended to be made at the present distribution; of this sum £155 is to medical men, £741 is to widows, and £128 is to orphans, leaving a balance of £186 18s. 2d. in the Treasurer's hands to meet necessary expenses. On the whole the Committee regard the year just closed as a satisfactory one; and having regard to the disturbed state of the political and social atmosphere in this country, they consider that there is great cause for thankfulness that the Royal Medical Benevolent Fund Society has been able to continue its beneficent work without diminishing the awards.

Dr. William Moore, in moving the adoption of the report, remarked that the *ad interim* grants were often of great importance. But for such a grant a very respectable member of the profession would have long since died of destitution. That society had been always conducted in the very best manner, and the members of the profession had the greatest confidence in it (hear, hear).

Dr. Edward Hamilton seconded the resolution. The one little cloud upon the society was the large number of their professional brethren who still abstained from supporting it (hear, hear). A great deal more might be done if every physician and surgeon in the country gave a contribution, no matter how small.

The resolution was put and carried unanimously.

Dr. Truell moved a vote of thanks to the committee and officers of the parent society, and of the provincial and Indian branches, and also to the students who had contributed.

Dr. Denham, in seconding the resolution, said he felt sure that the committee and officers did not require any

thanks for having done their duty. It was greatly to be regretted that the country practitioners and the poor law medical and dispensary gentlemen, for whose benefit the society so largely existed, did not come forward with contributions.

The resolution was unanimously agreed to.

Dr. Nugent moved the following resolution:—

“That the committee feel it their duty to urge strongly upon the profession that even a moderate annual contribution to this fund would enable them to assist more adequately our necessitous brethren and their families, upon whom the disturbed state of the country has imposed much additional privation and embarrassment.”

The Registrar-General (Dr. Grimshaw), in seconding the resolution, remarked that there were about 2,500 medical men in Ireland, whereas the society had only 800 subscribers in all, including students and persons who were not members of the medical profession. He believed the reason why a great many people did not subscribe, was that they did not like to have their names published in a subscription list for such small sums as 1s. or so. This might be got over by devising some means of receiving small subscriptions without publishing names.

The resolution was unanimously adopted.

Dr. Brody moved a resolution appointing the committee and officers for the ensuing year.

Mr. Lambert H. Ormsby seconded the resolution, which was agreed to.

Dr. Cameron moved a vote of thanks to the Press for its support of the society.

Dr. Molony, of Tulla, seconded the resolution, which was unanimously passed.

The President of the College of Surgeons, Dr. Barton, was then called to the chair, and on the motion of

Dr. Fitzpatrick, seconded by Dr. Wharton, thanks were voted to Dr. Johnston for the manner in which he had presided.

Dr. Barton said it gave him great pleasure that his first official act should be to put such a resolution. They of the College of Surgeons were glad to know of the work the society was doing, and the vitality it was possessed of.

The proceedings then terminated.

LIST OF ENTRIES IN THE REGISTER OF THE
BRANCH MEDICAL COUNCIL (IRELAND) FOR THE
MONTH OF MAY, 1882.

May 5th.—Irwin, F. W.; Clonakilty; Lic. R. Coll. Phys. Edin. 1881, Lic. R. Coll. Surg. Edin. 1881.

5th.—Gabbins, R. J.; Kilfinane, co. Limerick; Lic. B. Coll. Surg. Irel. 1882.

8th.—Hickson, R.; Sandycoove, co. Dublin; Lic. R. Coll. Surg. Irel. 1882.

10th.—Semple, D.; Strabane, co. Tyrone; M.D. Q. Univ. Irel. 1881, M.Ch. Q. Univ. Irel. 1881.

12th.—Stafford, T. J.; Elphin, co. Roscommon; Lic. B. Coll. Surg. Irel. 1881, Lic. K. Q. Coll. Phys. Irel. 1881, Lic. Mid. K. Q. Coll. Phys. Irel. 1882.

17th.—Nesbitt, R. G.; 96 Lower Gardiner Street, Dublin; Lic. R. Coll. Surg. Irel. 1882.

19th.—Robinson, W. J.; Rathmines, co. Dublin; Lic. B. Coll. Surg. Irel. 1882.

19th.—Barnes, J. E. S.; 69 Stephen's Green, Dublin; Lic. R. Coll. Surg. Irel. 1880, Lic. K. Q. Coll. Phys. Irel. 1882, Lic. Mid. K. Q. Coll. Phys. Irel. 1882.

20th.—McDonnell, Cornelius; Rathkeale, co. Limerick; Lic. R. Coll. Surg. Irel. 1881, L.A.H. Dub. 1882.

20th.—Chandler, S. D.; Castra Parade, Dublin; Lic. B. Coll. Surg. Irel. 1882.

22nd.—Cowe, S. McC.; 20 Carlisle Street, Dublin; L.A.H. Dub. 1880, Lic. R. Coll. Phys. Edin. 1882, Lic. R. Coll. Surg. Edin. 1882.

23rd.—Kennedy, W. G.; Londonderry; Lic. R. Coll. Surg. Irel. 1882.

23rd.—Simpson, R.; Dungannon; Lic. R. Coll. Surg. Irel. 1882.
24th.—Crofts, R.; Clonskilly; Lic. R. Coll. Phys. Edin. 1882, Lic. R. Coll. Surg. Edin. 1882.
25th.—Elsner, F. W.; Stillorgan, co. Dublin; Lic. R. Coll. Surg. Irel. 1882, Lic. K. Q. Coll. Phys. Irel. 1882, Lic. Mid. K. Q. Coll. Phys. Irel. 1882.
25th.—Nolan, W.; Cahir; Lic. R. Coll. Surg. Irel. 1882.
30th.—Campion, T. S.; 13 Hatch Street, Dublin; Lic. R. Coll. Surg. Irel. 1882.

POOR-LAW INQUIRY AT ORANMORE.

On Thursday, according to instructions from the Local Government Board, Dr. Roughan, Poor Law Inspector, held a sworn investigation into a charge against the dispensary medical officer, Dr. D'Alton, for neglect of duty. The charge was preferred by a man named Patrick Mullen, of Gurtard, whose child died, it is asserted, from the alleged neglect.

C. T. Redington, Esq., J.P., and some clergymen attended and took a great interest in the inquiry.

Patrick Mullen deposed—I live at Gurtard, which is almost three-quarters of a mile from Clarenbridge, and three miles from Oranmore; I was working at Clarenbridge on Tuesday, 2nd May; I went to the doctor at 3 o'clock that day; the reason I went was because my child was very bad that morning with a choking up in the throat; she was eight years old; my wife came to me at 3 o'clock, and told me to go to the doctor, as the child was very bad; I then went to Mr. James Burke's house, at Clarenbridge, having seen the doctor go in there; I saw James Burke and asked him to tell the doctor to come down and see my child, as my wife said she was very bad. Burke then said, "come on and I will bring you in where he is." We then went upstairs and James Burke went into the parlour and called the doctor out. Heard Burke tell the doctor that there was a tenant of Mr. Redington's wanted him outside. The doctor came out to the passage where I was standing. I told him it would be a great charity if he would come and see my sick child, although I had no red ticket for him at present, as Pat Silk, who gives out the tickets, was away on business at Oranmore, but if he came now with me to see the child I would not ask any medicine for her until I brought him the ticket. The doctor said he would not go as he had two sick calls to make. I told him if I knew where Mr. Redington was I would get a ticket and not wait for Pat Silk to come home. He then said, "I have more trouble from his (Mr. Redington's) tenants than from all my district." I then walked out. My wife did not go near the doctor at all. I do not know that Father McDonough had power to give red tickets. Father McDonough is my parish priest. I did not know anyone to get a ticket from except Mr. Redington or Pat Silk. Mr. Silk usually gave me the tickets. I knew that Mr. Redington was in the country, but did not know he would be at home at that time of the day, or I would have gone to him. I quit work and reached my home at half-past 7. I found my daughter very bad. She could not be much worse—choking up in the throat and chest. We put stirabout and salted butter to her chest to relieve it. She was as bad as ever next day, and she would stand up in bed and say she would be choked. I went on the next morning to Mr. Silk at Clarenbridge, to get a ticket. It was about half-past 11, but could not find him until 1 o'clock. He gave me a ticket, and I then came straight to Oranmore. I made inquiries for the doctor in Oranmore, and was told he was in the village, but no one could tell me where. After an hour's search, I was told he was in Miss O'Reilly's public-house. I went there and inquired of the shopman, who told me the doctor was not there. I went back again to his house and was told he was not in since 11 o'clock that day, but that he was in Oranmore some place. I inquired again in the village of several people if they saw the doctor, and was told by

three or four of them that he was in O'Reilly's. I went again to the shop, and saw Michael Howley, who told me the doctor was inside. I asked him to go in and tell the doctor I was there waiting for him, and had a child that was very bad. He went in and came back and told me the doctor would be out in a few minutes. I had to send in Howley three times to the doctor. I at last went to the door of the room where he was, and saw him. I gave the ticket I had given twice to Howley to show the doctor, and he brought it back each time saying that the doctor would be out in a minute. I was kept waiting in the shop about an hour and a half before I went myself to the parlour door and knocked at it. Mr. Meredith O'Connor was in the room with the doctor, and he opened the door, and asked me if I wanted himself. I said no, it was the doctor I wanted. The doctor then came to the door, and I handed him the ticket, and told him the child was very bad. He did not give me time to say any more, but said "Go along out of that, what impudence you have. You have followed me where I am at the face of my business." When I gave the doctor the ticket he did not then open it or read it. He ordered me off, and I went away. He made no remark to me about the ticket not being a good one, or that Mr. Silk had no power to grant tickets. It was about six o'clock before I saw the doctor and gave him the ticket. I was never rude or uncivil to Dr. D'Alton. After leaving the doctor I reached home about a quarter after 7 o'clock. My daughter was still very poorly. I took no other steps to see the doctor after my interview with him in Oranmore. The doctor came of his own accord on the next day, without being sent for. I was not in at the time he called. I was at home when the child died at five o'clock on Thursday evening.

Cross-examined by Dr. D'Alton—Why did you not go to the dispensary on Tuesday (the dispensary day), if your daughter was so ill when leaving home?

Mullen—I did not think she would get so bad, and that the illness would wear away.

Michael Howley deposed—I am shop assistant to Miss O'Reilly, who keeps a general grocery establishment and public house. I remember Pat Mullen coming to the shop on Wednesday, 2nd May, about 2 o'clock, and asking me if the doctor was there. I said he was not. He then went away and returned about half-past four o'clock. He again asked if the doctor was in and I said yes. He told me to inform him that one of Mr. Redington's men, who had a sick child, wanted to see him. In a few minutes afterwards I went into the room and told the doctor. He told me he would be out in a few minutes. In ten minutes after Mullen again asked me to go to the doctor, and gave me a red ticket to give him. I did not go this time, but handed the ticket back to Mullen; he again in about ten minutes asked me to go in, and he gave me the ticket for the doctor. I did so; the doctor opened the ticket, and read it, but he said nothing to me. I cannot remember whether he gave me back the ticket or not, but I think he kept it. Mullen was about twenty minutes, or a half an hour at most in the shop altogether. He went to the door of the room where the doctor was and knocked, but I was not with him. The doctor was not in the house when I told Mullen he was not there. The only person in the room with the doctor was Mr. Meredith O'Connor. The doctor and Mr. O'Connor came into the shop together. They were there less than half an hour together. I was not in the shop all day on Wednesday. Dr. D'Alton comes into the shop to write letters and transact private business.

Mr. O'Connor deposed—I reside in Oranmore; am a retired sub-constable. I remember Wednesday, 2nd May, also being with Dr. D'Alton in Miss Reilly's parlour on that day. I think it was between four and five o'clock. The doctor was there before me. I had a severe attack of rheumatism that day, and hearing that the doctor was in Miss Reilly's I went in to consult him. There was no one in the room but the doctor. I had seen the doctor

previously at the Court-house, about two o'clock. While I was sitting with the doctor I saw Michael Howley come into the room, and heard him say that a man of Mr. Redington's wanted to see him. He did not say anything then about a sick child. The doctor replied he would be out in a few minutes. Howley came in again in eight or nine minutes, and handed the doctor a ticket. The doctor took and read it. He said to me, "I will not attend on this ticket, as it was issued by a man who had no authority to do so." He said nothing to Howley, who retired before this to the shop. In a few minutes afterwards Mullen came to the door and knocked. I opened it. He asked the doctor if he would go and see a child of his. The doctor said he would not, as the ticket was not a legal one. Mullen replied, "That's all I want, doctor." Mullen then went away. He did not make use of any unbecoming language to Dr. D'Alton on that occasion. The doctor told Mullen that he was professionally engaged, and that he would see him in a few minutes. He did not say, "Get along out of that! What right have you to disturb me at my business?" or words to that effect. I cannot explain why Mullen did not wait.

James Burke, examined—I reside at Clarenbridge, and am acquainted with the complainant Mullen. Saw him on the 2nd May, in my shop, between five and half-past five. He asked if Dr. D'Alton was in. I said, "Yes; he is just after coming, and is upstairs." He was attending a child of mine who was suffering from an attack of gastric fever. I told Mullen he could see the doctor in a few minutes. After waiting twenty minutes I brought Mullen upstairs to the doctor, and knocked at the door; I then opened it, and said that there was a man of Mr. Redington's wanted the doctor to attend to his child, who was very unwell. The doctor, Mullen, and myself came into the hall, and had a conversation while there. I said, "Doctor, if possible, attend the child, as it is not far away." "Where?" said the doctor. I replied, "Gurtard." The doctor asked where that was, and I said about three-quarters of a mile away. The doctor asked Mullen, "Have you got a ticket?" He said not. The doctor replied that he could not attend without a ticket, "And, besides," said he, "I have two very urgent calls to attend to, and now it is late; and if I go to Gurtard I would be turning my back upon where those cases are, and after attending them I would have to go to Oranmore to procure medicine for them, and then it would be too late to go to Gurtard that night." I pressed him to try and see the child, and he replied he was afraid it was altogether out of his power. Pat Mullen told him, if he would attend the child, he would procure a ticket for him as soon as Pat Silk came home. The doctor said he could not attend that night. Mullen replied, "Well, I'll see after it." The doctor said, "You may." Mullen said, "I will tell Mr. Redington about it." The doctor said, "I can't help it; I have more trouble by the Clarenbridge people than half my whole district." Immediately after Mullen going, the doctor left my house. I did not observe that Mullen was rude to the doctor on that occasion. Mr. Redington owns the whole of the Clarenbridge district.

Mr. Patrick Silk deposed—I was a member of the committee of management of the Clarenbridge Dispensary District for five years up to last March; I got no intimation from the Clerk of the union that I ceased to be on the committee, and did not know it until to-day.

Dr. Roughan—The Clerk of the Union should have sent you notice, and got up what books of tickets you had. It would have prevented this confusion.

Mr. Silk—I remember Mullen coming to me on Wednesday, the 3rd of May, for a ticket; I wrote it early in the day, about one o'clock. I issued tickets on the 11th of April to Martin Curry; Mary Brien on 21st April; and Cecilia Carroll on 2nd May; Maria Mullen on 3rd May; and Bridget Corles on 12th May.

James Ryder deposed—I met Mullen in Oranmore on Wednesday, the 3rd May, about three o'clock. He asked

me if I saw the doctor, and I replied that I did not, but that he would probably see him at the Post Office, the Dispensary, or Miss O'Rielly's.

Mary Mullen examined—My daughter Maria died on the 4th May last, at five o'clock. I remember going to my husband at Clarenbridge. I told him to get the doctor at once, as Maria had a great change for the worst since he saw her in the morning. He told me to go for the priest and he would go for the doctor. I went to the priest's house and told the servant that I wanted the priest to see Maria. She said that the two priests had left for Ballyvaughan the day before, but they had left orders to send to Oranmore if a priest was wanted. On the next day, at three o'clock, we sent for Father McGurran, and he came at once. The doctor came to my house on the day my child died, between eleven and twelve o'clock; he came and examined her very gently and nice, and said there was no fear of her. I said I was sure she was dying. He said there was no fear of her. I said if we knew he would not come we could have got Dr. Nally or some other doctor to see her; he replied that I should pay them if I had them. I replied that the man (meaning Mr. Redington) who sent for a doctor would pay him. The doctor asked me to send a messenger to the dispensary and he would send some medicine. I sent a boy with him, and he brought back a bottle of medicine and some powders. I gave her a teaspoonful of the bottle, and my husband gave her one of the powders a few minutes before she died, but they came too late.

The inquiry was then adjourned until Friday.

NORTH DUBLIN UNION.

MR. WHYTE, in accordance with notice of motion, moved that the board respectfully request the Local Government Board to make such alterations in the laws and orders as would permit the guardians to give one month's vacation to their medical officers, and one fortnight to the other officers, and that the guardians provide substitutes for each officer during the time of his or her absence, and in that way to assimilate their officers to those of the Irish Civil Service.

No guardian having seconded the motion the matter terminated.

SUPERANNUATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of 24th ult. you give a "Statement of Cases where Guardians refused to grant Superannuation Allowances, and where the amount given was insufficient." I beg to say you ought to put in this connection—"Cases where medical (and perhaps other) officers, who, by reason of old age, or infirmity of health, or both combined, are compelled to hold on to their appointments at the risk of life itself, by the certainty, or the fear, that if they resigned they would receive no superannuation." There are many of this class, who, from long acquaintance with their boards, know *but too well* the sort of treatment they would receive.

I furnish you with a few specimens, which our *confrères* and well-wishers throughout the country can easily add to:—

1. Medical officer of Workhouse and Dispensary, 73. Labouring under severe bronchitic asthma for many years. Over 40 years' service.
2. Dispensary medical officer, 67. Over 30 years' service. Broken down constitution and heart disease.
3. Same as last. 20 years' service.

Yours, &c., UNUS E MULTIS.

[We cannot give all such cases, as in doing so we would be gazetted as incompetent a number of medical officers who have no desire to appear in such a category, but we are aware that there are at least seventy Poor-law medical officers in Ireland who are of such age that, whether they like it or not, they ought to be superannuated.—Ed.]

